Making a Place to Belong

Homeless young people, support, accommodation and exclusion

2005
Deborah Keys, Shelley Mallett and Michelle Marven
Funded by Council to Homeless Persons

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Disclaimer
For the purposes of confidentiality, all names of individuals and services have been changed. The pseudonyms bear no resemblance to actual names.

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Executive summary

This report focuses on the subtleties of practice; detailed findings of which are outlined within the sections that follow. This section provides the broad findings and themes of the report.

Perceptions, principles and processes

- Young people experiencing homelessness are not a homogenous group but the SAAP service system responds to them as such. Age, gender, time homeless and developmental stage will affect what young people need and want.

- Workers perceived that young people want more than accommodation; primarily they want a sense of belonging and recognition. Young people said they want to be respected and valued as individuals but often reported that these needs had not been met in services.

- Three main principles were discussed — working with respect and taking holistic and client driven approaches. While there was broad consensus about the meanings of such approaches, there were also differences and particular difficulties were identified.

- Most services prioritized those in greatest need; this was variously defined but high or complex needs were not mentioned as grounds for prioritization.

Access, exclusion and early exit

- There is no global exclusion occurring in these services; all young people are assessed individually, the only exception being where very occasionally the safety and wellbeing of clients is compromised due to a predominance of residents with similar issues.

- Young people most likely to be refused accommodation are those who need very high levels of support, are unable to live independently/semi-independently or are unable to successfully share accommodation. Young people with significant drug and/or alcohol or mental health issues and young people who behave violently are more likely than others to fall into these categories.

- Other issues likely to contribute to exclusion include: difficulty living independently/semi-independently due to age or physical or intellectual disability, declining case management, being without an income, 'using' the service, particular visa/ residency status.

- Young men and young people over 20-years-old may have more trouble accessing youth services.

- All services considered support and accommodation for young people who have behaved violently in the past, although adult services sometimes instituted 'time bans'.

- Reasons for exclusion relate to the service's capacity to provide adequate support/meet a duty of care and the need to ensure physical safety and well being of all clients and workers.

- Rules about drug use, and how strictly they were enforced, varied between service types. Young people generally thought rules and consequences were generally fair, as long as warnings were given.

- Violence towards others, property damage (severe), drug dealing or other illegal activities and substance use impacting on others were the circumstances most likely to lead to eviction.

- Eviction generally only occurs after sequential warnings and a range of other interventions have occurred, the exception being violence which results in immediate exit in most services.

- Adult crisis services had comprehensive mechanical security measures but, along with other services, also relied on strategic practice to protect workers. Identified strategic practices across service types included visiting clients in pairs or at a safe place, using police back up, being alert to warning signs and knowing when to withdraw.

Constraints, barriers and solutions

- Services and young people identified that the lack of a variety of accommodation models contributes to exclusion.

- Some accommodation and support models, in particular transitional accommodation, require significant independent living skills, have no on site, 24 hour support and necessitate sharing at close quarters. These services are less able to meet the needs of clients needing high levels of support or who may place themselves or others at risk.

- Sharing accommodation, especially with others who were using drugs, presented both the most common and the greatest difficulty for young people. Single tenancy eliminated problems around sharing but was reportedly easier to arrange with some THM program managers than others. Difficulties arranging single tenancy are likely to impact on exclusion levels.

- Services identified staffing models and levels, and caseloads, as contributing to exclusion.

- Lack of, and overstretched, specialist services and difficulties collaborating with specialist services, especially mental health and to a lesser extent drug and alcohol services, were seen to contribute to exclusion.

- Protocols between services (for example between SAAP and mental health services) are necessary, but successful collaboration depends more on personal connections and respect between individual workers at the local level. Collaboration within the sector is not resourced and staffing levels make networking extremely difficult.

- There was an identified need for more mental health and drug and alcohol training, both basic and advanced.

- There was a tension between providing quality of service and the need to meet targets, or in some regional services, a sense of needing to meet the needs of all homeless young people in the region.

- Overwhelmingly, workers identified a need for a greater variety of accommodation models to meet the different needs of young people. In particular, a model for young people who need intensive support but whose behaviours are difficult to accommodate and 'stepping stones' services for young people needing more supported medium term accommodation.

- Making positive connections with local communities provided mentoring and increased accommodation options to clients.

What young people said

- Two thirds of the young people had obtained accommodation when they needed it the last time they tried. However, only one in eight had always got accommodation when needed in the past.

- Several young people were pleased to be temporarily accommodated in the private sector (usually a hotel) while waiting for a vacancy, but a small number reported being isolated, without worker support and/or without money for food.

- One third of the young people had experienced early exit; the most common reasons were drug related behaviour or violence.

Conclusions

- On the whole, with the exception being in relation to time bans, the services met the recommendations for good practice around access and exclusion as outlined by the NSW Ombudsman Report (2004).

- Exclusion is currently occurring for legitimate reasons, such as the need to meet a duty of care, rather than poor practice. The alternative to exclusion is not necessarily good service.

- Services accommodate many young people with complex needs. Within the constraints of the system they have developed good practices, and in one case, models, to meet the needs of these young people.

- Until systemic barriers relating to staffing numbers/caseload levels, flexibility and range of accommodation models, and access and collaboration with the broader sector (particularly mental health), the reasons for exclusion will remain.

Recommendations

This research report has highlighted a range of individual service responses to working with young people experiencing homelessness, particularly those young people requiring high support needs, and with a combination of presenting issues. The following recommendations build on the findings of the report, and are intended to provide a constructive means through which to further reflection, discussion and debate, and ultimately to share and develop practice responses to young people amongst homelessness assistance services.

Practice Recommendations

A number of participants from the research project reported that the project had offered an opportunity for reflection on daily practices, and the perceptions and principles that inform them, and that this was extremely useful. A regular opportunity to engage in this process, outside of the individual agency, was welcomed.

Concepts identified for further discussion within practice forums include, complex needs, respect, participation, fairness, independence, a holistic approach, and a client driven approach. Particular themes to be included in practice forums:

- Adapting practice to meet young people's expressed needs for relationships, community connection and a sense of belonging
- Providing culturally appropriate support and accommodation
- Working with young people with diagnosed and undiagnosed mental health issues, including personality disorder
- Working with young people with drug and alcohol issues
- Working with young people with suicide and/or self harming behaviours
- Working with young people who are violent or aggressive
- Alternatives to early exit
- The role of barring in homelessness assistance services
- The appropriateness of broad principles for working with young people across a diverse range of service models and differing levels of service capacity
- Practice responses that balance the best interests of the young person with their developmental needs

Recommendations

1. That the Department of Human Services resource ongoing statewide youth specific practice forums for youth and cross-target homelessness assistance services.

2. That the Department of Human Services, in partnership with CHP and youth specific homelessness services, and building upon the findings of the practice forums, develop a youth specific training plan.

3. That the Department of Human Services, in collaboration with CHP and youth specific homelessness services, convene regular cross-sector practice forums with mental health services, and drug and alcohol services, to reflect, discuss and debate cross-sector practice responses to young people experiencing homelessness.

Service System Recommendations

Enhancement and sharing of individual practice responses to young people experiencing homelessness is a critical and essential component of the recommendations to arise from this report. However, the report clearly highlights the structural and service system constraints within which many services are operating. The capacity for developing innovative practice is limited by the resources, staffing levels and accommodation and support models available to services. For this reason the following recommendations are included.

Recommendations

4. That the Department of Human Services, in collaboration with CHP and youth specific homelessness assistance services, expand the range of accommodation and support models available to young people, with a particular focus on single person accommodation, and intensive support options.

5. That support periods for young people within both crisis and transitional homelessness assistance services be extended, with a view to enhancing the capacity for long-term stable outcomes for young people experiencing homelessness, and in recognition of the developmental needs and best interests of young people.

6. That the Department of Human Services work with the Transitional Housing Manager Program to ensure consistent compliance with key policy initiatives such as single person tenancies in THM properties, and 18 month lease agreements for young people.

7. That the Department of Human Services, in conjunction with CHP and youth specific homelessness assistance services, develop an Industry Plan for youth specific homelessness assistance services, that includes a minimum level staff client ratio that reflects the increasingly complex client group.

8. That the Department of Human Services trial the co-location of youth specific homelessness assistance services with key specialist services such as mental health and drug and alcohol services.

Further Research

This research report is the first investigation of the practice responses amongst homelessness assistance services to young people experiencing homelessness in Victoria. It is imperative that further research be undertaken that extends the scope of this initial report.

Recommendations

9. A comprehensive research project that utilizes a representative sample of homelessness assistance services to determine sector wide practice around access, exclusion and early exit.

10. A participant observation research project that tests the findings of this report within the settings of a number of youth specific homelessness assistance services.

11. A longitudinal research project that investigates the impact of various accommodation and support models on the long term outcomes for young people experiencing homelessness.

12. A research based investigation on the range of youth specific accommodation and support models in use internationally, and their applicability to the Australian context.

General Information

How to read the report

For an overview see **Executive Summary** and **Recommendations.**
For general findings on access, exclusion, early exit see **Who is Excluded?**.
For examples and detailed discussion of access, exclusion and practice in relation to a particular issue (for example, violence) see the relevant section of **Access, Exclusion and Early Exit**.

In order to provide a structure for the report we have compartmentalized the issues that affect young people and their experiences in the service sector, however in reality lives are complex and assessments take account of each person's circumstances and needs in their entirety.

The comments young people made were not necessarily in reference to their current accommodation in the services that participated in this study, as young people were asked to discuss their experiences of the sector overall.

The term 'workers' in the text encompasses workers and managers.

Referencing of quotes

All service providers' quotes are referenced according to type of service identified by primary accommodation offered.

T	= Transitional support service
T & C	= Transitional and crisis support service
Ref	= Refuge
AC	= Adult crisis service

All young people's quotes are referenced according to site number, interview number and gender (M or F)

Acronyms

CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Service
CHP	Council to Homeless Persons
DHS	Department of Human Services
FaCS	Department of Family and Community Services
JPET	Job Placement, Employment and Training Program
OoH	Office of Housing, Department of Human Services, Victoria
SAAP	Supported Accommodation Assistance Program
THM	Transitional Housing Manager
VHS	Victorian Homelessness Strategy
YHAP	Youth Homelessness Action Plan
YSAS	Youth Substance Abuse Service

Introduction

What is SAAP?

The Supported Accommodation Assistance Program is a jointly funded Commonwealth State program that provides case management support and accommodation to people who are homeless or at risk of homelessness. The *Supported Accommodation Assistance Act* 1994 states that the aim of SAAP is, 'to provide transitional supported accommodation and related support services, in order to help people who are homeless to achieve the maximum possible degree of self-reliance and independence' (ACG 1994:4). Within this definition there are three key goals:

- to resolve crisis;
- to re-establish family links where appropriate; and
- to re-establish a capacity to live independently of SAAP (ACG 1994:5).

This aim is to be achieved through the provision of support and supported accommodation with a view to where possible assisting people to access long-term, secure and affordable housing or accommodation and support services (ACG 1994:5).

In Victoria, the Homelessness Assistance Unit within the Office of Housing, Department of Human Services, currently administers SAAP. Services are provided by non-government community based organizations and some local government authorities. At present there are 113 youth-targeted agencies funded through SAAP, as well as a number of cross-target agencies. Expenditure on SAAP in 2003/04 in Victoria was $76 million jointly contributed by the state and federal governments.

Unlike the other states and territories, service delivery in Victoria is split between SAAP services that provide crisis accommodation and support, and Transitional Housing Managers who manage medium term accommodation. They also administer Housing Establishment Funds for short-term financial relief.

There are a number of key groups that SAAP targets for service delivery,

- young people,
- single adults,
- singles and couples with or without accompanying children
- Indigenous people

Who are the young people using SAAP?

In Victoria, young people make up a significant proportion of the homeless population. At the 2001 census, 35% or 7,064 people aged 12-24 were counted as homeless (Chamberlain & MacKenzie 2004:25). Young people account for more than 38% of all assistance provided by homelessness services in Victoria (OoH 2004:7).

Young people using homelessness services in Victoria are a diverse group. Compared to the other states and territories, Victoria has the highest proportion of young people in SAAP services who were born overseas (13%), with 11% from non-English speaking countries. Indigenous young

people are consistently over-represented in homelessness services in Victoria, with 5% of all young people aged 12-24 in SAAP services identifying as Indigenous. Australian born non-Indigenous young people are the largest cultural group in SAAP, at 82.5% of all young people in SAAP (AIHW 2003).

For the purposes of SAAP young people are considered to be those above the school leaving age of 15 and less than 25. SAAP provides a range of services across the state to young people including:

- Congregate and cluster model refuge accommodation
- Transitional accommodation and support
- Case management services
- Short-term financial assistance
- Family reconciliation
- Linking young people into employment, education and training initiatives

While there is a diverse range of youth specific services, many young people are assisted by adult and cross-target services.

This report focuses exclusively on young people who are engaged with youth specific and cross target SAAP services and Transitional Housing Managers.

Current Practice Based Initiatives

The Homelessness Assistance Unit within the Office of Housing, Department of Human Services, has recently developed the Homelessness Assistance Service Standards (HASS) and a Charter of Rights with a view to developing a best practice environment within homelessness assistance services, and fostering a rights based framework for users of homeless services. Both are initiatives of the Victorian Homelessness Strategy.

The HASS are intended to improve the consistency and responsiveness of homelessness assistance services, to better meet the needs of people experiencing homelessness, with a focus on quality services and improving service delivery (VDHS 2005:7). The HASS are currently being trialed within a limited number of services, with a view to full implementation throughout Victoria in early 2006. Accreditation processes for services will be developed over the next three years.

The HASS provides a broad framework for homelessness assistance services working with people experiencing homelessness, and are not intended to address specific behaviours or issues that do in practice result in exclusion from services. The HASS offers a significant opportunity to develop consistency of general practice across a wide and diverse range of service responses in Victoria, and in this sense they are an important step forward.

The purpose of the Charter of Rights, or Customer Charter as it is now known, is to empower people experiencing homelessness by developing a service environment that is committed to the rights of service users. The Customer Charter contains twelve broad principles that people accessing homelessness assistance services and affordable housing services can expect to have respected.

Both the Customer Charter and the HASS may have the effect over time of shifting the focus of homelessness assistance services towards genuine client focused, sustainable outcomes. However, without a concurrent shift in government funding and resourcing frameworks, a schism between the expectations of people accessing homeless services and the capacity of the service system to respond may also be possible.

Supporting the development of the HASS and the Customer Charter is a strengthened complaints mechanism and advocacy service. The Homelessness Advocacy Service (HAS) is an independent, statewide service based at the Council to Homeless Persons, which offers advice, advocacy and support to people using the homelessness service system who wish to complain about service practices, including discrimination and exclusion. The HAS is part of an integrated complaints mechanism located within the Office of Housing. While the key focus of HAS is to respond to individual complaints, data collection through the integrated complaints mechanism will be analyzed by the Office of Housing, and should illuminate the lack of access to services by particular sub-demographic groups.

This Report

The Council to Homeless Persons commissioned this report on behalf of the CHP Board, to provide a critical analysis of both structural and practice issues that impact upon young people's access to, and engagement with, accommodation and support services. It is a service driven initiative that aims to document good practice in the SAAP sector, as well as identifying the barriers that can lead to exclusion or withdrawal of services for young people. The need for such research is underpinned by the knowledge that young people are over represented within the homeless population, relative to the proportion of young people in the general population. They also make up a significant proportion of SAAP clients (AIHW 2003a).

While there has been extensive research on the demographic and personal profile and experiences of young people who are homeless in Victoria (AIHW 2003, Myers et al 2003, Chamberlain & Mackenzie 2004), to date there has been very little independent research on the practice of working with this diverse population. Through the SAAP National Data Collection Agency database we have detailed knowledge of the numbers and profile of young people accessing SAAP services but we know little about the way service models and structures impact on capacity of SAAP funded services to meet the changing needs of young people experiencing homelessness. Other states have reported on client access, exclusion and early exiting, these findings, though relevant, are not entirely applicable to Victorian SAAP services because of the unique nature and administration of the Victorian homelessness service system.

The research has been undertaken at a time when the needs of young people experiencing homelessness have been brought into sharp focus, through the *Youth Homelessness Action Plan* (YHAP). This $8.8 million initiative, developed from the Office of Housing's Victorian Homelessness Strategy, constitutes the Victorian state governments' key policy and service framework for SAAP services working with homeless young people.

The YHAP first stage report has focused on extending existing SAAP service models by enhancing current services. Family reconciliation and employment, education and training initiatives are the two key areas that have been developed and recently funded. However, there is yet to be a clear focus on reform of existing accommodation and support models and practices for

homeless young people. As this report illustrates there is a pressing need for critique of existing models and practices in order to achieve long-term sustainable outcomes for young people.

This report continues and extends the thoughtful and informative research on issues of access and exclusion from SAAP services. In fact it concurs with many of their findings and recommendations. Unlike previous reports on these issues from Queensland, NSW and Western Australia (Upham 2001, NSW Ombudsman 2004, Cameron and Payton 2004) however, it also articulates in detail the diverse range of practices employed by workers to prevent exclusion and ensure that young people with high or complex needs are accommodated. Most importantly this report examines these practices within the structural constraints of the system, particularly in relation to funding, staffing levels and existing and often limited accommodation and support models.

Whereas other reports have largely relied on quantitative data this report prioritizes qualitative interview findings. It draws upon the knowledge and experience of both service providers (managers and caseworkers) and young people using the services. It includes findings on workers' perceptions of the young people they work with, the principles that inform their work and the practices they employ.

This report does not provide data on the extent of exclusion in the service system. Rather it offers a snapshot across six very different services that accommodate young people experiencing homelessness. The size and nature of the sample preclude the drawing of conclusions regarding whether the issues are representative of those across the service system. However, the broad findings echo those of much previous research, including that of Project i and research into access and exclusion both nationally and in particular states (Upham 2001, Cameron and Payton 2004, NSW Ombudsman 2004, Erebus Consulting 2004).

This research is intended as a starting point for reflection, discussion and debate within the sector about practice frameworks and support and accommodation models for young people, especially those who require diverse and integrated forms of support. It is our hope that other service providers will engage with these findings with a similar openness and ability to reflect on practice as those who participated in this study.

Research aims and methodology

Project Aims

The research provides a critical analysis of both structural and practice issues that impact on young people's engagement with crisis and transitional supported accommodation services within a sample of services.

The project comprised qualitative research in a small number of accommodation services that provide service to young people (including youth specific and adult accommodation services).

The research was designed and carried out in order to meet the following aims:

- To gain insight into workers'/managers' service practices with young people who use supported accommodation
- To gain insight into which groups of young people are excluded from accommodation
- To ascertain whether access exclusion is on a global or an individual basis
- To understand the factors that contribute to, and the reasons for, access exclusion
- To identify the circumstances in which young people are evicted from services, the reasons for these early exits and the processes followed
- To discover ways in which accommodation and support services manage structural and practice-based issues that impact on exclusion (eligibility, access and exit) for young people especially those with high or complex needs
- To contribute to an understanding of the barriers and obstacles that impact on access to supported accommodation for all young people
- To acknowledge and document manager/ worker experience to promote discussion of, and reflection on, practice within the sector
- To gain insight into young service users' experience of access and exclusion

Research Design

Research methods

There were three components to the research:

- Semi-structured interviews with managers of the selected services
- Focus groups with direct service workers in the same services
- Survey (administered by the researcher) including five qualitative interview questions (recorded) with service users of the selected services on experience accessing and maintaining accommodation in services.

The services

Services were selected by CHP on the basis that both youth specific and adult, regional and urban, services were included. We identify the services by the primary accommodation they offer. However, most services offered other services and programs.

Services included:

- 2 adult crisis services (both inner urban)
- 2 transitional support services (both urban)
- 2 services offering crisis accommodation and transitional support (both rural)

These services varied on many accounts. Some were large and offered a wide range of programs; others were small in scale and primarily provided support to young people in transitional housing. Some were well established within their communities, worked closely with relevant local organizations and specialist services and had little difficulty obtaining additional resources from council, philanthropic trusts and/or service groups. Others had minimal community support and were struggling to forge connections with community based organizations. Some enjoyed considerable contributions by volunteers, others only involved paid workers. Some provided extensive material aid programs which enabled a level of discretion around how to use funds; others were in very tight financial situations, with little flexibility regarding spending. Some provided diverse housing options with various levels of support (from on-site carers to visiting caseworkers); others only provided one model of accommodation. Some were co-located with other organizations and/or part of larger organizations (on- or off-site), others stood alone.

Limitations of the methodology

The main limitation is the size of the sample. This small sample size allows some insight into practice but is not representative. Time limitations and service commitments resulted in no young people being recruited from one adult crisis service. Recruitment by workers in the services and the short time frame of the project resulted in a significant gender imbalance of young participants.

Service manager interviews

Semi-structured interviews were conducted with service managers in the selected services. In four services, a single manager was interviewed. In two large services, more than one manager attended a single session, in one case two and in the other three. In the latter case a separate interview was also carried out with the manager of another service run by the agency. Managers were invited to share their knowledge and understanding of the issues that affect homeless young people's access to accommodation and impact upon their length of stay. In particular, we were interested in workers' experiences with young people whose needs are difficult to accommodate. We also wanted to hear their views on the ways in which the sector and the service currently respond to these young people. Our focus was on fine-grain practices rather than generalities.

Service manager interviews took between 1 and 2 ½ hours each and were conducted by the researcher at the service itself. The interviews were tape-recorded.

Site 1: One manager was interviewed
Site 2: One manager was interviewed
Site 3: One manager was interviewed
Site 4: Three transitional housing managers were interviewed in one session
One crisis accommodation manager was interviewed
Site 5: One manager was interviewed
Site 6: Two managers were interviewed in one session

Focus groups

Workers from the participating services were invited to share their knowledge and understanding of the issues that affect homeless young people's access to accommodation and impact upon their length of stay. In particular, we were interested in workers' experiences with young people whose needs or behaviours are difficult to accommodate. We also wanted to hear their views on the ways in which the sector and the service currently respond to these young people. A focus group, facilitated by the researcher/s and the policy officer from CHP was held at each participating service. Each focus group session lasted approximately 1 ½ hours. Numbers of workers attending ranged from two* to eight. At these group sessions workers were presented with 'scenarios' about assessing and working with young people with high or complex needs. Discussion was intended to provide information about assessment and exclusion and to facilitate the identification of both the issues involved in working with particular groups of young people and good practice in the sector. The sessions were tape-recorded.

* In two services only two full time caseworkers were employed.

Research with the young people

The Participants

Young people selected were (1) between the age of 16 – 25, (2) staying in, or supported by, the selected accommodation and support services at the time of interview.

The sample recruited

Twenty four young people participated in the study, 7 from one adult crisis services, 8 from services providing transitional and crisis accommodation and 9 from services providing transitional housing. There were more young men (14) than young women (10). Their ages ranged from 16 to 25. Half the participants were under 20 years of age.

Recruitment

Young people were recruited from five of the six accommodation services which participated in this project. Project timeframes and service commitments did not allow interviews with young people in one adult service to take place. Potentially eligible young people were referred to the project by staff working in these services.

Interview site

Surveys and brief semi-structured interviews with clients were carried out by telephone in all but one service. Answers to the qualitative questions were recorded. Face to face interviews were conducted in one service at workers request.

Informed consent

The researcher read through the information sheet with participants and participants were assured of confidentiality and anonymity.

Research surveys and qualitative interviews

Surveys included questions about employment, education, mental health, drug and alcohol use, reasons for leaving home, and current and previous living arrangements in addition to questions about accessing and maintaining accommodation in services. Basic demographic details were also collected. Five qualitative questions were asked (1) Can you tell me what it was like trying to get accommodation? (2) Have you ever been refused accommodation by a service that you thought had room and should take you? (3) Can you tell me what it is like staying at accommodation services? (4) Have you ever been asked to leave before your time is up? Why and what happened? (5) How do you think accommodation services could be improved?

Participant payment

Young people who participated were paid $10. In addition they received a Met ticket, a cinema ticket or a food voucher.

Ethics approval

Ethics approval was granted both by The University of Melbourne and The Department of Human Services as an amendment to Project i's existing approval.

Perceptions, Principles and Processes

Perceptions of young people

Perceptions of young people arguably inform practice. If, for example young people are seen as extremely vulnerable, practice will tend to take a protective approach. In order to assist future reflection on practice in the sector we asked interviewees to reflect on the young people they support and accommodate.

When asked what the young people they worked with were like, workers focused on the personal, familial and structural problems or 'issues' that young people may be dealing with rather than their shared qualities or propensities. The shared qualities they did identify were most often positive. For example they indicated that, contrary to popular perception, many of the young people they see have 'youthful energy' and a desire for creativity. They can also be very responsible, accommodating and respectful of other people using services. Many demonstrate a great capacity for personal insight. As with the general population, some are struggling with mental health problems. Many workers also described these young people in developmental terms indicating that their development was often arrested, or stalled as a consequence of their life experience prior to or after becoming homeless.

The reality is different from the perception — often they are responsible and have tried and tried to get their parents to act responsibly. **(T&C)**

> Young people have a bad track record. They are at a time when they have no care for life… They steal and things. It puts services off taking them. (21F)

Most managers or workers stated or implied that, like young people in the general population, the young people who utilize their services are diverse. Some identified sub-groups within the populations they service, differentiating them according to either the reasons they left home, time homeless, institutional involvement and/or the particular practices that they engaged in (e.g. drug use, crime). Interestingly when managers or workers spoke of young people's issues they often did so in a way that suggested that the issue (e.g. drug use) was almost independent of or imposed upon the young person and not fundamental to them.

We work with a range of young people: sometimes they will have just left home, others will have been on the streets or squats or moving around since they were 11 or 12-years-old. Others are perhaps travelling through. **(AC)**

We see a fair few Juvenile Justice or ex-child protection clients... Family breakdown, parents' drug and alcohol use, mental health, a range of complex issues — at the other end of scale — simple breakdown of family. Very few have the option of returning home. **(C&T)**

When discussing the problems or 'issues' that young people deal with a manager at the youth crisis accommodation service listed the likely experiences that precede young people's arrival at the crisis service.

There is a broad range of issues. Between 15 to 17-years-old they are usually experiencing family crisis or conflict, often about family not coping with teenage rebellion. Another group comprises those who have been in departmental care sometimes for 4 to 6 years. At 16 ½ they end up here. There is another group referred who are actually unwell — with mental health or

physical health issues unaddressed. A few who have run away and been picked up as they travel through. **(REF)**

Two transitional support managers commented that the young people they see are representative of young people in the community. The two adult crisis services reported that the young people they saw tended to be dealing with the same range of problems as their older clients.

Young people experiencing homelessness are reflective of young people generally, they will vary according to developmental stage. **(T)**

Young people who have been in Community Care placements or who are Juvenile Justice clients were singled out by three services as having some common problems, attitudes and behaviours. Interestingly workers implied that these problems stem from the institutional environment rather than the young people themselves. Young people who come from these environments are generally perceived to have been more highly supported by workers in these settings and as a consequence are less independent than those who come from other backgrounds. These young people are perceived as less able to take responsibility for themselves and place greater, and often unrealistic demands, on workers. In describing these young people some workers emphasized their lack of independence whereas others described them in terms of their higher need for support.

Young Juvenile Justice clients can be extremely challenging and often very angry — which is understandable. Quite often they have been in care for a long time and there are often high expectations; the worker will be there all the time and fix everything. There can commonly be tantrum behaviour. They have had workers on call and haven't had to take responsibility. They get a house and it's party time — that can have a lot of negative effects on co-tenants. **(T)**

Those from long term care have a changed sense of reality and they just can't cope without being off their faces really. **(REF)**

> If they think their life's full of shit they might then think 'I want to make everyone else's life full of shit', or they might just not care what others think. (35M)

Complex Needs

In reflecting upon the young people that they work with all workers were agreed that most young people they accommodated have complex needs. Interestingly workers emphasized the complexity of young people's 'presenting issues' rather than their need for complex service responses. A couple of workers with long term experience in the sector made the point that clients were now presenting with more complex needs and these needs are present at an earlier age.

The term 'complex needs' is laughable — nearly all homeless young people have complex needs **(T)**

The biggest challenge is the highest level of complexity coming through. Complexity seems to be getting greater and greater and it seems to be kicking in earlier and earlier. … Our classic client used to be primarily an alcoholic, possibly with mental health issues. Now, the client group present with a raft of issues, mental health, substance issues, gambling, dual diagnosis

or multi-diagnosis. Beyond that, working with a greater age range presents challenges. We are seeing younger and younger clients (and older and older clients too). We also see people who had other needs that were catered for in institutions such as Kew Cottages but who don't have enough alternative arrangements. … it's a lot more diverse and the more diverse it becomes the more difficult it becomes for most accommodation services which are basically generalist services. We are luckier than most because we have a whole range of our specialist services available to us, but we are still a generalist service working in an increasingly diverse field. It's a completely different picture to it was 10 years ago. (AC)

The terms 'complex needs' or high/complex needs' are not consistently defined; they may be used very specifically and narrowly (as in the Multiple and Complex Needs Initiative). In this report they are used as interviewees employed them, as umbrella terms to encompass young people with a number of issues, some of which may require a high level of support.

Capacity for Change

Young people's capacity to change their lives around is endless. **(T)**

Workers were generally optimistic about young people's capacity to improve their lives, although some were more so than others. Individuals' capacity to change their situations was seen to be affected by personal characteristics and experience, level of social connectedness and worker capacity and approach. While it may be a function of the questions posed to interviewees, broader structural issues were mentioned less often as factors that impact on young people's capacity to change.

Personal characteristics

One transitional support manager indicated that young people's levels of self-esteem, especially self-esteem, about their abilities and education, affects their capacity to change. This manager noted that young clients, particularly young mothers, often have very low self-esteem as a consequence of the negative judgements made by others. These young people need considerable re-assurance.

Experience

Many workers indicated that young people who experience homelessness often have arrested development as a consequence of their life experiences either prior to or after leaving home. One crisis worker indicated that these developmental blockages negatively affect young people's capacity to leave home. Those who have been in long term care, disassociated from a normal family for years and are using substances were seen to experience much more difficulty bringing about change. Frequency, intensity and length of time using substances were the other factors impacting on young people's capacity to affect change.

Some young people have the capacity … but others don't, and some are stuck. It is as though their development has been blocked by their life experience. You can't categorize it; it's more about how they have reacted to the barriers in their lives. **(REF)**

Social connectedness

Young people's capacity to change their lives was seen by one transitional support manager to be related to community recognition and connection.

[Their capacity to change their situation is affected by] structural issues, whether or not they are given an opportunity to be heard, to stabilize, to form relationships, to feel connected with the community. **(T)**

Some workers perceived that young mothers were particularly motivated to make positive change in their lives.

As a client group, young mothers are more easily engaged because the situation is not just about them; it's also about their children. They are ready to deal with things. **(T)**

Having a child makes a young woman more aware of her behaviour (than a young single person) and how she is presenting to her child and much less likely to give up. She's more likely to think that she doesn't want the child to go though what she's been through. The self-harm, self-mutilation and the pill taking are less in this group. I have had clients articulate 'I would not be alive if I wasn't a Mum'. **(T)**

Worker capacity and approach

Workers considered that young people's capacity to change is affected by those around them. Workers and community members can assist young people to bring about positive change by providing them with a chance to be heard, to stabilize their lives, to form positive relationships and connect with the community.

They have all that youthful energy, they haven't been brought down by life, hopefully, they still have aspirations and hopes and dreams and a worker will hook into that … and they'll take them down that pathway they want to go. **(AC)**

Structural

Levels of education were also identified as a factor in young people's ability to change their lives for the better. Equally, high regional unemployment levels were also seen to impact on young people's future chances in life.

Without help, there is no hope for young people. They think 'I'm never going to get a job; I'll never own a house, I'll be lucky to even get a Ministry house. What can they aspire to? I have no future'. They have no hope and that is reflected in young male suicide rates. It's tragic. **(REF)**

Age and time homeless

Young people's capacity to change was believed to be affected by age and the time they had been homeless. The older a person was the more likely they were to be entrenched in homelessness. An adult crisis manager stated that young people are sometimes more open and willing to engage with workers and less resistant and cynical when they are younger and newly homeless. A youth crisis worker observed that 15 to 16-year-olds are more likely to be open to change than 22 to 23-year-olds.

Sometimes with the younger guys there is a little more openness because they haven't necessarily had the homelessness history … they're not quite so cynical and more willing to engage, less resistant — although not always. Capacity to change can be greater but there is also a greater risk in that they can be even more susceptible to being influenced by the activities of other residents in the centre. **(AC)**

There was also a fairly common perception that maturity assisted young people to address issues (such as substance use) and to move out of homelessness. They did not see them as responsible for their homelessness

Age, Gender and Developmental Issues

The most effective intervention is time — growing up. What someone would do at 15 is not what they'd do at 18, and certainly not at 21. **(T)**

Many workers commented that the homelessness service system responds to young people as a homogenous group without taking into account age, gender and developmental differences.

We look at young people as a homogenous group — the system doesn't recognize that they have different capacities for learning and development and that there are different developmental issues for different ages. This failure of recognition can impact particularly on young men. **(T)**

This failure of recognition was seen to have implications for service delivery and outcomes. The very young were seen to be more at risk of experiencing stand over tactics or violence and more susceptible to negative influence from the activities of other residents in adult crisis services.

Because of the nature and size of our adult crisis service, and young people's vulnerability, we do try to link young people into a youth specific support service and young people (20-24) are case managed by our young adult service because we see their needs as specific to youth. *(AC)*

The majority of clients are getting younger, but a young 16-year-old, unless they really know how to look after themselves, will be quite vulnerable. They may be older in years but still emotionally young. They may not have been introduced to the culture that happens within the service in terms of criminal behaviour and drug use so putting them in an environment that exposes them to that may not support them. **(AC)**

A refuge manager considered the age range of young people accommodated within the refuge to be far too broad.

It doesn't work to have five or six 15 or 17-year-olds here and place 22 or 23-year-olds. It affects the group dynamic. **(REF)**

Age and developmental stage were believed to be closely associated with outcomes in THM accommodation.

> All young people go through a stage when they just want to party but they need to decide when to get out of it…. I can see why they are reluctant to give accommodation if they think you'll just run amok. (35M)

Sometimes the kids are just not ready for independent living. It's not a question of learning living skills, they just aren't mature enough. **(T&C)**

We shouldn't be surprised when we give a 16-year-old the key to a THM and it ends up not working out. It is a developmental issue but it depends on the individual. All of a sudden they are responsible for everything. They thought they were old enough to do it all but they're not and that's the hardest thing and then sometimes they just lash out. **(T&C)**

> It's been very, very tough going straight from home to running a house myself… budgeting, looking after the house …I'm too young to manage a house on my own. (53M)

Workers indicated that young women managed better in THM accommodation.

Putting a couple of 16 to17- year-old males together in a house without some form of adult role model in some capacity is usually a recipe for disaster, whereas, with the right match of young women you are more likely to achieve an enduring situation. **(MT&C2)**

Several workers also perceived differences between young men and young women in relation to pathways into homelessness, relative levels of maturity, and capacity for self-awareness.

Young women tend to decide they want to get out of the homelessness lifestyle at a younger age (between 17 and 19) than young men (between 19 and 21). **(T)**

16 to 17-year-old males are very different to 16 to 17-year-old females developmentally (especially in relation to communication skills, levels of personal awareness and their ability to articulate that self-awareness). This poses challenges for service responses. **(T)**

Wants and Needs

> A lot of kids haven't been nurtured. They may have had strong authority but not good authority. Like my Mum was very dominating and very scary, so growing up with that, young people like me have a problem with people being authoritive. I back off and go 'Grrrr'. It's not right, they should be more aware of where the child's come from. (21F)

Young people experiencing homelessness were perceived to have some shared wants and needs, with young people in general, with other homeless young people and with other clients. In all but one case, workers were strongly of the opinion that young people were seeking much more than accommodation. One manager said young people usually wanted accommodation but some also wanted support. The others said that young people usually want more than shelter. They indicated that most young people want respect; see section on Principles of Working with Young People for a discussion of how workers respond to this perceived need. Young people also want to be accepted and valued as people. One worker said they want to know that they can be themselves. A manager said 'they just want love really'. Another worker said they want friendship. Other

workers said that young people wanted someone to care about them. This is allied to the next commonly identified want — for people to listen to them and to be heard. In short, young people want recognition. Also closely associated was the perception that they wanted consistency, reliability and the opportunity to develop some trust through relationships.

> The workers became my friends. That was important. (43M)

Homeless young people want the same as everyone else — to be loved, needed, respected, a steady income, a job (not necessarily 9-5), somewhere to call home, to be accepted as part of the world. Even the angry at the world ones — ultimately that's what they all want. **(T)**

They want to be accepted and respected, to have somebody they can rely on to treat them the same way all the time and not monkey around with them and play mind games with them. **(REF)**

> They should get to know us more as individuals. (34M)

They just want to be heard, though they may not say that up front …. They don't just want to be a statistic or a number or a program participant; they want to be valued and respected as people — that's the crux of what they want. **(AC)**

> I think workers have a generic government attitude of working for a government sponsored place. As long as you punch in your hours — Bingo. (55H)

If you can build a relationship then, they may still not let you into the really deep dark spaces, but a level of trust may develop that makes them want to engage with you. The relationship stuff is the most important thing we should be offering. **(AC)**

> I've got it great. The workers are really caring here. (14F)

Two workers thought that in some cases young people also want some direction or guidance. One worker expressed this particularly strongly:

Most young people eventually realize that what they want is someone to help them determine what their boundaries are going to be, what sort of rules they need to develop for themselves to be able to fit into society, how they can survive and cope and get on with their lives — that's the biggest thing they are looking for. **(REF)**

This manager identified some immediate needs and desires including the desire to feel safe, to know they can 'be themselves' and to not have to deal with an authoritarian response. These were the only needs that did not specifically relate to relationships. The overwhelming majority of workers believe that young people are seeking intangible emotional rewards related to recognition and care in addition to shelter and assistance with more practical matters. A couple of workers mentioned that young people often had unrealistic expectations of what a service could offer.

A lot think we're the fairy godmother and we can wave a wand and it's all going to be fixed. **(AC)**

Summary: Perceptions

There was a common recognition that young people who experience homelessness are not a homogenous group, even though they are grouped together in the SAAP system. Workers consistently made the point that young people in this age range are at different developmental stages and they tend to have particular needs and vulnerabilities at these various stages. In addition, they noted that there are differences, particularly in relation to maturity, between young men and young women of the same age.

The broad age range accommodated in services, both adult and youth, was considered detrimental to service users in a couple of ways. First, some accommodation options, particularly those with less on-site support, such as transitional housing are commonly regarded as inappropriate for those at the lower end of the age range. Problems occurred in THM accommodation because young people placed there lacked the maturity and living skills necessary to maintain a safe and stable environment and manage independence. This is also an issue for young people who have recently left statutory placements. Secondly, workers within both youth and adult services expressed concern about mixing young people who were different ages and had been homeless for differing lengths of time. The managers and workers of the adult crisis accommodation services were concerned about the greater vulnerability of young people and regarded their services as inappropriate for the very young.

Managers and workers were strongly of the opinion that young people were seeking much more than accommodation. Most commonly, they believe that young people want to be listened to, respected, and valued as people. They also want people to care about them. Such wants and needs can be encompassed by the term 'recognition'. Also closely associated was the perception that they wanted consistency, reliability and the opportunity to develop some trust.

Principles of working with young people

The relationship between perceptions of young people, principles of working and practice is complex; ideally perceptions of young people inform principles, which in turn inform practice. In this section we report on the aims and working principles of the workers we interviewed. Workers were asked what the terms respect, a holistic approach and a client driven approach meant to them and whether or not they described or were relevant to their ways of working with young people. In general these principles were regarded as being appropriate and useful. Several other important aspects of working with young people were also identified.

> Sometimes refuges go too much by the text book. It puts young people off. In those that don't go strictly by the book, things work out well with the kids. They should realize we have issues and be more lenient, less formal and structured. (21F)

Respect

> There needs to be a personal response. Workers should treat young people with genuine respect. They shouldn't just be a number. (35M)

Respect is the cornerstone of practice — respect and empowerment should infuse everything we do. **(AC)**

If we show respect and try to develop a trusting relationship and the workers have integrity about what they are doing, even if we have what could be seen to be fairly harsh rules in how we operate, then young people respond well and start to look at themselves in a different light. **(REF)**

The key working principle that workers adhere to is the notion of respect. It covers many fundamental aspects of common working principles. It includes listening, communicating, not judging, being honest, respecting privacy, and allowing a say. While there is often considerable agreement about the meaning of the term, differences occur in the way respect is interpreted and enacted by individual workers within and across services. For example some workers and service environments proceed from the premise that when workers have respect for one another this transfers to their practice with clients.

> It's really up to kids whether or not accommodation works — how much they want it, respect it. It only works when young people learn it for themselves. However, workers could lead by example rather than screaming it into their faces. (35M)

Respect has to be a key element in a place like this. A team of workers have to work with each other in the same way too. We have a team of workers (10 in all) who have a lot of trust and loyalty and respect for each other as well, and that passes over to the young people as well. **(REF)**

> They [workers] say they are going to do stuff but they don't. They don't go by their word (53M)

One worker respects young people because s/he considers her/himself fundamentally the same as young people, whereas another respects young people in spite of the differences between them. Mutual respect between workers and clients is also stressed by some.

I never think that I am any better than the young people I work with… **(T&C)**

Don't treat clients any less respectfully than people in the community generally. **(T)**

Communication and listening

> They're very rude to residents. A couple of workers are alright. (53M)

Workers reported that they demonstrate respect by the ways they communicate with young people, for example by speaking in a respectful way. Some workers insist that listening is a crucial element of respect. Because listening is one of the first things that workers do with clients this is a way that a worker can initially demonstrate respect for young people. Listening to young people is not the same as agreeing with them. For some workers however it is crucial to listen to a young person and follow their lead even when they do not agree with the young person. These workers insist that client rather than worker driven approaches (see discussion below) are inherently respectful of young people.

Respect involves listening to what people say, not patronizing, going with a client driven approach even if you don't agree with what the young person wants, and communicating. ***(AC)***

Working with young people in this service is all about integrity and trust and talking to people on a very respectful level. If a worker here yelled at a resident they would be in deep shit. **(REF)**

> Some are just there to do their job. They should take more time to listen to young people and get to know them. (42M)

Honesty was identified as a particularly important aspect of communication between workers and young people.

Honesty with clients encourages respect. **(T&C)**

Workers also recognize the need to talk clearly in ways that young people understand. It is also seen as important to explain why they work or act in particular ways with young people.

The biggest conflicts occur over the most trivial issues, e.g. being told you can't use the telephone, little transactional things that may not have been explained very well, guys will arc up, so it is about having awareness of the need people have to be respected and of the space they're in at the time. …You should explain decisions, they may not agree with them but we should give them a chance to understand the decision. **(AC)**

Allowing young people to have a say

Some workers believe that it is sufficient to allow young people to have their say whereas others claim that it is important to let young people's have their say and act upon their opinions.

It's about letting people have their say. We have been working on giving residents a say – we have weekly meetings now, generally residents feel more empowered, everything gets responded to and sometimes they get outcomes that they want. We let the residents choose what colour to repaint some rooms. When they chose a colour we had reservations about (bright red) we decided we still needed to go with their choice. We shouldn't take the stance that we always know better. **(AC)**

> I didn't get to see the THM house before moving in. You should be shown the house first. (11M)

Not judging

> Some [workers] are a bit judgemental and don't show respect. You can't help forming a judgement about a person but they should be extra vigilant not to do that. They can pigeonhole the wrong person. (55M)

Many workers insist that it is important not to judge or dismiss young people. Some interpret non-judgementalism as generalized acceptance of young people. As such they claim they do not judge or dismiss young people or their practices (e.g. drug and alcohol use). Others claim that they are non-judgemental when they accept young people's practices and choices but this does not mean, that they necessarily agree with them. It is unclear how workers reconcile the need for honesty, with the imperative to be non-judgemental.

You shouldn't be judgemental about who is deserving and who isn't. **(C&T)**

> It's good in accom but you do get judged a lot. (31F)

For some workers, qualified acceptance of young people's choices was demonstrated by not withdrawing support and continuing to provide information without explicitly telling young people what they should do or criticizing their choices.

Regardless of what they do, we may talk about better ways to do things but we don't judge clients or write them off. **(C&T)**

Kids hate workers telling them 'You should have done this' or 'You should have done that' or 'Told you so'. **(C&T)**

Two transitional support workers indicated that they expect that young people will 'stuff up'. For example,

They are not embarrassed to come back and tell us they stuffed up and want to try again and we are open to agreeing they stuffed up but not being judgemental and that relaxes them about it. **(T&C)**

> There's a stigma that you'll stuff up. You have to work like hell to prove them wrong. (35M)

Respecting Privacy

Observing people's right to privacy is recognized as an importance aspect of respect. This can mean restricting what workers ask young people to disclose about their lives. Alternatively respecting young people's right to privacy can be shown by not intruding upon their personal spaces even when they are believed to be engaging in practices that are not condoned by the service.

Respect also involves privacy — you don't need to intrude into every aspect of a person's life. **(AC)**

We don't enter client's rooms unless it is a matter of duty of care. Even then we would be knocking first and calling out that we are coming in because we are concerned about them. **(AC)**

Respect and fairness

One manager noted that at times respecting a client's situation and needs meant treating people differently, a situation which can raise concerns about fairness amongst other residents.

Respect is also about the idea of fairness — we struggle with that because we try to move away from the idea that fairness is about treating everyone the same, it's about being consistent but that's not necessarily [treating people] the same because everyone's presenting issues aren't necessarily the same. **(AC)**

> I was refused refuge accommodation because of my chronic fatigue syndrome. They said they couldn't change the rules for me because (a) everyone will want the same, and (b) sometimes there are no staff on during the day. You should be allowed to stay in during the day. There should at least be room for compromise. (22F)

A Holistic Approach

Across the human services sector, workers and policymakers frequently refer to holistic or sometimes 'whole of government' approaches to service delivery. In this project many workers stated or implied that they take holistic approaches to service delivery. While there is often considerable consensus about what this expression denotes it can and does mean different things to different workers and services. Some spoke of their perception of the young person as a 'whole

person', others spoke of providing all the services a young person needs. Most agree that holistic approaches take account of multiple inter-related aspects of clients' lives and not just their accommodation needs.

You need to look at the young person as a whole person. … It's not just about housing, it's about making it sustainable. **(T)**

A holistic approach can be interpreted differently; some workers took it to mean you have prime responsibility for all issues; others that you link young people to other services that will deal with particular issues while maintaining case management responsibility if appropriate.

It means you do everything basically! **(T)**

We do look at the whole of their needs through case management — once again limited by the number of services in the area. One benefit of the country is that we know the workers in other services, we don't get lost within the service sector so we can provide a holistic service. **(T&C)**

We build a vocational team around young people using our service. They're case managed by us. We assist with Centrelink, link with Job Network and any other services. Young people then feel they have a team around them, not separate services. **(C&T)**

You do try to follow up whatever the client brings up but at the same time knowing that you are not actually the one who will be addressing the issue. It is 'holistic' in terms of the linkage, not actually doing the work. **(T)**

Shortcomings of a holistic approach

The idea of taking a holistic approach was generally regarded as good in theory and reflective of the breadth of work undertaken by supported accommodation services. However, a number of workers believe that it can place expectations on services to provide support that they do not have sufficient resources (in the form of workers and expertise) or the mandate to provide.

A holistic approach is a wonderful working tool but it has limitations – one worker/one service can't do everything. You need to know the limitations of yourself as a worker and draw on specialist services. **(T)**

A client driven approach

'Client driven' approaches were also frequently referred to by workers and held up as an important aspect of good practice. Although the meaning of client-driven approaches differed between workers and services, the most common interpretation was that workers were guided by what a young person wants. As such, workers remain focused on what young people perceive as their issues and work with those.

Having a principle of working with respect, it automatically follows that my approach is client driven. Unless you react with a client driven approach, you are not providing a service. **(T)**

It always gets back to what a young person wants. **(T)**

Client driven approaches are interpreted by some as meaning that workers provide options to young people. The young people are then free to choose whether they want to take these options up and will not lose worker support on the basis of their decisions.

It's about presenting options, having a discussion, not saying I'm your case manager and this is what's going to happen — end of story. **(AC)**

In practice, some workers believed that they should engage the young person in the development and implementation of a case plan based on that young person's aims and be guided by the choices that young person makes. This position is based on a broader philosophical commitment to self-determination and choice. However, in their involvement in devising and implementing a case plan young people must conform to a process instituted by the service provider in a service environment. As such their choices are necessarily constrained.

We want the young person to be engaged in the process of developing a case plan. **(REF)**

We're a partner with young people — they don't need someone telling them how to live their lives. **(C&T)**

In addition to these positive aspects of the approach, workers identified the major benefit of a client driven approach as being the facility in getting commitment and achieving outcomes. Two workers made the point slightly differently:

If the worker directs, the client will back off. **(T)**

Unless the process is client driven, nothing will happen. Because it's not about us. **(T)**

Shortcomings of a client driven approach

Of all the working principles discussed, a client driven approach was seen as the most difficult to put into practice and there were some situations in which a wholly client driven approach was found to be inappropriate.

A client driven approach is the ideal but in some cases a person's life is so chaotic that they can't identify any constructive goals other than mere survival, in those situations the workers should try to open doors for them and provide opportunities. **(AC)**

A tension occurred when workers did not agree with a young person's goals. Some workers indicated that in practice they directly or indirectly led their clients to explore alternative options proposed or conceived of by the service/worker.

A client driven approach can be difficult for workers sometimes because you can see other issues that you think need addressing that the client may not. There is a tension between being aware of the issues and being client driven. (T)

In practice, you need to talk in terms of what will produce the best outcome for them. You may not agree with a certain behaviour, but that isn't what you talk about it — you talk in terms of whether they think something is detrimental or not. **(C&T)**

You may see some key things coming up when you're doing the assessment but you provide the space for the client to identify them. If they don't come up, you may start a conversation in a general sense about the issue to encourage them to identify it. **(T)**

One last difficulty in providing a client driven approach related to resources. Clients may identify goals or request levels of support that are not possible to be met.

In general, I think we are client driven, we try and look at all their needs but we are restricted because of a lack of resources because we are a rural service, we have to be realistic about what we can do. **(T&C)**

Discouraging dependency and encouraging independence

Youth accommodation and support agencies indicated that their services aim to decrease young people's sense of dependency and/or increase their independence. Some workers focus on actively discouraging young people from becoming dependent upon them or their service. For example, they do not allow young people to become dependent on the use of food vouchers as this will prevent them from learning how to budget. One worker noted that it was particularly necessary to prevent Juvenile Justice and ex-Child Protection clients from remaining dependent, as they can have particular difficulty becoming independent and taking responsibility.

> Only thing is sometimes they 'overhelp'. They poke their noses in and I am already dealing with it. It's my life. They know I'm going OK being independent so they don't need to do so much for me. (11M)

If young people are managing their lives well, you don't want them to depend on the service, which can happen. Ideally they need to learn to manage things without us. **(C&T)**

Others workers place greater emphasis on encouraging young people to become independent. This means slightly different things for different workers. Some workers encourage young people to become independent by assisting them to manage their material resources and develop living skills. For others fostering independence is about encouraging personal autonomy, self-reliance, or self-management without support. As such these workers assume that this is both possible and desirable. Some workers recognize that young people's capacity to develop independence is contingent upon their age and developmental stage.

We encourage their capacity to take ownership and responsibility — it's not about stepping in and doing it for them. **(T)**

Role demarcation

Some services mentioned the need to be clear about the role of their services and its workers. Being honest about the capacity of the service was also seen as important. One worker noted that this was particularly important when working with Juvenile Justice clients or young people who had been in care. As part of the process, one service stressed the importance of having an honest conversation about the expectations of the client

Being clear about what the agency will do or won't do. It's also about what is definitely a 'no' and what's negotiable — most things are negotiable. **(T)**

Community, connectedness and service environments

The service environment is recognized as an important aspect of working with young people. Some workers insist that it is important to create friendly, welcoming spaces in services. They claim that it is important to attend to the standard or quality of the accommodation as well as the relationships that occur within those spaces. Creating a sense of community, connectedness and belonging is considered by some workers to be an essential component of service delivery.

> They referred me to 'Jamieson Central' — it was horrible. It was just open drug use and very dirty. They also referred me to 'Burnside' but I knew some people who were there at the time and they were just bad people. I couldn't explain to workers why I didn't want to go there. It would have brought trouble — it was the last thing I needed. It looked like I was just being choosey. (55M)

It's about creating a welcoming feel in the agency. ***(T)***

When we take a young person into a refuge, I want it to be clean and with fresh linen. Just because you're in a period of crisis why the hell should you have to put up with a dump? Just because you are in crisis you shouldn't be tossed into any old dirty place. Coming into refuge is an institutionalizing experience without making it a demeaning and demoralizing one as well. **(REF)**

> There is nothing bad about the refuge. It's a new refuge — not shitty. It's like fully furnished mini-houses. (42M)

We want to build community rather than an accommodation outcome. It's not just a process driven thing where we may find ongoing accommodation but it may be a room between a murderer and a drug dealer. He might then be in all sorts of trouble a week later. Because of the breadth of services available in the organization we can travel a little more with clients after they leave our accommodation. **(AC)**

Timing of service delivery

Timing of service delivery can be crucial for young people. A crisis for a young person may present an opportunity for workers to assist young people to change. It may also be a time when workers must take account of young people's vulnerability.

You need to give people lots of chances because at one point the help people receive may help them move on but at many other points it may not. **(AC)**

Worker style

Working style is an important dimension of service delivery. Trustworthiness, a sense of humour, tolerance, a capacity for honesty and energy are viewed as important qualities for workers who work with this population of young people. In their work with young people some workers have a distinct unchanging personal style. Others adapt their style to the particular young person. Some seek to be liked and respected by the young people that they work with and others seek to challenge young people irrespective of how the young people perceive them.

If workload allows, we may decide one worker's style would suit a particular client and arrange for them to become the caseworker. I adopt a different style with each client. I had a client with mild autism and I took on a sort of mother role, telling him he couldn't do things that were a danger to him, because that seemed to work …. You can modify your style of working if one approach isn't working. **(T&C)**

You need to challenge the clients. I realize I am doing an OK job when my clients don't all love me. They do seem to respect that. It would be easier to just accept everything as opposed to asking the hard questions. Keep giving handouts rather than finding out why they have no money. **(T)**

Summary: Working principles

The terms 'respect', client driven' and 'holistic' are often used within the sector with little sustained consideration of their meaning, or indeed their strengths and weaknesses in practice. However, it is clear that these approaches are generally understood in quite similar ways and are widely accepted. They are, however, adopted to varying degrees and enacted in various ways. For example, while all services may identify working with respect as a key principle, some may adopt practices that other services would regard as disrespectful. Sometimes such differences in practice are due to considerations particular to that service's client group, such as the age of the clients and perceptions about their maturity. For example, one manager observed that all clients, including younger clients, are treated respectfully, but at times they have 'to draw the line' with younger clients. There is a need to further investigate how key principles, particularly fostering independence and taking a client driven approach, might need to be put into practice differently for some clients or client groups (for example, the very young).

Respect was referred to as a cornerstone of practice and commonly seen to involve listening, communicating, being honest and being non-judgemental. Working with respect also involves allowing as much privacy as possible and letting people have a say in matters that affect them. Respect and trust were seen as being closely linked, with each building upon the other. Respect was understood to be similarly linked to honesty, with worker honesty building client respect and ultimately leading to greater client honesty, in this case client honesty meant disclosure. It is not clear how workers reconcile the imperative to be honest with a non-judgemental approach. One manager made the point that respect worked both ways, from worker to client and vice versa. In general working with respect was seen to foster reciprocal respect from young people. A number of workers spoke of respecting clients in the same way they would respect other people in the community. Respecting a client's needs may require an individualized response. There is a need to reflect upon whether fairness always involves treating all clients the same.

A holistic response was most often regarded as an approach that ensured all of a young person's needs were attended to. It was seen to be a valuable goal. However, given the concerns raised elsewhere in this report around access to specialist services (see in particular Constraints and Barriers to Good Practice), it was seen by some to be difficult to achieve. Some workers noted that it sometimes ended up meaning one service had to 'do everything'.

Workers commonly supported the client driven philosophy although they expressed several reservations about its appropriateness in particular situations, for example when clients were acutely mentally unwell. Given the emphasis on the varying developmental stages of young people involved in SAAP sector it is interesting that there was little discussion of the efficacy of client driven approaches with young people of different ages and stages. Perhaps this reflects the great emphasis that is placed by workers and services within the housing and homelessness sector on encouraging young people to be independent, irrespective of age.

Workers also talked about the need to clearly define roles and expectations, to deal with issues of independence and dependence, to foster a sense of belonging, to focus on a young person's strengths and the importance of continuity of care, worker style and timing of service.

Intake/Assessment: Principles and Processes

A young person has a right to support and accommodation — not on the basis of their behaviour. **(C&T)**

We work with young people who aren't permitted to stay in most other places, those with fairly complex needs. (AC)

There is no one we would not consider. **(REF)**

We're generally flexible about who we accommodate. …Whether or not we accommodate someone is based on where they're at now not in the past. We don't ban people. **(T)**

> It is hard because they have to have a screening process because they can't let just any old bozo in I suppose… Most places are just [information and] referral centres. It seems like they are spending more money on the referral centres than the 'sharp end' where they take people in. (55M)

Prioritization

Given that the need for accommodation generally exceeds vacancies, services are forced to make decisions about who will be given accommodation and who will be turned away. In addition to the access conditions, criteria and considerations discussed in the following section, Who is Excluded, the following factors were considered. Four services were explicit about giving priority to those in greatest need, although this is variously interpreted. One service reported that they give preference to young women experiencing domestic violence who are unable to get into the overloaded domestic violence system. Another saw age as an indicator of greatest need and would usually give preference to younger clients, especially if they had an accompanying child. They would also prioritize a couple in these situations on the grounds that it is harder for a 'pregnant couple' or a couple with children to access services. The overriding factor in ascertaining greatest need was whether the young person had any other options.

We also take into account what other services are available. In the past psych services would advocate strongly that their client has the highest need because they're unwell but we say they may be unwell but while they are in your care they are not actually homeless. **(AC)**

Even those services that had a 'first in gets the place' policy did at times prioritize.

First in, first served, but if someone has been ringing daily and I know they will call again but a couple of others call first, I will prioritize the person who has been waiting. … Caseworkers may have clients they want to go to detox for a week and not want them to be homeless after detox. … We will prioritize them when they are ready to come back. … I think women should be prioritized because they have fewer options. We have more men than women calling us for accommodation. **(AC)**

Services also took into account whether they were the most appropriate service available, although some workers did stress that they would take clients with no options whether or not they thought their services were appropriate.

If a 16-year-old male turned up we … would ring youth support services, and link him in there as a first option because it's always preferable. Youth services have higher staff to client ratios so they get more care. After hours we have two staff to 60 people. The closeness of care can't be provided. I would always refer a young person to youth services. I would however, never refuse them if it is a choice between the street and here. **(AC)**

> They had male and female sections but people just broke the rules and it could be really bad, say, for a woman who had been raped in the past. They need more surveillance … staff need to monitor hallways more. … Workers just don't know what goes on. (22F)

Intake and assessment process

Intake forms

Both comprehensive and brief intake forms are used. There is no consistency regarding the level of information gathered and the type of services. For example, one adult crisis service has a very brief intake form, while the other has a comprehensive one. There is also no direct relationship between the amount, or content, of information gathered and levels of exclusion. Services offered the following explanations and comments in regard to the amount and kind of information they gathered and its uses.

It's a basic assessment tool to allow us to assess and prioritize the level of need. It is not only about whether someone is appropriate but also about who is in greatest need given we may not have more than one vacancy. **(AC)**

While the intake worker in one service believed comprehensive forms provided useful information for assessment and for case management, one caseworker in that service reported that s/he did not actually always read them.

There are times I don't look at the form [prepared by the intake worker] because I want to make my own assessment when I meet the person. There are benefits in gathering information in regard to medical information in case of emergency. If there is an emergency before I have met the person (e.g. psychosis) at least I have some information about that person's situation. I don't find the other stuff all that relevant. I ask similar stuff but I find talking with the person and finding more out as an engagement tool, as opposed to coming in with that knowledge already. I like to build on it with the person. **(AC)**

Another worker pointed out an additional benefit of gathering comprehensive information.

The caseworker can use the info gathered at intake as a prompt if the person is not really responsive. Different people work differently. **(AC)**

The refuge manager stated that they had a comprehensive form and the information assisted in developing a case plan quickly.

We think getting this information is a positive thing. We need to get a placement or management plan really quickly because of the short stay so it works well. **(REF)**

Services also gathered information to identify high/complex needs.

We are basically trying to identify those who have high support needs for case management. **(T&C)**

The two transitional services both said they had a brief form, although one manager said they gathered information through listening to young people's stories.

We need to obtain a significant amount of information so we know that our accommodation is appropriate. **(T)**

In addition to ascertaining that the young person is homeless and otherwise eligible, the key information workers seek includes:

- The existence of complex and/or high support needs and immediate support needs, including the risk of volatility or violence
- Any existing connection to other services/agencies

The identification of high support needs was regarded as necessary for a number of reasons. Firstly, in order to prioritize according to greatest need, although high/complex support needs were not identified as grounds for prioritization. Secondly, this information forms the basis for discussion of a case plan. In crisis services, short stays mean that case plans need to be initiated as soon as possible. Thirdly, a duty of care necessitates the consideration of any risk to new clients themselves, and to workers, carers, co-tenants or other residents. The risk of volatility and violent behaviour are taken into account when selecting appropriate accommodation, either immediate or in the future. Lastly, the identification of high risk may lead to the provision of more or less supervised accommodation in the immediate short term depending on the type and level of perceived risk to self and/or others.

Workers asked young people about their connection to other services for a number of reasons. First, such a connection may present the young person with other accommodation options. Some crisis services were reluctant to accommodate those who were currently being accommodated elsewhere (for example, in hospital), while turning away those 'on the street'. Second, some services felt more able to accommodate those with complex or high needs involving mental health or substance abuse issues if they could count on direct service to their client from specialist services. Liaison with other services could be initiated quickly once workers knew about the connection. For example, access could be obtained to a mental health crisis plan where appropriate. Finally, a number of services mentioned that asking about the involvement of other services helped them get a fuller picture of the client's situation and issues.

When gathering information in order to match the young person with appropriate accommodation (and co-tenants), this was sometimes expressed in terms of ascertaining whether the accommodation was appropriate and at other times in terms of whether the young person was appropriate. In services with a range of accommodation models, detailed information enables the possibility of matching particular needs to support and accommodation that meets those needs (where vacancies exist). However, in services with fewer options in accommodation models, if either the young person or the accommodation were not appropriate (no match existed), the result

could be that the young person was referred elsewhere. So, while matching client with accommodation appropriate to their needs is a valid response with clear benefits for that client and possibly for co-tenants/other residents, in practice it can lead to a young person being excluded.

Assessment responsibility

Service type	Who does the intake/assessment	Who decides
Transitional Housing Support 1	Any worker available (caseworkers)	Usually the team
Transitional Housing Support 2	Where possible the young person will talk with the worker who will be their caseworker. If that is not possible, preliminary details will be taken so the worker who will work with them can make contact.	If time allows the team will discuss whether or not they can accommodate a young person. But if this means a young person has to wait, the individual case manager would decide based upon their case load.
Transitional and Crisis 1	Have a duty system (caseworkers)	Usually the duty worker. May consult with team members or team leader.
Transitional and Crisis # 2 **(Transitional service located in 2 regional towns)**	At first location: share role with local Transitional Housing Manager, have a designated worker (not a caseworker) At second location: designated worker (not a caseworker), caseworkers provide back up roster. Changing to shared model: Co-located HIR workers on duty roster, caseworkers provide back up roster.	Intake worker Intake worker
Crisis Adult 1	External Transitional Housing Manager After hours: worker on duty Exceptions – police referrals, people coming straight from hospital.	They make the final call but generally trust the agency that does their assessment. May request more information.
Crisis Adult 2	Dedicated HIR intake worker After hours: worker on duty	Intake worker May consult
Crisis Youth* (Refuge) 1	Any worker available (caseworkers)	The manager or a permanent staff member

Crisis youth* and transitional and crisis# are part of a larger support service

Process when unable to accommodate immediately

While crisis accommodation services are geared towards providing a crisis response even when no vacancies exist within their own agencies, transitional support services may still provide support and at times pay for accommodation in the private sector (using Housing Establishment Fund money) if no immediate accommodation is available. In one crisis and transitional support service, the intake worker would attempt to find accommodation without support if that is what the client requests. A number of services used caravans in caravan parks for emergency accommodation as a last resort. This was not regarded as a good option. The two transitional support services report that when vacancies occur in transitional properties, short listing will involve considering who is still in touch and ascertaining their current need.

> The second place put me in a hotel for three weeks. It was horrible, I was alone with my 2 year old in a suburb an hour from where I'd lived. I didn't know where I was… Didn't even know where the train station was…I had had drug induced psychosis and depression. I had no contact with a worker. (25F)

We don't want anyone to sleep in their car — we will go to great lengths to find something. **(MC&T4)**

If it's after hours, we can call our own on-call service and use a crisis voucher system. We may have to pay for a motel room. We will get them at least accommodation for that night and refer them to our organization's intake service the next morning. We don't just send people away with nothing. **(REF)**

If the young person is self-referred and not hooked into another service for support, or it is after hours and they are very young, we will try to find them somewhere else. **(AC)**

I don't give out numbers unless they're relevant; some places give out irrelevant numbers. If they are in the office, I'd call on their behalf. If they need crisis accommodation, which the service can't provide, and it is late in the day, a worker would not waste valuable time by taking all the details. Similarly, it's ludicrous to put a young person through the intake process if we have no vacancies in accommodation or support. If there is a caseload vacancy, but no immediate accommodation, workers may arrange temporary accommodation in the private system (e.g. caravan etc) and provide support. That's a last resort — we don't like to do it. **(T)**

> It took too long to get in; it takes ages for them to do stuff. In the hotel it was crap. I got chucked in with no money to buy food for four days. Had to steal. They don't think about your needs other than housing. (42M)

[At one location] if no accommodation is available we will still case manage. We will nominate them for properties and help them with private rental and look at other options, talk to schools about finding a family they can board with. When there is a THM vacancy, we look at everyone who has been nominated and see who is still current and who has other options, see what the issues are. **(T&C)**

Examples

Transitional accommodation services

Intake and assessment in one transitional support service included the following processes. Young people were seen immediately where possible, basic needs (food and money) were met and young people were encouraged to 'tell their story'. The manager stated that they try to minimize hoops and barriers. Young people were never told to ring back to make an appointment. These processes were informed by the principles of making the process as accessible and easy as possible, taking a client-driven response and responding as quickly as possible. The client-driven approach this manager employs involves a process whereby young people tell the worker what their needs are and then decide whether the service can provide what they need. However, during the assessment process workers also looked at a young person's needs and decided whether they thought they could meet them. The manager believes that young people have a need to tell their story and that hearing that story helps the worker doing the assessment or referral to respond appropriately. She fears that young people may not get the chance to do this in the new model of centralized assessment and referral and this could have long term negative effects in some cases.

I'm nervous about centralized FrontDoor intake arrangement. Workers will be under the pressure of volume and as they are only human, it is too easy to quickly make up your mind what a young person needs and send them on that path, which may not be the right answer…. You can't appropriately respond unless you know their story — sometimes alternative accommodation options exist which no-one had explored because they hadn't talked to the young person long enough to find out what was going on. Going to a refuge may forever change their lives; there may be options such as staying with relatives that are less likely to have such an impact. **(T)**

> They should talk more to the kids about feelings and what's going on. It's highly stressful trying to get accommodation, like my stress levels were the highest they have ever been. I had mental health issues, drugs — if staff had only sat down and talked to me about what was going on. (22F)

Adult crisis services

One large adult crisis service has outsourced its intake/assessment process. They are generally happy with this arrangement.

The service that does our intake faxes the assessment form to us, and we do an intake assessment here as well. We check our exclusion list. They may have been excluded for a short period (e.g. a couple of months) or they may have been asked to leave this morning and haven't disclosed that to the intake worker. A staff member will go through client behaviour guidelines, info about what's available, and get more info about any essential issues — critical health, medication, things that may present as a crisis issue within the next 24 hours. By next morning they will be linked in with a caseworker and be having a casework assessment with that caseworker. Of course the info we get is based upon what the client wants to disclose. Sometimes we will find out there's a different story 24 hours later. **(AC)**

> They should have waiting lists. (54M)

The other large adult crisis service does its own assessments and prefers to do them by phone.

We will insist on talking to the client if they are referred by an agency because the client needs to make the decision and it assists us to get to know the client. **(AC)**

I prefer to do intake assessment by phone because of the service layout. If too many people drop in they can end up sitting in the foyer all day waiting for accommodation. … It multiplies and we end up with ten people waiting and wanting to use the facilities (e.g. the phone) and needing the support of the workers. … Also, it can be difficult if you don't accommodate someone and they get really upset….We do carry out assessments at the service but phone assessment is preferred. We check our computer for barrings, high rent arrears. If for example the barring period is up and the person thought they had a case why they should be allowed to re-book before the period is up, I would confer and we would hold a meeting with the person to discuss their request. We would not generally initiate such a meeting but would have one if the client pushed it a bit. It is an option. But shortening a barring period is not very open. It is usually there for a good reason. [but] very few people who get to the assessment stage get refused accommodation…. It can happen that we refuse accommodation on the grounds of answers to questions on the assessment form. **(AC)**

If the person is coming straight from a psychiatric institution, we have a protocol where we ask the institution for a discharge summary and if there are concerns about whether we can support, they will consult. **(AC)**

Strengths and weaknesses in the intake process

Most services responded that assessment responsibility (who assessed) was the most difficult area to manage, as there were shortcomings to all possible approaches.

> In a two week period I saw ten different people and they're all wanting to know my situation. …I had to start again. (23F)

I'm not sure any process is brilliant. No two workers are the same; they will always make different interpretations although we do work with some 'givens'. We deal with it by having at least weekly SAAP team meetings – constantly looking at eligibility and needs issues. **(T)**

The advantage of having a duty system for intake is that young people can be seen on the day. The disadvantage is the lack of continuity; they may be allocated another worker. **(C&T)**

It works reasonably well having intake and assessment carried out by whichever caseworker is available, it is the fairest way I can think of. There is no ideal solution; there is a need to balance continuity [worker who does intake is that young person's caseworker] with a need to respond quickly. **(T)**

We have a collaborative arrangement with a THM. Clients don't come directly to the service any more, except after hours. We had too many presenting who we couldn't accommodate. A lot of case management focus was being used to deal with the 40 guys that weren't staying here. We don't have a lot of control over who is accommodated but we are generally happy with the assessments carried out by the housing managers who do our intake and assessment. **(AC)**

The benefits of having one primary intake worker include:

In a big place, with quite high turnover to have one person who is up to speed on the dynamics in the house and on who is calling in regularly is beneficial. Because demand is so high, it would be hard to organize on long term need but I take a running sheet of who is calling in every day. First in first served, but if someone has been ringing daily and I know they will call again but a couple of others call first, I will prioritize the person who has been waiting. So there is just a little bit of managing that can happen with one primary intake worker. It does need coordination in a big service. For example, caseworkers may have clients they want to go to detox for a week and not want them to be homeless after detox. We don't keep rooms empty but we will prioritize them when they are ready to come back. It becomes part of the case plan. **(AC)**

Having someone else take all the basic information makes it possible for my relationship [as caseworker] to be based on engaging them and building on positive things rather than being problem-focused. I've got room to move forward. **(AC)**

Summary: Intake/Assessment

While most services stated they gave preference to those in greatest need, there are of course different interpretations of greatest need and greatest need will only be one consideration in an assessment. For some services, greatest need was strongly linked to current living environment (primarily whether they had any shelter), a lack of other accommodation options and age. Mental state, whether drug-induced or otherwise, was not referred to explicitly as contributing to a young person's level of need. Those with severe substance abuse or mental health issues would not necessarily be seen as having greater need or prioritized in the same way. In fact no one reported that they would prioritize young people with these problems. Services reported going to great lengths to find alternate accommodation for those young people they were unable to accommodate, including ringing around on their behalf in some circumstances. Some services will case manage and/or pay for emergency accommodation in the private sector while waiting for a vacancy in a property.

Clearly, services gather information for a number of different reasons. In addition to gathering information to assist with prioritization, information was gathered to inform decisions about whether particular accommodation options were appropriate. Of course, if the service had only one model of accommodation and workers felt it was very inappropriate young people may be excluded for access. A number of services reported gathering detailed information in order to identify support necessary once in the service, rather than to exclude on the grounds of these support needs. In services without a dedicated intake worker, various workers will undertake assessments, and will do so in different ways even given the same intake form. One may directly ask about drug use during assessment, while another will not, regardless of whether this information was sought on the intake form. In services where young people were not asked directly about drug use or mental health status, this information may be accessed through responses to questions about other supporting services. Some services do not seek comprehensive information at assessment but do so within the first 24 hours of accommodating. A couple of Transitional support managers said that you gleaned information by asking young people to tell their stories. There was no relationship between the amount and type of information sought and level of exclusion.

The key tension noted in the intake process was the need to balance continuity of care with a quick response. Both issues were affected by whether a service opted for a dedicated intake worker or service or whether caseworkers carried out assessments. Workers identified benefits of having a dedicated intake worker:

- Frees up caseworkers to attend to current clients
- Provides consistency of assessment approach and decisions
- Enables coordination and informal prioritization
- Allows caseworkers to focus on engaging young people and the working with their strengths and an eye to the future

These benefits were more significant for larger services with high demand. The one significant shortcoming of having a dedicated intake worker was the lack of continuity, whereby a young person would have to repeat their story to their caseworker. Using external intake workers resulted in the same benefits and limitation. Services without an external or dedicated in-house intake worker either operated a duty system or in the case of smaller services, any worker available undertook the assessment. Inconsistency could be an issue when using a duty system as all workers will make different interpretations and assessments to a certain degree. Two services intimated that ideally the client would go through the assessment with their future caseworker. This would provide continuity and mean that young people did not have to repeat their story. However, in reality this ideal situation was not always possible even in services where caseworkers (not on a duty roster) did the assessments. The need to provide an immediate response was seen to outweigh the benefit of continuity. Interestingly, most workers did not consider the ways in which 'telling the story' could be a positive experience.

> When they knock you back, they do it in a strange way. …They try to be nice about it. I'd rather they told you straight up. (31F)

Access, Exclusion and Early Exit

Who is excluded?

Young people can find themselves excluded from services for a number of reasons, even when a vacancy exists. To gain accommodation, they must first be within the target group of the service. They must then be willing to, and in a position to, meet conditions of accommodation, particularly the payment of rent in some services, and agreement to case management. They will then need to be successful in the assessment process. This assessment proper is the principle concern of this report.

> I've often been refused accommodation… for drugs, past violence, from the wrong area, couldn't afford to pay, no vacancy … but the main reason is they only have so much funds for each person — they pretty much all say that. It worked out badly when I was forced to stay on the street. The teenage years were worst because you are more vulnerable. (58M)

Access criteria

In addition to being homeless, being the 'right' gender and the 'right' age, young people needed to fit certain criteria in order to be accommodated in services. While a substantial number of young people in the Project i study reported having difficulty gaining access to accommodation with their partner, all services we consulted, other than that for single males only, accommodated couples and families.

> Only one refuge would take me with a child. But I was too worried about taking my daughter there. I'd heard lots of stories. (14F)

It's a single adult service but we do have a few couple rooms (gay or hetero) and a few family rooms but the service is not ideal for children so we move them as soon as possible [usually within two weeks]. **(AC)**

> I went to a refuge … with my girlfriend who was 7 months pregnant. They broke the rules because … they knew I was a very well-behaved young man. Then we got into THM together. We broke up and now they are accommodating us separately. (11M)

We take couples, families and singles into the refuge. We have separate accommodation in our cluster model. **(Ref)**

> I didn't have to share in THM because I was pregnant. (14F)

In two transitional support services living in a certain area was a condition. One gives preference to locals and the other to those with links to the area.

> They wouldn't take me because my pension card had an old address on it. I had moved around so many times… I had been living in the area for about 5 months but because the card said different they wouldn't take me. (23F)

Access conditions

Services had various conditions of stay. Young people needed to commit to these in order to be accommodated. The most common condition was that young people agree to working with a caseworker on developing and implementing a case plan. There are also other conditions set by accommodation managers and support services around codes of behaviour and conditions of lease. Common conditions include:

- No drugs or alcohol on the premises
- No using property for illegal purposes (e.g. no dealing)
- No firearms
- No neighbourhood nuisance
- Payment of rent (where applicable)

Access exclusion

> When you're refused accommodation it can make you feel suicidal. It has put me in that kind of place so I've been out on the streets for 6-8 months at a time. (21F)

Exclusion from services can occur on a 'global' (i.e. all people belonging to a particular group or sharing similar characteristics with a group, as defined by the NSW Ombudsman Report 2004) or on an individual basis where each person is individually assessed.

Global exclusion

Global exclusion was not reported in the services we visited. There was a general agreement that all people would be considered. However, a few workers noted that young men may have more difficulty accessing services. Refugees, recent immigrants, those from certain CALD backgrounds and international students were all reported as experiencing barriers to access, although not usually through deliberate exclusion.

Individual assessment

We will assess every referral on its merit, regardless of whether they have been here before. We do try to determine that something has changed [if there has been say property damage]. You can have damaged a unit here and still be accommodated again. Same for drug and alcohol use, same for violence. **(REF)**

Young people who are most likely to experience exclusion are those who:

- Need very high levels of support
- Are unable to live independently/semi-independently
- Are unable to share accommodation

Given these characteristics, groups likely to be affected by exclusions are:

- People using or dependent upon drugs or alcohol
- People with mental health issues
- People who exhibit violent or challenging behaviour
- People with disabilities

However, these groups of young people were not excluded 'globally'. All services carried out individual assessments and decisions whether to accept were made depending on the severity of the issue or behaviour.

For example, young people in the following situations were listed by one service as being unlikely to be accommodated:

- Certain physical disabilities (no wheelchair access)
- Severe intellectual disability (limited worker time)
- Highly suicidal (would have to consider very carefully: duty of care)
- Current severe violence (safety)

While other services did not list those likely to be excluded, lack of disability access in some services together with decisions based on the grounds of high support needs, inability to live independently and inability to share accommodation are likely to mean that few services are accepting people in the situations described above. However, the services consulted do accommodate many young people who require high levels of support.

It's a balancing act between low and high needs clients. We can only ever have one or two very high needs clients. **(T)**

The Leaving Care pilot is aimed at those without high needs, what happens to those with more difficult problems who are coming out of care? They end up with us. We can't refer them anywhere else because there are no other services in our region, so we need to provide the service. **(T&C)**

There are very few people that we don't accept. There are sometimes concerns around mental health and whether the client will be able to care for themselves. (AC)

A lot of youth services have criteria around not using drugs, around mental health being stable, the criteria seems a bit stricter, so we need to acknowledge that a lot of young people may not be able to access the youth system. **(AC)**

Reasons for access exclusion

The following reasons were put forward for not providing accommodation:

- Capacity to support/duty of care
- Physical safety of clients and workers
- Impact on other residents' wellbeing

Capacity to support

Lack of capacity to provide adequate care and support to particular clients was generally attributed to difficulties relating to worker numbers, caseloads, the accommodation model (level of support and supervision and issues around sharing) and lack of interagency support.

It's really common that they have spare beds but they don't want to take any more people because they already have a number of high needs clients. (21F)

It's all about caseloads and matching households. Young people with very high support needs we'd probably say no because we can't give 2-3 days a week support. We have had young people like that though, who've had extra support workers out there. … It's very, very hard work. Very difficult because there are different interpretations of levels of support and who is providing what. **(T)**

We're understaffed for the number of people we accommodate, and the number we accommodate with complex needs and who are high risk. We have only three shifts a week when I have more than one staff member on duty for more than one or two hours. Three times a week there are two people on for four hour blocks. If we had another full time position we could provide crisis accommodation for some of the young people we currently turn away due to duty of care and safety issues. We assess every referral on our ability to actually provide a base standard of care to that young person and our ability to manage that person – if we feel the risk is too high we won't accept the referral. **(REF)**

Closely aligned to whether the service could provide an adequate level of support was the matter of potential clients' ability to live independently or care for themselves. The following quotes are representative of all services.

Generally as long as they can maintain themselves, physical or intellectual disability or mental health are not an issue. If they aren't able to care for themselves, they will be vulnerable physically, they may be better off in hospital or elsewhere. **(AC)**

We assess on the ability to maintain independent living — drug and alcohol use and mental health may affect this ability. … We only have two staff to 50 clients on at night so people need to be reasonably independent and well-behaved. **(AC)**

Safety and wellbeing

In addition to meeting a duty of care to the incoming client, services had a duty of care to existing clients. There were often safety concerns regarding both those with high needs and challenging behaviours and those who are accommodated with them. The incompatibility of service models, particularly shared properties without workers on-site, with some clients needs, was commonly cited as a barrier to accommodating young people where there were safety concerns.

That's the constant struggle: supporting the individual — whatever's going on for them — versus the whole service and everyone who is staying here. **(AC)**

Their perceived level of risk in this adult environment might affect our decision about whether to accommodate or not. (AC)

Because we are not emergency accommodation it is about stabilizing the housing. Decisions about who to take would come down to who is already in the property. If we have an empty house, it will be a lot easier to accommodate someone with complex needs, because we don't need to take another tenant into consideration. **(T)**

The reasons for not taking someone are duty of care to that person, to other residents, and to staff. **(AC)**

Service dynamics

Generally we can handle a fair balance of quite a range of different fairly full on behaviours, occasionally we need to balance that a little. **(AC)**

The crisis services raised the issue of dynamics and client mix, due to the large numbers of people living in relatively close quarters.

At times, it's a bit about social engineering. It's a numbers thing in the environment. If there is a sort of behaviour that is having an impact on the other residents we do certainly take a stance about who we will take — only occasionally though.

> ***e.g. 1 - if we had say a range of alcoholics at the moment who were dealing with that really badly, we may flag with those who do our assessment that we don't want to take someone with an alcohol issue at the moment, because not only will it add to the situation we've got but it's not going to help their situation either.***
>
> ***e.g. 2- we have done the same when we had about 25 blokes immediate post prison and there was a prison mentality starting to happen.***
>
> ***e.g. 3- 5 people here newly released from the forensic psychiatric prison*** **(AC)**

It is about balance for the safety and wellbeing of the new client and those already here. It is discriminatory in some ways but we have a commitment to all the clients here. We tend to be able to hold a good balance but if things are getting away from us a little bit that's when we'll call it in a bit. We'll identify which group of activity (e.g. mental health, alcohol) we can't deal with up front for the next few weeks rather than discriminate against individual clients at the point of referral. It's not individual victimization; it is more transparent. **(AC)**

At times we may make a decision to not take certain groups of young people but that will be based on the dynamic of the people in the refuge. For example, at present we have two with mental health problems, two self-harming and suicidal, another with very poor social skills who preys upon others who are vulnerable, and three young people who are managing pretty well. If I put another really high/complex needs young person in here, I could be putting at least three of those residents at risk of escalating their particular issues. That's when we make those sorts of decisions. **(REF)**

Sometimes there are issues with partners and ex-partners and people who have had conflict in the past. We might feel we shouldn't accommodate them at the same time. We would usually discuss it with others — a group decision. It is quite serious to not allow someone to book in so we take making the decision seriously. **(AC)**

Sometimes, I will refuse to do an assessment so it won't get to assessment stage. I would refuse if there were mental health issues that weren't stabilized enough for me to feel we have the support requirements for that person, behavioural stuff like personality disorder type behaviour. And it does depend on how things are going here. If we have two or three really high needs people, can we accommodate another or not? We very much take into account the current dynamics. Sometimes, two or three high needs clients can really wear this place out — especially at the front desk. They may need a lot of attention. For example, they may keep coming down and saying 'I'm about to commit suicide' three or four times a day. But generally we don't knock back people as long as they are homeless — the other stuff is kind of secondary to that. **(AC)**

Summary: Access

While services most commonly reported that everyone would be considered, this does not mean that all who are eligible will be accommodated. In other words, global exclusion is not happening in these services. All young people are assessed individually; the only exception being when service dynamics require management. Young people most likely to be refused accommodation after assessment are those who need very high levels of support, are unable to live independently or are unable to share accommodation. The groups most likely to be excluded and the reasons for access exclusions closely echo those reported in SAAP services elsewhere (for example, NSW Ombudsman 2004; Erebus Consulting Partners 2004). The reasons for such exclusions are lack of capacity to provide adequate support and safety and wellbeing of co-tenants, and to a lesser extent worker safety.

In the section following Early Exit, we look in detail at access and accommodation for young people in these groups, which include those with significant drug and alcohol or mental health issues and young people who behave violently. Transitional and crisis services are established to serve different needs and these different mandates result in differences in response. Crisis services, established to provide an immediate, short term response may be more able, and therefore more likely, to take 'all comers', while transitional support services providing support to established households and accommodating fewer young people for greater lengths of time appear to have a greater focus on maintaining stability for their existing long term tenants. The crisis and transitional services in rural areas may be more likely to accommodate young people with very high support needs or whose behaviour may present a risk to others, both because they have a range of accommodation responses and because there are fewer options in their regions. If they don't provide accommodation, young people will remain homeless and on the street.

Early Exit

> If you are told to leave you don't know if that will stop you getting into other places. (21F)

Circumstances leading to early exiting

Due to the differing models of accommodation and client groups there were slight differences in circumstances nominated as contributing to early exit. These are differentiated below in order to highlight how service constraints affect the capacity to accommodate under differing circumstances. This list is not intended to compare responses, but rather to highlight how practice is often determined by accommodation and support models.

Crisis services

- Drug and alcohol use impacting on other residents
- Violence, aggression /threats/bullying/stand over of another client
- Property damage (severe)
- Verbal abuse (severe)
- Sexual harassment
- Drug dealing
- Repeated defiance of basic guidelines or a series of smaller issues in combination
- At risk from others

Transitional support services and Transitional and crisis support services

- Violence
- Property damage (severe)
- Illegal activities: Drug dealing and drug use (in some cases)
- Not engaging with a worker/keeping to casework plan/ refusing support
- Non-payment of rent
- Neighbourhood nuisance

Reasons for early exiting

The key reasons for early exit (other than lease breaches) across services were:

- Physical safety of clients
- Physical safety of staff
- Wellbeing of other clients

Process

The following quotes illustrate the responses in a range of services.

If we have to exit someone we try really hard to place them somewhere else, at least in short term crisis — we're not in the business of making people homeless. **(REF)**

> They caught us smoking together and said we couldn't stay, also because we had become a couple. They were going to kick us out with nowhere to go but 'Centre Accom' told them they had to keep us until they organized somewhere else. (31F)

Lease arrangements mean that clients can only be evicted when in breach of their agreement. Commonly many warnings were given prior to eviction. Depending on the circumstances, workers may be recommending and supporting eviction or they may act as client advocates to the housing managers.

> We got kicked out because the neighbours complained; all these people were coming around. I suppose that was fair. (34M)

The property managers would do it [evict] for transitional housing. Young people are given chance after chance — but we are loath to make anyone homeless — it really does not happen. The only time we have acted on an eviction was when there was a dangerous situation with young children in a THM property. **(C&T)**

If they're just knocking themselves out every day, not caring about impact on co-tenant, not engaging with their worker — we 'drive them crazy', we ring them, send them letters. Finally if nothing works, we just accept the situation and wait until the lease expires. We can't really break leases and move someone out before their time is up. **(T)**

The [support] manager will make the final decision. There will have been an ongoing discussion between the manager and the support worker during supervision. Part of the manager's role is to provide some attention and advocacy when they are falling down in their

commitment. They need to be responsible for their actions. We look around for alternatives for them. We may end up using HEF money to put them up for a couple of nights. **(T)**

Services reported that evictions are rare, as young people are given numerous warnings and if the situation is unresolved services with a range of accommodation models will consider moving the young person to accommodation they considered more suitable.

We tell them if they are at risk of being breached. We will warn them that we will inform the housing managers. Will give three breaches before eviction but in fact people don't really ever get evicted (we don't tell them that otherwise there is no curb to their behaviour at all). It's about trying to get them to modify their behaviour so they can stay on in the THM. If they are served a breach notice, we will sit down and discuss the consequences with them. (C&T)

Possibly, if there was a shared house that was totally and utterly not working, we wouldn't cease service but we would look at alternative housing for at least one of the tenants. **(T&C)**

The refuge had relatively few unplanned exits.

In 18 months, we have only had five unplanned exits (usually for violence) from our refuge If evicted we will let their support workers know and we will give them other crisis accommodation. They leave immediately. **(REF)**

Two services provided detailed outlines of the circumstances leading to early exit and the processes they employed in relation to eviction and barring. Both differentiated between an eviction and other types of early exit.

To exclude someone from the service for a period is a last resort. Numerous things would have been attempted before that stage. **(AC)**

No one is banned indefinitely. There are time frames based around them needing a break from us and us needing a break from them. **(AC)**

One service provided the following details.

I [the manager] decide if someone being accommodated is to be excluded, I will discuss it with a group manager for reasons of accountability. It does tend to be automatic; we have some set processes. In other situations the casework team would generally run it past the casework manager for the final decision. S/he may talk to me about options. Normally by that stage we will have looked at a range of options for the situation. We will have all been involved so that ensures that it isn't just a personality clash between the client and a caseworker.

There are two types of being asked to leave

1. ***Exclusion (disciplinary for unacceptable behaviour) — usually for violence; threatening or aggressive behaviour (warnings if appropriate); ongoing unaddressed behaviours, like ongoing injecting on the premises despite three or four warnings; drug dealing.***

2. ***Exit letters (a managed exit program) — not so much an eviction or an exclusion from the service but for things like not paying rent. This would have been discussed over a period of weeks, we may then give a letter that says you have a certain time to deal with***

this or you will be asked to leave. We normally give a month's notice. The same applies if they're refusing to deal with caseworkers. Normally, the senior caseworker would meet with the resident and discuss it, then if there was no improvement in the situation they would get an exit letter — they would also be given a month's notice. The downside is that once given a letter is received they're not likely to pay for that last month. **(AC)**

The other made the following comments.

There is a difference between early book out and barring. For example, if you didn't pay rent you may be booked out but wouldn't be barred. Quite often a person may be booked out for a combination of a few smaller things. It may add up to things not quite working having them here but it may not be something that would be problematic necessarily. It could be something like having had five or six warnings about not smoking or drinking in communal areas. That might not warrant a barring. People who have been victims may be asked to leave but would also not be barred. Barring is more likely to be in response to severe violence, property damage or severe verbal abuse. If they are defiant of basic guidelines this may lead to a post-exit barring. For example, we have a seven day period after people are booked when they can't come back to visit and they may keep returning.

We don't always ask people to leave for breaching the rules. There is a range of steps we go through. We call it responding to breaches of residential guidelines. We have a framework, it will depend on frequency and severity of the incident and what is going on for the individual involved. It is the area in which there is the most contention among the team members because there is a grey area. Punch someone in the nose and you have to leave. But how serious are the threats? Is there domestic violence? Is stand over behaviour occurring? Is it abuse or isn't it? Our first response may be to sit down and counsel. We may give counselling and a written warning. The next step would be a second warning, along with continued counselling. They could be on notice 'Next time you're out'. Our response will also depend on how others are feeling. If residents and/or staff are feeling threatened generally, we might time someone out. We pay for them to stay elsewhere to have breathing space, do some investigative work. Sometimes answers present themselves when you have breathing space. They may return or may not. Certainly if the person is violent or clearly threatening, we ask them to leave and there is a barring period (1 month–1 year, average is 3-6 months for a serious incidence). The barring period is really around giving clients and staff time to recover, as well as making it clear that there are consequences for certain behaviours. We need some space so that when this person wants to re-access we are not still in recovery mode from the violence. **(AC)**

Two services noted that they arranged and paid for a period of accommodation elsewhere after the client had been evicted or booked out.

On occasions residents have been taken away by the police (for e.g. possession of a weapon or other severe violence), we don't have a chance to talk to them in those situations but generally we inform the police we have alternative accommodation arranged for them but we don't get further involved, but we would deliver their property to the new accommodation — mostly to stop them returning. **(AC)**

Some services temporarily exclude clients without banning them. One manager made the following comment:

We will exclude for short periods of time usually because of violence (depends on severity) or other safety issues (behaviour that puts themselves or others at risk). It is always behaviour related. It's not always about wrong behaviours, for example those who are unwell who do something silly like make a comment in the dining hall that they are a pedophile and then they'll be at great risk. **(AC)**

> Usually they don't let you come back [after violence]. Some bar you temporarily but the majority don't let you come back at all. …In [one suburb] my name is on a sort of blacklist. I've run out of options there. (58M)

Summary: Early exit

If conditions set by accommodation managers are breached by tenants in transitional properties housing managers will generally act. One Transitional and crisis support service reported that eviction was virtually non-existent. Other transitional support services reported evictions occurring either at their initiation or that of the accommodation managers. A series of breach warnings will be given. Young people in transitional housing cannot be evicted unless they break their lease conditions. Therefore consequences for breaches of behaviour codes not covered by leases will not result in early exit although warnings may well be given.

Where young people do not have leases the consequences for breaking conditions of accommodation will depend on the frequency and severity of the incident. Extenuating circumstances are often taken into account. Generally, sequential warnings will precede eviction. The first step is usually counselling. The second may involve a verbal or written agreement. Some services may pay for 'time out'. Services with a range of accommodation models will sometimes shift clients into different types of accommodation, either with more support and supervision or where their behaviour will have less impact on others. Eviction is the last resort and generally only occurs after all other steps have failed to alter the behaviour. The exception is violence, where eviction is usually immediate. A number of services report that they attempt to arrange alternate accommodation for evicted clients and will pay from between a night to two week's rent for an evicted client. Most services do not report barring or banning clients, although some may impose a barring period, generally between one month to one year but averaging three to six months for a serious incidence of violence.

Barring periods were used for the following purposes:

- To ensure safety and wellbeing of clients and staff
- To teach clients to take responsibility
- To give staff and clients time to recover from traumatic incidents or ongoing upsetting behaviours
- To show staff and others that there is a safety mechanism

Services commonly report that they will always reconsider someone who has been evicted in the past. They will generally seek a reassurance that the behaviour that resulted in eviction will not reoccur.

I think it's a mixture between a real openness to always give someone another chance and being pretty hard line about behaviour that impacts negatively on others. How else could we keep giving people more chances if we were also open when they started to violate other people's rights? So we are actually pretty hard line on one side and pretty open on the other. **(AC)**

Complex needs

In the following chapters we report on the accessibility of accommodation to young people whose needs are regarded as the most difficult to meet and whose behaviours are seen as the most difficult to manage in services. We consider how services respond to young people who are abusing substances, experiencing problems with their mental health or behaving violently. Access and accommodation for those who are self-harming or suicidal is discussed separately, as these issues are understood to require specialized responses. We ask whether young people in these circumstances are usually accommodated or excluded and on what bases these decisions are made. We also report on how services that accommodate young people with these issues or behaviours meet their needs and the needs of other clients and how they provide a safe place for all. How do workers help young people maintain their accommodation and under which circumstances are young people asked to leave?

Given the increasing complexity of clients' needs identified here and elsewhere (Erebus Consulting Partners 2004, Office of Housing 2003), it is clear that issues such as substance abuse, mental health problems and violence often do not occur singly. While a report of this nature necessitates separating out such issues, we are well aware that young people and their workers are dealing with a range of issues at any one time. Consequently, it was difficult for workers to discuss their responses to individual issues. Decisions about access and early exit were made in relation to the young person's situation as a whole, so workers' responses to questions about whether or not certain behaviours or issues would lead to exclusion or early exit were often prefaced by qualifiers such as 'it depends….'. Similarly, ways of working with particular issues in accommodation, for example, mental health, will differ depending on what other issues the young person is managing. The following example is representative of the level of complexity service providers need to deal with.

We did have a young woman with mental health problems last year who was hitting up in the shared areas of the house and encouraging others to join her. We had to discuss it with the co-tenants, and debrief them in a way. The house ended up spiraling out of control. It ended badly for all. Neighbours got involved. **(T)**

Drugs and Alcohol

Drugs and alcohol: Access

We certainly don't turn anyone back just because they're high as a kite. **(T&C)**

If we excluded from THMs because of drug use, our properties would be empty. **(T&C)**

Our role is to help those who are homeless — what would our role be if we didn't accommodate those who were using? They probably wouldn't be homeless if it wasn't for their drug use. **(T&C)**

We don't want to create another barrier to getting out of homelessness by excluding for drug or alcohol use. **(AC)**

Access and assessment processes

Assessment and disclosure

> I didn't feel I had to withhold information about drug use at the adult crisis services. They were pretty good, and when they heard that I was trying to get off… they liked that. (51M)

> I was a bit scared they'd reject me if they knew I used drugs. I felt I had to hide that. (23F)

As discussed under Intake and Assessment, services differed in regard to whether they asked potential clients about substance use, and how they sought this information if they did. Opinion is divided over whether young people are likely to divulge information about their substance use during assessment.

We do ask about drug and alcohol use. Most young people will say 'no' regardless of whether or not they use. The intention is to get enough info to match households and ascertain level of support. This is explained to the young person. **(T)**

I don't ask about drug or alcohol usage and it's not on our intake form. I ask what their support needs are. Most are upfront and if they are not, they would probably not tell us anyway even if asked directly. … It doesn't matter how many forms you have, if someone doesn't want to tell you something, they won't tell you. **(T)**

I recently worked with a young person who said 'I've got nothing to lose from being honest. All I can get is support'. We do get young people who are quite upfront. It's refreshing actually. **(AC)**

Services reported that the following factors affected whether young people disclosed the nature or level of their drug or alcohol use:

- The way the question is asked (e.g. judgemental or non-judgemental)
- Whether or not they had previously experienced exclusion for drug or alcohol use
- How familiar they are with the sector and/or the particular polices of the service
- Individual factors (e.g. 'where they're at', personal feelings about privacy & disclosure)

Most are upfront about drug use. Think this is because we don't judge and we go out of our way to allow people to talk about it. It is very much out in the open. **(AC)**

Drug and alcohol use is quite a personal thing to share about yourself — I'm not sure if I was a user I'd want to walk in and disclose. **(AC)**

Workers reported that it was important to find out if there were any drug related issues in order to provide the necessary support.

We prefer people to be upfront about their drug and alcohol issues. For example, if someone is withdrawing because they can't afford to buy, we want to know that so we can put a risk management plan in place. **(AC)**

Assessment when substance affected

Not all services provided information around assessment of those who were substance affected. Given the adult crisis services' stated position that drug and alcohol use was not a factor in access decisions, it is likely that they will do assessments of substance affected young people. Some transitional and crisis services placed young people in temporary accommodation while they assessed a young person's needs and suitability for their various accommodation options. They are therefore in a position to accommodate young people whatever their state. Two transitional support services said that they would carry out the assessment as long as the young person was able to do so unimpaired.

If a young person approaches the service for accommodation intoxicated or drug affected, it depends on the level, if they're really out to it, we have occasionally said come back later, but we are more likely to do that with older clients. We have a responsibility to young people, they could be at risk if we send them out the door so we prefer to have them wait here so they're monitored, but we have to be careful they aren't left alone and get agitated. Most of them are still able to talk to us. They are rarely substance affected to the point we can't at least start an assessment we can later follow up. Then they know at least we haven't closed the door on them. **(T&C)**

If a young person approaches the service for accommodation when they're coming down or have just had something, the chance of the young person and worker being able to arrange an appropriate response is severely curtailed. We would negotiate with the young person that they come back later that day or we may ask that the young person doesn't use for 'x' amount of time (if the young person is OK with that) before the next meeting depending on the situation. If the young person's capacity to respond to the situation isn't impaired, the worker would do an assessment on the spot. **(T)**

Access

There was no global exclusion of young people who were using drugs or alcohol on the grounds of their drug use. In fact, no service reported excluding a young person from accessing accommodation because of drug use. Neither type of drug nor frequency of use was taken into account. This was consistent across all service types.

There are no particular drug or alcohol issues/situations/frequency of use/or drug used that would preclude a young person using our service. Drug and alcohol use is dealt with as a support need, not an assessment criteria. **(T)**

However, while young people may not be excluded for drug use in itself, drug use may affect whether the service believes they have the capacity to support a young person and behaviour associated with some drug use may also raise issues around the safety and wellbeing of other clients. Most workers stressed that if the young person was willing to curtail problematic behaviour they would be accommodated.

It's the associated behaviour that can be an impediment when young people try to access services. **(T)**

If someone was exited for dealing and they wanted to be re-accommodated at a later date, we would have a conversation with that person reiterating the guidelines for access to the service. If they agree to these conditions they would be re-accommodated. **(AC)**

Basis for decision

Across service types, the decision whether to accommodate was based upon whether the service had the capacity to support, the young person's level of independence and on co-tenant/co-resident wellbeing.

> They don't take people using drugs and alcohol because of the other resis. They often say it's about the other resis — they're too young. It may set off a chain reaction. I've seen it happen. (21F)

We would, however, look at who someone who was using would be sharing with. We wouldn't put them with someone who was off drugs or really anti-drugs because then you have huge problems. **(T&C)**

> People who are using should be accommodated separately because it makes it a lot harder for non-users in shared accom. (31F)

With drug issues, the decision whether or not to take someone is based on what sort of properties are vacant. The decision also rests on an assessment of the level of support identified at intake and whether we have the capacity to provide it. We aren't structured to. **(T)**

If it was clear that they didn't care where they lived, just wanted to knock themselves out all day, and didn't care about the impact on a co-tenant, we'd be irresponsible to place them in a share house. It could contribute to another failure for both of them. **(T)**

Issues about co-tenant safety and well being were particularly salient for young people with children.

> He left a syringe lying in the bathroom and I was worried about my little daughter. (11M)

Summary

Issues around accommodating those who use drugs were discussed more frequently than issues around alcohol use. This may be in part due to the scenarios we presented in the focus groups with workers, where drug use was a discussion point. However, managers were asked about alcohol and drug use in relation to accommodation access and maintenance and the focus remained on illicit drug use. Unlike alcohol, illicit drug use on the premises is banned in most services; therefore drug use is more likely than alcohol use to be raised because it breaches conditions of accommodation.

There is a general recognition that young people are using drugs, often at levels that impact on their daily lives. There is no global exclusion on the basis of drug use. Workers report that they do not take into account whether young people are using drugs (or alcohol), which drugs they are using, or the frequency or severity of that drug use when carrying out an assessment. One manager did state that it was the associated behaviour that may impact on a young person's chance of obtaining accommodation rather than the drug and/or alcohol use itself.
There is a wide disparity of views regarding whether most young people are likely to disclose any drug use; opinions were evenly divided. Some services ask directly about drug use, some ask indirectly, while others do not seek this information at all. Those who do want to know whether there are drug and alcohol issues, say this is to ascertain support needs and ensure they have a property that is suitable (e.g. client matching or single tenancy). All report that it is not an assessment criterion. However, one manager, who said that they assess potential clients according to their ability to maintain independent living, did note that drug and/or alcohol use, like mental health, may affect this ability. Decisions whether to accommodate or not are made, in part, on the basis of the level of support needed and the level of support able to be provided, level of independence and the safety and wellbeing of co-tenants. Those with the most problematic usage patterns are likely to need a fairly high level of support and have a negative impact on co-tenants and are therefore less likely to be accommodated**.**

Drugs and Alcohol in accommodation: Issues and responses

> The last person I was sharing with was using heroin. I tried and the workers tried to make it work but it didn't and I have no idea what we could have done. (11M)

All services reported that many of their clients were using substances; often at significant levels — a situation that presented a range of challenges to service provision. Marijuana was reported to be the most commonly used drug. However, one adult service and one transitional support service reported that alcohol abuse was particularly difficult to manage.

Fifty percent of young people coming through our service have a substance use issue that impacts on their daily lives. **(C&T)**

Most common would be cannabis or recreational drinking but alcohol is the most problematic in the service. Drug use goes in waves. About three years ago there appeared to be more people using heroin, six months ago probably more using speed or ice and now it's moving back more towards heroin. **(AC)**

If you kicked out every kid who was smoking choof, you wouldn't have anyone in your THMs. **(C&T)**

The minority use injecting, cannabis is a huge issue and so is alcohol. Alcohol is a problem with a lot of females too. It is difficult to work with because it is socially accepted and not seen as an addiction. When there are children, it is difficult to explain the effects on the child — there's not a lot of difference between being on the nod or unconscious from alcohol as far as the child goes. **(T)**

Chroming, like any other substance use can move through the accommodation facility cyclically if there is someone there doing it. **(AC)**

It depends on the drug. If they're using amphetamines or alcohol it can be a problem. There are less problems than you'd expect, marijuana is the biggest drug of use. With 15 to 16-year-olds who are heavy dope smokers it can become a problem, because they become secretive and do unsafe things (e.g. smoke up in the roof cavity). [Young people who are using] may use stand over to get money. **(REF)**

Rules

Rules around drug and alcohol use varied across services.

> You'd have to hide your drug equipment, so you'd be constantly stressing about being caught because they'd throw you out if you were caught. (22F)

We have zero tolerance in the refuge to violence, racism and verbal abuse or drug use on premises, although we will work through all but violence. **(REF)**

The guidelines say 'no excessive substance use' so it's about the impact on other people. **(AC)**

They aren't allowed to use drugs or drink on the property but we don't breathalyze people or shut people out — we do know that it does occur but if it is so discreet that we aren't really aware of it then it's not necessarily problematic for us. **(AC)**

We make it clear — no drugs, no weapons, no stolen property, no violence — we try to create a safe peaceful place for everyone. We make it clear that no drugs are allowed on the property. We tell them it's their choice whether to use and we can't monitor them 24 hours a day. They still use, but may do it elsewhere. Most think it is reasonable. Of course clients still do use in the properties, but they may do it in their room. **(T)**

> The no smoking [drugs] in the house rule is fair. I should have respected it. (35M)

We might try to make some ground rules about where they smoke marijuana say, if we do find there's problems with tenants over smoking. It's their choice whether they smoke or not. **(T&C)**

> The rules are fair. I don't think you should be allowed to use drugs in a refuge. But you should get a warning before eviction. (12M)

The adult crisis services reported that they respond to the associated behaviour rather than the actual drug use.

We say what you do in your bedroom is your choice. We respond to your behaviour (e.g. aggression) rather than whether they're using or not. **(AC)**

If people are trying to deal or if their behaviours are threatening to others because of consumption that concerns us more. **(AC)**

Duty of care/Harm minimization

> People hide everything from the workers. They need to monitor drug use and related behaviour much better. At one place, people were 'O'D-ing' everywhere and the staff didn't even know about it. (22F)

All services were concerned with meeting a duty of care to young people using drugs or alcohol in their accommodation. A harm minimization approach was frequently reported but the interpretation of such an approach differed greatly.

Some clients tell us it is hard to stay off drugs in our service. We have harm minimization, a needle and syringe exchange. Others will say they like it here because they can use. **(AC)**

We don't preach abstinence. But we are ready to help them deal with drug and alcohol issues if and when they want to. We do talk to them about making their use as safe as it can be in the situation. **(C&T)**

We have a harm minimization approach. They can drink and smoke in their rooms. There is ambiguity. We don't say no drugs but we do have a rule no illegal activities. What we take into account is the presenting behaviour and the safety of others. **(AC)**

We acknowledge that we cannot monitor our clients 24 hours a day and some will be using drugs or drinking while living here, despite the rules. So we also have a harm minimization approach to encourage them to use in a safe way. No drugs and alcohol on site but we don't look hard for them, it's a matter of respecting privacy. **(AC)**

In our house with a live in carer [accommodating 15 to17-year-old young women], we take a harm minimization approach and the carer will also try to minimize their use. The residents do use drugs and alcohol but not in the house. **(C&T)**

A harm minimization approach involves discussing with them what parts of their lives their drug use impacts on, what that impact is, what the triggers for use are and when is that different? When do they absolutely know they have to be as straight as they can (they usually know) and what needs to happen for that to occur? **(T)**

It's also about their own safety and if they are putting themselves at a level of risk that also has a strong impact on others too. **(AC)**

We have lots of disposal units. Twenty minutes after collection of a needle they must come back and show that they are OK and if they don't do that a worker will go to check on them. People are generally pretty respectful of that system. They realize it's for their own benefit. **(AC)**

We have very strict processes for workers to follow depending on the various levels of intoxication. They know the steps they need to take, who they need to inform, at which stage they need to seek medical attention. If they're intoxicated to a level where they are a risk to themselves or others we refer them to YSAS for the night. Our refuge is semi-independent, and 80% of the time there is only one worker on duty. One worker cannot monitor the safety of that person for a whole shift. **(REF)**

Appropriate accommodation

> My co-tenant was using drugs. Lots of her friends were coming around and using. They treated the house like a half way house. I had to ask them to leave and talk to her about the fact that it was my house too. (13F)

Services with a range of accommodation options can select the accommodation model that best meets a duty of care and minimizes any possible negative impact on other clients.

What works is giving accommodation appropriate to their need. We're running a thing with a young man with serious drug and alcohol issues. He'd find it very difficult to maintain himself in independent living but it would be very difficult for him to live with a carer given his drug and alcohol issues. He has his own little patch [a caravan in the yard of a private home. The owner is paid as a carer by the service] He choofs away. He can come and go but he still has the support of a carer. **(C&T)**

Drug and alcohol issues are easier to manage in a cluster model refuge. **(REF)**

Client matching and single tenancy

Due to the common necessity of young people having to share properties, Transitional support services are very aware of the impact of placing someone with a high level of drug use in a property.

> They should separate the drug users from the ones not using. They should have houses for recovering users and for users…. I've come out of detox and there's nowhere to go — you get pushed straight back to the drug. They shouldn't put everyone with the same drug of choice in the same house because they'll form a community and no-one will move on. (21F)

We won't put someone with high drug use in with, say, someone who is attending school. If the person is high risk and homeless we would block off a room and let them have single tenancy. **(T&C)**

We try to match up drug use levels but the young person who is using less will generally increase their usage if sharing with someone who is using more. **(C&T)**

If we have one kid who has just given up we won't place them with a user. **(C&T)**

We have had high drug users in single tenancy because otherwise it's unfair on the other tenants. **(T)**

Understanding and addressing substance abuse

> They shouldn't just tell you not to use drugs and yell at you if you do. That just makes you turn to drugs more. They should look at why people are using, they may have been sexually abused for example. They shouldn't be so black and white about rules. They should find out what's happening. (22F)

A number of young people interviewed thought that workers did not attempt to understand their drug use. A range of perspectives from workers are offered below.

A lot of young people are using drugs and alcohol as a way of being comfortable with their peers because they lack self-confidence. You need to build up their self-confidence. **(T&C)**

> There might be some kind of pain they can't accept or don't want to accept. They may want to drown that out with drugs or alcohol use. They may not do it consciously. (35M)

There is a significant difference between the 15 to 16-year-old and the 22 to 23-year-old. With the younger group, it's really hard to know whether the real problem is the drugs or the alcohol or a whole host of other things, including a lack of confidence. By 22 to 23, if the drug and alcohol use is an issue, then it's entrenched and probably if you talk to them about addressing it they are likely to tell you where to go. A few years later, they are more likely to be thinking about dealing with it. **(T&C)**

Recreational users are fairly average [clients] but those who are using in problematic ways can have more entrenched behaviours than those who do not. Those who use powders can be more manipulative, have more of a 'victim mentality', have more 'fuck-ups' in managing things, more avoidance of responsibility and more resistance to engaging with workers. Not too many are happy with the lifestyle but they don't know who they'd be outside that lifestyle. Therefore there is fear of the unknown. Fear of the unknown stops people doing what they need to do — it's more exaggerated in this group. They will maintain their helplessness. **(T)**

Not many young people who are abusing drugs say this is fabulous and I want to maintain it for the rest of my life. They are at varying degrees of wanting to address that. **(T)**

The hardest clients to work with are those who are struggling with drug and alcohol issues because that affects so many areas of their lives — general health, mental health, the way they parent, their financial stability. With poly drug use it is even more complicated. It requires immense commitment to overcome. How can they engage with support when whether it's day or night doesn't even matter [to them]? Even if they are engaged in support, other parts of their lives are probably spiraling out of control. I tell clients in THM that this is an important time for you to consolidate so many parts of your lives, get your act together and save some money and prepare for when you leave. But if there are drug issues, it affects who they hang out with, it's their recreation — it permeates everything and causes a lot of damage. **(T)**

> They should talk to us more [about drugs]. When you've got problems you need to talk it through, you need to talk to others who've been there. They need to get a better understanding. (34M)

Communication

Overall, services reported the importance of communicating openly and non-judgementally about a young person's drug use. They used a variety of strategies to initiate discussion about drug use.

We like to have honesty around the drug use. We're not going to chuck them out. We try to normalize it and have an open conversation. **(C&T)**

If the young person doesn't acknowledge a drug and alcohol problem but we can see it is having a negative impact, I'd say this to them and ask 'what do you want to do about it, what's good about using, what's negative about using, are you motivated to change?'. It's about putting the ball back in their court. **(T&C)**

It's about not being naïve — don't assume a young person won't use. It then becomes a secret which is not helpful for anyone…When I work on a budget with a young person I never leave out the cost of drugs. What's the point? It would be a waste of time. It is about being realistic. It can be useful for them; they have to work out how much they are spending. It is about not making it taboo. **(T)**

I will ask clients how they are going in relation to drug use on a scale of 1-10. **(T)**

Workers acknowledge that not all young people want to or are able to discuss their drug use with a worker.

You can talk openly with some young people who acknowledge their drug problems, others you would never bring it up because they don't acknowledge there's a problem. **(T&C)**

When clients voluntarily disclose what's going on with drug use I think that is a good sign. … That means they know you aren't just skimming over that because it is easier to pretend it isn't happening. You are actively acknowledging what's going on. Little steps are good. **(T)**

We have a few people on staff with links to AA and clients can sometimes gravitate to them and feel comfortable talking to them rather than their caseworker. **(AC)**

Personal support and encouragement

Assisting young people with problematic drug use entailed building on the relationship between worker and client.

You need to reinforce the positives, congratulate their achievements — that works. Often no one else does. **(T)**

What works is consistency, continuity, respect, honesty, challenging the young person's perceptions. We can say we don't think what they are doing is a good idea but ultimately the choice remains with them. **(T)**

Letting young people know you don't like seeing them drug-affected or drugs interfering with their lives can let them know that there are people who will help and that you care. Sometimes it's like 'Nobody cares that I'm doing this, so I may as well just keep doing it'. **(T&C)**

Motivation in other areas

A number of those interviewed suggested that drug and alcohol issues can get addressed when young people are motivated in other areas.

One client is motivated to give up drugs because he now has a child he wants to have contact with. **(T&C)**

We're also trying to establish a job search program, trying to link young people into training or voluntary programs. That's about providing other options. In helping them get back on their feet that helps them move away from the other stuff like drugs. It's about trying to get people engaged. **(AC)**

If someone will usually start drinking at a certain time of the day, we might try to get them involved in some activity at that time of the day. **(AC)**

Linking up with drug and alcohol services

Ensuring young people benefited from interaction with specialist drug and alcohol services was considered crucial but linking a young person up could be difficult with some workers reporting difficulties around collaboration (see Constraints and Barriers to Good Practice section).

We try not to use referral as a strategy — it's a joint responsibility — services shouldn't be fobbing off clients to each other. **(C&T)**

I like the YSAS model. A specialist drug and alcohol response brings specialist knowledge and we add the housing resource. **(C&T)**

We work co-jointly with a range of programs. We refer on to other programs (e.g. drug and alcohol, outreach) in our wider organization and case manage jointly. It's good in terms of ongoing care because when they leave this accommodation, they have continuity of care long term. **(AC)**

It can be appropriate to link young person in with a drug and alcohol service but you need to recognize that they may not link in. Ultimately it is the young person's responsibility. **(T)**

Workers pointed out the relevance of a client driven approach in regard to drug and alcohol issues.

It's about where they're at now — if they are articulating that they want to address substance use issues and need support then that's our role. **(T)**

[There's] no point in them getting them YSAS counselling if they don't want to go, it won't work. **(REF)**

Consequences for rule breaking

> They found a bong and told me to go. I don't think they were fair about it. There should be at least one warning. I felt pretty bad. They should look more into the reasons young people are using – drugs are a tune out for any age. (21F)

> I was asked to leave [a refuge] because of drug use. It was fair. I broke the rule. They helped me, paid for a hostel for one week. They didn't give me a warning. (12M)

Although rules about drug and alcohol use, and how strictly these were interpreted and enforced, differed between services, particularly between service types, consequences for rule breaking did not appear to differ significantly.

People get a warning if syringes are not safely disposed of. We have tabs on what's happening because of the needle and syringe exchange. It is out in the open. **(AC)**

If their drug use is affecting their behaviour and the accommodation is in jeopardy, we may ask them what they want to do about that, 'How can we help you to maintain your accommodation here?' This conversation could happen with their support worker, the community health nurse, the reception staff. There are different ways of connecting. **(AC)**

We have disposal bins and there are consequences for those who don't dispose of needles responsibly. Most do. I think that is an example of clients respecting the rules because we are respecting them and their needs. **(AC)**

Chroming is fairly rare, but it has more impact on other residents. The fumes and smell can permeate the facility and impacts on other residents so we ask people to do it off the premises. We would also get one of the nurses to talk to them about the health consequences. The appearance and state of the last young person to chrome here was distressing the other residents. Two out of three clients who were chroming that I am aware of were evicted because of the effect of their behaviour on other residents and the third was very respectful of the rules and chromed off the premises. **(AC)**

Early exit from one crisis service will result if:

- Excessive substance use: e.g. can't get themselves to bed and are falling around the hallways or needing ambulances. If an ambulance is called and they won't follow the paramedics advice (e.g. go to hospital). This presents too great a duty of care and stress on the staff. People are told they must follow the paramedics' advice.
- Dealing (hard to substantiate but if it is obvious).
- Using in communal areas.
- Non-safe disposal of syringes or chroming equipment (affects other residents) (AC)

If alcohol or drugs are found on premises it is usually more about discussion with a caseworker about tackling the issue, not punishment. **(AC)**

Any drugs or alcohol (usually alcohol) found is confiscated (and returned if they will take it off site). We support them through the health care service here. The caseworker would discuss it with them, we have a warning system, we wouldn't exit them immediately. **(AC)**

We wouldn't exclude someone just for having drugs or alcohol on the premises — it would have to be only one of a combination of factors, and they would have to be quite significant for it to get to that stage. **(AC)**

If they're openly dealing they will be asked to leave. **(AC)**

If a co-tenant reported another tenant was using all the time, I would organize a house meeting and discuss with both what they think is going on. You can't just tell them not to smoke; they have to work out ways they can live together. It is also about being clear at the beginning, 'We know you are using but there are rules. You need to respect each other and the property'. Some have never had that experience. It can be problematic but it can also spark a conversation around respect. **(THM1)**

A fair amount of the THM tenants are abusing substances, you know it and they know you know but there's not much you can do if they're paying their rent and working with the caseworker on what they've identified. If there are young kids who may be at risk, that's when we would sit down and talk to them. **(T&C)**

Housing managers will come down hard on dealing. It's a small community — they usually hear about it. **(C&T)**

We have zero tolerance to all drug use. If we have someone getting stoned regularly on the premises we will reinforce the rule and follow our procedures but we may talk to them about contracts (you can have good verbal contracts if you have their trust and respect, otherwise it can be a waste of paper). …We don't have the ability to stop people using the drug of their choice. We can only encourage them. We do room checks regularly, we warn people of that when they arrive, if goods are not contraband, they will be returned when they leave. We don't kick people out for smoking dope. **(WRef4)**

Summary

Workers made the following observations about what best assists them to work with young people who are using or abusing substances.

What allows the service to accommodate people with drug and alcohol issues is in part having a non-judgemental approach and having the needle and syringe exchange really helps. I think that brings about a better environment for supporting people with drug and alcohol issues. **(AC)**

Critical incidents have dropped and I think this is because we've had extra training and improved relationships with drug and alcohol services and have more activities (diversionary stuff), staff can come out from behind the desk and interact with clients and get involved with activities. **(AC)**

When accommodating young people who are using there are issues around the service's capacity to provide support and the wellbeing of co-tenants or other residents. While some services,

particularly transitional housing, require a greater ability to live independently than others, no services we consulted were fully supported and all said that young people needed to be able to care for themselves to a certain extent. Services didn't have the capacity to provide intensive 24 hour support and therefore they had concerns about clients whose drug or alcohol use put them at risk.

A duty of care also extended to other residents/co-tenants. There were concerns about the drug use of one tenant impacting on another. Some concerns related to the co-tenant having to live with and manage any associated drug related behaviour, such as dealing, unsafe equipment disposal, stand over tactics, aggression or overdose. There was also concern about co-tenants/residents being at risk of starting or resuming use. In response to these issues, services attempted to provide appropriate accommodation for those using, or if they did not have more than one option, they used client matching and if necessary single tenancy to get around the problems associated with sharing. Some services had come up with innovative ways to provide semi-supported accommodation that got around the problems related to sharing (for example, a carer on site with a separate living area).

Utilizing a harm minimization framework, a number of workers spoke of the benefits of bringing drug use out into the open. Harm minimization can of course take many forms and encompasses a continuum of responses from the banning of drug use on the premises to workers monitoring clients after supplying injecting equipment. There is a lack of consistency regarding whether particular practices are defined as zero tolerance or harm minimization; previous research indicates this is common to the service sector (Mallet et al 2003). Due to the generally older cliental in adult services, rules stipulate 'no illegal activities', but abstinence is not preached and discretion is encouraged. Services dealing with a younger age group were more likely to have firmer rules. Discrete use was not encouraged as young people sometimes put themselves and others at risk by trying to use undetected. Clearly when supporting young people with drug and alcohol issues age and developmental stage need to be considered.

Accommodating young people who are using involves more than managing drug-related behaviour and minimizing harm; it involves assisting young people to address their problematic use when necessary. Two workers commented that young people using at problematic levels usually want to stop. It was common for workers to talk about young people being 'ready to stop' at a certain point and workers needing to be there to offer support when that happened. This was one area where the client-driven approach was seen as important. However, workers also said that even if young people did not identify drug use as an issue they wanted to address, they prompted or challenged them to consider the impact of their drug use if they felt that it was having a negative affect on their lives.

Some workers thought that providing personal support and showing care assisted young people to deal with substance abuse. Motivating clients in other areas was another strategy used. All services try to link up young people to drug and alcohol specialist services such as YSAS. However, not all young people want to cut back use and of those who do not all want to go to a drug and alcohol service. Additionally, some workers experienced difficulties collaborating with specialist services (see Constraints and Barriers to Good Practice section) but not difficulty accessing drug and alcohol services.

Rules regarding usage varied between services and there was variation in interpretation. All services but one had a clearly stated rule that no drug use was allowed on the premises. There were often difficulties with enforcing this rule.

The consequences of drug use in services varied even less than the rules regarding use. In most services, if use is discreet, not placing the client at risk and not affecting others, workers will overlook the breaking of rules regarding drug use or drinking. One service worked on the principle of zero tolerance, but as in most other services we consulted (which reported taking a harm minimization approach) young people were not evicted for smoking marijuana. However, behaviours related to drug use could result in early exit.

The circumstances leading to early exit in relation to drug and alcohol use were fairly consistent across service types. Early exit is due less to use itself than to associated behaviours. Such behaviours include non-payment of rent, dealing, blatant breaking of rules regarding substance use, for example unsafe disposal of needles and syringes or chroming materials, aggression or violence whilst substance affected or using at levels which render them incapable of looking after themselves or affect the wellbeing of other residents/co-tenants. Young people are asked to leave because these behaviours variously breach conditions of accommodation or lease, have the potential to negatively impact on other clients and/or require a greater level of supervision and support than that available. However, eviction was a last resort and discussions and warnings would occur first.

Mental Health Issues

Mental Health Issues: Access

> Usually I felt I had to withhold information about my schizophrenia because they find it too challenging. They're not all trained, not all on the ball. (21F)

That is one of the hardest areas, because we could almost be a mental health unit, the amount of need there is but there doesn't seem to be anywhere else for some of these people. It is really difficult. **(AC)**

Many of our clients present with signs of mental illness and we still go through the same initial assessment process. Because the initial reason they have presented is homelessness, we need to address that regardless, it just means different ways of looking at it. **(T&C)**

If we were going to bar someone [for a short period] a lot of consideration would go into the circumstances — we wouldn't bar someone because they were mentally unwell though. **(AC)**

Access and assessment processes

Assessment process if 'unwell'

If a young person seeking accommodation appears to have a significant mental health issue, services will respond according to the severity of the presenting behaviour. Most would still carry out the assessment if the young person was able to participate. If they couldn't complete the assessment, workers in most services said they would seek assistance in the form of either secondary consultation or attendance at or by emergency services. They would call upon the following services according to the client's perceived need and availability of the services: local GP, CAMHS, CAT Team, triage, and ambulance.

Many of our clients present with signs of mental illness and we still go through the same initial assessment process. Because the initial reason they have presented is homelessness, we need to address that regardless, it just means different ways of looking at it. **(T&C)**

Depending on other services involved we would probably call CAMHS. If they had a case manager, I'd rely a lot on what they have to say. We have had young people coming in like that who actually have had places to go to but don't want to go there. We would probably consult with CAMHS even if the young person wasn't one of their clients, to consult about what to do, who to contact, whether we should involve triage. **(C&T)**

Sometimes we can do an interview by phone and they sound OK but by the time they get here they can be presenting as very unwell mentally. We still need to respond even though they are not yet a resident. They need to be in a state where we can do an assessment. … We might call an ambulance or the CAT team. We may hold a room for 48 hours. **(AC)**

Access

All services had accommodated many young people experiencing significant mental health problems. Estimates by managers of the regional crisis and support services of the prevalence of

mental health issues among clients ranged from 15-20% to 25%. The refuge manager put the figure higher.

We probably get about 40% of clients with mental health issues who have had some contact with a mental health service, if you include those who have not had this contact, it would be 50% in total (from depression to borderline personality disorder). We have taken young people in refuge with severe mental health issues. **(REF)**

We have many clients with mental health issues, including psychosis. **(AC)**

Workers commonly reported that they ask about mental health in order to assess support needs, both immediate and once accommodated. In services with a range of accommodation options, information provided about mental health is used to assist in choosing the most appropriate form of accommodation and support. However, the responses young people give to questions about their mental health may impact on whether the worker conducting the assessment considers alternative accommodation more appropriate.

So, it wouldn't be a matter of deciding whether to take them or not but how we can work with them best once they are accommodated. **(T)**

We wouldn't exclude someone because of mental health issues. We will still work with them and link them into other support services. **(T&C)**

If a young person was volatile or had serious mental health issues we probably wouldn't place them with a carer but we would need to assess whether they would be at risk if we placed them alone in a crisis house. **(C&T)**

Access to accommodation for young people presenting with acute or major mental health issues will differ between services according to the varying types of accommodation models available, hence the commentary and quotes are divided according to models of support and accommodation.

<u>Adult crisis accommodation services</u>

Due in part to the size of the services, adult crisis services had the most experience of clients with major and acute mental health problems. Consequently, they had developed many procedures and protocols in relation to duty of care and management of the environment. Perhaps this is one reason why one manager stated that mental health was not usually taken into account when considering whether to accommodate someone. This adult crisis services indicated that they sometimes held a bed temporarily for a client who needed urgent psychiatric care elsewhere, while the other adult service would informally prioritize a place for a person in that situation when they were ready to return. Both adult services would re-accommodate clients with serious mental health issues, including those whose health problems had contributed to early exits. One service would not need reassurance that the mental health of the client was stabilized.

We wouldn't bar someone because of mental health issues. If they left because they were unwell, that wouldn't preclude them coming straight back — it happens all the time. We wouldn't need to know whether the mental health issue had been resolved. It would be a matter of once they were here, finding out how much mental health follow up was going to be available from the service they attended in the meantime. **(AC)**

The other service would readily re-accommodate but in some cases they would take current stability into account if the client had left or been evicted due to associated problems.

If booked out due to mental health issues and there was no violence there wouldn't be a problem about re-booking. We had someone who could not manage at all and was taken to hospital by the police. When he wanted to return all we needed to do was talk to him about medication and stable mental health. … If someone was barred for a long period of time due to really serious behaviours but if they had mental health issues I would be quite open to reducing their barring period if they told me they were now stable. **(AC)**

Adult crisis services often accept referrals directly from hospitals. One service explained the process they go through in order to get the information they require in order to make an assessment.

When taking someone from a mental health hospital we have a form we fax through with a release of information section so we can get a diagnosis, medication information and behavioural concerns written up from social workers and doctors. It also includes what follow-up will occur. The client needs to sign it. We don't do an assessment with the client until we have had that assessment faxed back. **(AC)**

If people don't have services already before coming here it's really hard to get them linked into a mental health service. So it is good if someone is coming from hospital and there is a support plan available. **(AC)**

Transitional and crisis accommodation services

The regional crisis and transitional services had few external accommodation options for clients presenting with immediate mental health needs. They reported that this meant that they needed to provide shelter whatever the mental health concerns. If the young person was not hospitalized or linked into mental health services, workers sometimes placed them in temporary accommodation, such as one of their crisis houses or a motel. These solutions were only used when no other options were available and after workers had attempted to ascertain the young person's level of risk. They were regarded as highly unsatisfactory as the young person was without worker support overnight and could be at risk.

If we can't link someone into drug and alcohol services or mental health services, we work with them. If we have absolutely no options in a crisis, we may place them in a motel (we have good relationships) and provide an on–call service. We will be upfront with the motel, we tell them there is a level of risk and we arrange to call the motel late in the evening to see how it's going. If we seriously consider them to be at risk we would be using the hospital's triage whether the client wants us to or not. **(T&C)**

In the rural crisis and transitional service with refuge accommodation, young people were often placed in the refuge if they had high needs requiring support and supervision.

There is one psych ward for the whole region, which fails to meet the need. Beyond triage there is next to no options so we need to take them. We may place them in refuge and ask them to monitor them because we cannot risk placing them without 24 hour monitoring. There is not enough support in THM housing. **(T&C)**

Despite the need to provide shelter of some sort to all those needing accommodation, regardless of mental health, the regional transitional and crisis services would confer with a supervisor prior to deciding whether or not to accommodate young people with major mental health issues in their transitional properties.

If there are significant mental health issues we would discuss it with our supervisor before placing them in one of our accommodation properties. **(C&T)**

Transitional support services

Transitional services, while accommodating many young people with mental health issues, were probably most likely to consider alternate options for young people with major or acute mental health issues. Both transitional support services reported that they had accommodated young people with significant mental health issues and the result had been disastrous.

> Those with paranoia, like me, shouldn't really be placed in a share house. (25M)

We have accommodated young people with major mental health problems in transitional accommodation, knowing that there were some problems but not the extent, and it has been an absolute disaster. It is doing them a disservice. At the end of the day it lets that client down and their co-tenant. **(T)**

We have taken young people in transitional accommodation with severe mental health issues, who don't have support from mental health services and it has been disastrous. **(T)**

Basis for decision

The decision to accommodate did not rest on a mental health diagnosis; individual assessments were undertaken. As with substance use, the service's capacity to provide support, the young person's level of independence and the safety and wellbeing of the young person and other clients were the most common factors taken into account in an assessment of a client with serious mental health issues.

We would have to consider who else was sharing before taking someone with mental health issues. We would take into account the mental health issue, whether they were linked into a mental health service that could monitor them in the accommodation… our capacity to support. **(T)**

Capacity to Support

When deciding whether or not to accommodate a young person experiencing problems with their mental health, services most commonly considered the amount of support required and whether the service was able to provide support at that level. Two services considered caseloads and overall staffing levels precluded taking more than one or two clients with high needs at a time.

If we have a support vacancy, we don't exclude on the basis of presenting issues. I would never say no. To take on someone with very high support needs if over caseload however would be working against your duty of care and against the interests of the client. If we don't have the

capacity to provide service we wouldn't so it — it doesn't work in the long run. We have very rarely had to make that decision. **(T)**

Very high support needs [not specified] we would probably say no because we can't give the necessary support. We have taken young people with very high support needs when they have had extra support workers out there. **(T)**

At times workers consulted about their services' capacity to provide adequate support.

Sometimes I make the decision not to accommodate without consulting if I feel the staff hasn't got the resources to support someone with serious mental health issues [i.e. when already working with many clients in that situation]. **(AC)**

Whether or not a person had a mental health worker who could assist with support was one factor taken into account by the two transitional support services. While they would not necessarily exclude a high needs client without worker support, they would be more likely to accommodate someone who was linked in to a specialist service.

It doesn't make a difference to us whether or not they have a diagnosis although it may mean they have a worker. That may be an advantage in them getting in — if we know they are linked in and are getting the necessary assistance. **(T)**

One manager stated that whether or not someone had a worker was not a consideration as they saw being accommodated as providing the possibility of linking up a client with a mental health service.

I'd take someone whether or not they have a mental health service supporting them. I'll certainly want to know if they do but it's not a matter of assessment. It's good to get a rough idea of where people are at. Staying here might be a chance for people to get linked in. **(AC)**

This manager made the observation that young clients with mental health issues were less likely to be linked into specialist mental health services than older clients; a situation that may mean that they experience even more difficulty than older clients accessing accommodation.

Level of independence

Capacity to support is clearly related to the young person's ability to live independently. Services generally made an individual assessment of the young person's ability to live independently and whether they would be at risk in the accommodation model available. However, some mental health problems were seen as more likely than others to impact on the ability to live independently. This is not to suggest that global exclusion occurs, rather that those with certain conditions that are untreated or not stable were less likely to get into accommodation when individually assessed due to their difficulties regarding independent living.

We assess whether they can function in independent living arrangements. With some young people with schizophrenia or psychosis, we can't provide an adequate level of care. Either we will get other services involved or find them somewhere more appropriate to stay. **(T)**

Transitional housing requires the greatest level of independence therefore this consideration was particularly salient for those undertaking assessments for this type of accommodation. However,

all other types of accommodation services also took ability to live independently to a certain degree into account.

As long as they can maintain themselves, mental health is not an issue. **(AC)**

Sharing

> Some people can't live with others. …I've got bi-polar. … I get in moods when I can't be around people. One room isn't enough space. People have all sorts of reasons why they can't share. (43F)

The third area of consideration relates to the issues particular to shared accommodation. When making an assessment, the needs of other clients were taken into account by all services. If the young person was going to be accommodated in a shared THM property the workers would consider the safety and wellbeing of both tenants. The wellbeing of existing tenants may be affected if a client with acute or serious mental health issues moves in. Equally, those experiencing poor mental health may have difficulties sharing space or may feel unsafe sharing with a stranger. A couple of services mentioned the need to consider who the young person would be sharing with, but it was not clear who might be regarded as a suitable co-tenant.

> It's bad having to share. Part of my mental health issue is being really paranoid. I'm very scared to meet new people, let alone live with them. (25F)

The issue is not just about a co-tenant feeling unsafe, often the person with the mental health issues will feel unsafe sharing also. **(T)**

The only barrier would be the shared property issue — ensuring everyone's safety. **(T)**

Although the possible impact of behaviours associated with acute or major mental health problems upon other clients was brought up by all services, it was less often mentioned as a factor in deciding whether or not to accommodate by the adult crisis services and the rural crisis and transitional support services.

Summary

It is not possible to draw conclusions about how services distinguish between major and less serious mental health issues in regard to access and exclusion and we cannot identify which particular mental health issues are generally more likely to result in exclusion than others. However, given that all services regularly accommodate young people with a range of mental health problems, decisions not to accommodate are only likely to be made in regard to young people whose issues are significant.

While the basis for decisions, capacity to support, level of independence and safety and wellbeing of all clients, were common across services, the specific nature of various types of services resulted in some factors being attributed more weight in some types of services than others and to a couple of considerations particular to the accommodation types. For example, the transitional accommodation model requires the highest level of independence and presents the most challenges to sharing. Unsurprisingly, those working in these services were particularly keen to ascertain that a young person had a mental health worker to assist with support.

One transitional and crisis service operated a carers program where young people lived in people's homes. They had an obligation to take into account not only the safety of the young person but also that of the carer. The other THM and crisis service stated that if the young person was not 'acute' enough to be hospitalized they would accommodate them somewhere. However, one transitional housing support manager in this service did note that the young person would be expected to be well enough to be able to work on a case plan. However, it was unclear how the service would respond in the long term if this wasn't the case, given their commitment to address the homelessness whatever the mental health situation. These two services had a number of accommodation options and generally it appears that these considerations were more about which option was most appropriate rather than whether or not they could provide accommodation.

The cluster style youth refuge offered 24 hour worker support. Consequently, this service could better meet the needs of those with high support needs than the transitional accommodation programs. The unit style accommodation also alleviated some of the issues around sharing, particularly the need to have private space. Additionally, ability to be live independently was less crucial in refuge. Therefore while the refuge still considered capacity to support, independence and safety and wellbeing and the manager reported that they did not have adequate staffing levels to support or manage the issues around some acute mental health issues they were in a relatively better position than other models to accommodate those with greater need and certainly did so. The short length of stay also worked against assisting clients with complex needs.

The adult crisis services appear to take young people with serious mental health issues most readily. They accommodated many clients with long histories of homelessness, service use and major mental health issues and they regularly took referrals from mental health hospitals. They had considerable on-site and off-site resources within their own organizations and were linked into specialist mental health services. They had established protocols around dealing with acute mental health problems, such as psychosis, and the staff were well trained in responding to mental health crises. Managers reported that the style of accommodation alleviated some of the problems associated with living in close quarters. Also, staff on site 24 hours a day (albeit with very high resident to worker ratios overnight) and the provision of on site nursing and/or medical care added to the services' ability to support clients with mental health needs. Less independent living skills were required than in transitional housing. Both adult crisis services occasionally made decisions not to take high needs clients with particular issues at certain times (a form of temporary global exclusion). One, when the service was under particular stress with many clients needing high support and the other when a convergence of clients with similar issues was impacting on the wellbeing of existing residents and may not be helpful for the potential new client. In the first case, the decision was made when a client called in, in the second, a client group was identified in advance (see Intake and Assessment). At times this may include people with particular severe mental health problems.

Mental health and accommodation: Issues and responses

> My experiences in past accommodation were mostly bad because I had an undiagnosed mental health problem and was using all sorts of drugs and I had constant sagas with the other resis. Most of them had major issues. I was quiet and didn't stand up for myself and they target the most vulnerable. (22F)

Young people experiencing mental health problems were seen as requiring a higher level of support than older clients with mental health issues, by one adult crisis worker.

The most difficult to accommodate young people are those with a mental health problem because at that age they are still learning about their health issues, whereas older clients have accepted it and learnt to deal with it. Usually things are just coming up to them; they can tend to be more non-compliant with treatments when it is relatively new to them. **(AC)**

Providing sufficient appropriate support and managing the problems that arise in relation to sharing accommodation are the key issues for services when accommodating young people with significant mental health problems. Service responses can be categorized under the following headings:

- Taking a harm minimization response
- Selecting appropriate accommodation and managing space
- Balancing duty of care with a client-driven approach
- Increasing contact and bringing in extra support
- Maintaining support [for those in hospital]
- Working with mental health services
- Providing more or less flexibility around rules
- Minimizing impact on others
- Worker support

Harm minimization

One service gave an example of how a harm minimization approach may be used in relation to mental health and self-medication.

We have a client currently who wants no contact with CAMHS. From the CAMHS worker's perspective he should be on medication, but he can't manage that medication if he does get it – he overmedicates. We do talk to clients about self-medicating. Some will take way over the prescribed dose. We would talk about the consequences of doing this. If they're putting themselves at risk, they may not be able to get further prescriptions; they may then self-medicate with marijuana. We would talk about this with them. We talk about why they do this, possible other options, ways they can minimize using marijuana. This young man we are currently accommodating found he was mainly anxious at night and started using only later in the day. He had trouble maintaining this though. We take a harm minimization approach. If things reach crisis point we will go to triage. **(C&T)**

Appropriate accommodation/managing space

Single tenancy was used by all services working with shared accommodation, that is transitional properties and the youth refuge (which consisted single bedroom and two bedroom units), in order to accommodate the needs of all tenants.

We will always place those with mental health or self-harming issues in a single unit. They don't have to deal with any of the social issues if they don't want to. They can always get away. They have their own space. **(REF)**

Some found it more difficult than others to arrange single tenancy with housing managers.

We can try to arrange single tenancy but that is difficult to arrange with the housing managers. An exemption isn't that easy. We have to put our reasons in writing. If they require written information from another service (e.g. psych service) I think that is too intrusive. You shouldn't have to do that. You shouldn't need to be too specific. It wasn't easy in the past — it's all about bums on beds. (T)

We have a good relationship with our THM managers. We can say 'this is our need, can you meet this need?' and they are very obliging. We're able to get single tenancies when necessary. **(T&C)**

Adult crisis service workers identified the physical layout of their buildings as playing a part in successfully accommodating those with significant mental health issues, as well as alleviating general problems around sharing space. The quote below refers to common space but the individual rooms also assisted by providing a safe and private place, which could benefit those who are unwell, and by lessening the exposure to any negative behaviour associated with mental health such as aggression, self-harming or other behaviour which may unsettle other clients.

The physical layout of the service assists in accommodating clients with mental health problems — different areas and a number of common rooms means that people are very spread out during the evenings, there are not all in the same space. Also if there's difficulty with clients getting along with each other we can move one of them to another block so there is less interaction. **(AC)**

Balancing duty of care and client driven approach

At times a duty of care overrode the commitment to a client driven approach.

We do talk about duty of care with all clients; we may need to re-visit that conversation. If they are very unwell mentally, your hand might be forced and they may get very angry about that. So you need good supervision to deal with that. **(T)**

Increased contact/extra support

Unsurprisingly, increasing contact and providing extra support at times of crisis was a fundamental response.

If someone is particularly unwell or vulnerable or marginalized we would spend more time with them, take food to their room, go for coffee and we will bring in more external supports from within and outside our organization. We'd communicate with our after hours workers and get them to keep more of an eye out for them. **(AC)**

If the young person is unwell to the extent that they say they cannot do anything, the level of contact needs to be much more intense, particularly initially, say every second day. We want to get them engaged with something, work or other activities that interest them. **(T)**

Maintaining support

Adult crisis services held a room for, or prioritized, clients who were hospitalized while accommodated. One manager indicated that caseworkers would continue to work with clients in hospital.

For clients who miss their mental health injections and get sectioned — if they're hospitalized for a while we try and maintain their room for four or five days. We can't hold indefinitely, but we prioritize them for a room when they are ready to return (unless there is a behavioural issue e.g. risk of violence to other residents). Caseworkers would go to visit them in hospital to try to maintain a relationship. We try to provide a welcoming response for them — we say let's deal with the mental health issue and then you can come back. Sometimes they feel betrayed, but generally it's well accepted. **(AC)**

Working with mental health services

Workers tried to refer young people to specialist services where possible. They also sought secondary consultations with these services if they were unable to see clients or if clients did not want contact. Working with a specialist service was regarded as beneficial to both the client and the worker in most cases. However, a number of problems, most importantly inability to get clients seen, were identified (see Constraints and Barriers to Good Practice section).

We try to link clients into other services so they have a range of avenues, other people to turn to. **(C&T)**

It is easier to work with a client who has had a diagnosis and acknowledges that and are linked to a specialist service. **(T)**

Some won't link in with CAMHS. Some have had a history with CAMHS but refuse to deal with them now, so we will talk to CAMHS and get advice from CAMHS. Ideally, they should see the client direct**. (C&T)**

More or less flexibility

An individualized response was seen as necessary for clients experiencing significant mental health problems. One service either tightened or slackened rules according to need.

Someone with significant mental health issues, we might cut him a bit of slack in a particular area that we may not do for others. People should be able to air their feelings about it but if other clients say it's not fair, we say 'yes, there might be issues there but I'm not going to discuss that person's issues with you in exactly the same way I'm not going to discuss yours with him'. We say we will make a decision on someone's specific circumstances. **(AC)**

We try to provide supportive environments and be responsive to their needs — we may draw a lot tighter boxes around specific individuals with particular mental health needs as part of their case plan. **(AC)**

Minimizing impact on other residents

During mental health crises, services needed to take steps to ensure the safety and wellbeing of all residents/tenants.

If someone needs to be taken to hospital we manage it by trying to get other clients engaged elsewhere as best we can because it can trigger others with mental health issues. You need to be aware of the communal impact as well as the needs of the individual being hospitalized. We try to create minimum fuss and maximum engagement of others. **(AC)**

Someone would really quietly approach residents and explain we need a little space and ask if they could return to their rooms for a while, usually people really respect that. **(AC)**

Worker support

Worker support involved training, supervision and debriefing. It also involved 'containing' crises in order to minimize stress on workers.

We are very conscious that working with people in crisis, that sense of crisis can affect the staff. We will try to 'bring it down', not respond in crisis mode. We can do this in part by holding onto information that others don't need to know. For example, not running around telling everybody about some crisis that has occurred — that adds to the drama. We try to contain it. We try to minimize exposure to a drama. Our critical incident stress management training helps us respond this way. If something is going on we keep as many people (staff and residents) away as possible. **(AC)**

Borderline personality disorder

Two services identified borderline personality disorders as particularly difficult to work with. Because people with borderline personality disorders were identified as missing out on specialist services and behaving in ways that workers have difficult dealing with, they may well be over represented among those experiencing exclusion or early exit. For this reason, we include workers' comments in relation to this issue separately. Workers mentioned the possibility of manipulation and a difficulty discerning what was 'real'. Additionally, they pointed out the lack of an appropriate response from the mental health sector to young people with these disorders.

Any so-called personality disorder you can't get much help from anybody and that includes psych services. It's a huge gap in the field — they slip through the cracks. If their primary diagnosis is personality disorder, unless they have significant psychotic symptoms, mental health services generally won't pick them up to case manage. The mental health sector doesn't

adequately categorize personality disorders so there is at that very fundamental level a lack of ability to know what to do — so people don't receive adequate services. **(AC)**

It's difficult to work with clients with minimal mental health issues that have slipped through the system. I have had to educate myself and talk to co-workers. Sometimes there is a lot of lying and it's really hard to know what is true and what isn't. … With borderline personality disorders you are 'in there playing ball' so it is important you are not managing it on your own. You have to try not to get caught up. You can remind them of what is actually occurring. **(T)**

We work differently with people depending on the nature of their personality disorder. Clients with anti-social personality disorder tend to respond well to firmer boundaries. They will accept that workers will not engage with particular types of behaviour; they will choose not to behave in that way around the worker. This can be a management tool, rather than a particularly constructive approach. **(AC)**

Summary

Working with young people with significant mental health issues requires a range of responses. Here we include two worker's perspectives on what best assists them to work with clients in these situations.

You need to have a good understanding of the mental health issue, a good link to another service and you need to talk to the client about making that link. You also need regular team discussion and supervision too. It can be very easy to get too close to things. You need feedback. A co-worker may spot something you've missed. **(T)**

What works is having a have a clear understanding of the issues and risks for a particular person, having good links if they are working with a specialist service, making sure there is a crisis plan and a management plan in place that that young person has been instrumental in developing (because most of them know what works to reduce risk for themselves) and respecting their personal space. **(REF)**

Capacity to provide support and issues around independent living and sharing were all impacted upon by the accommodation model provided. Consequently, providing appropriate accommodation (or in most cases, as appropriate accommodation as possible) was one of the key strategies services used to meet the needs of young people with poor mental health. Services with a range of options, most notably the regional transitional and crisis services, were able to take into account which accommodation model most closely matched the support needs of the young person. For transitional support services, the most common way of addressing both the needs of some young people with mental health problems for a space of their own and the needs of co-tenants was by providing single tenancy. However, it appears that this was more difficult to arrange with some THM programs than others. Difficulty arranging single tenancy is likely to result in exclusion of those who are unable to successfully share. The refuge had some single bedroom units but also made two bedroom units single occupancy where necessary. Adult crisis services already provide single occupancy units and they reported that this assisted them in meeting the needs of all clients.

As would be expected, workers increased their levels of support when young people became unwell mentally. One adult crisis service said that they sometimes relax rules and sometimes enforce rules more tightly depending on the mental health issue.

Accommodating young people with mental health issues presented situations in which the obligation to provide a duty of care overrode the commitment to a client-driven approach. One adult crisis service said that they maintained support and held rooms for young people who were hospitalized for severe mental health problems. Other services did not discuss this but this does not mean that they did not take a similar approach.

All services try to link clients into mental health services when appropriate. Workers will also consult with specialist mental health workers. However, they identify a numbers of difficulties. Young people may not want contact with mental health services, in which case mental illness may go untreated. Secondly, there are problems in relation to the services themselves — both in availability and in quality of service. These difficulties are discussed in more detail in the section Constraints and Barriers to Good Practice. Working with clients with borderline personality disorders was seen to present particular challenges that were exacerbated by a lack of support from mental health services.

Suicide and self-harm: Access

Young people who are self-harming or suicidal have particular needs and therefore this report deals with the issues around access and accommodation of young people in these situations separately. The term 'self-harm' is most commonly used in relation to 'cutting' or 'self-mutilation' but it can also be interpreted more widely. Self-harm and suicide can be regarded as part of a continuum, but this is not always the case.

'Self-harming' is a funny term — drug use can be self-harm, for example when a client says 'I used because I didn't want to wake up'. It can be more difficult in relation to overdose self-harm, but you can usually tell whether they are intentionally self-harming. **(T)**

Access and assessment processes

All services reported accommodating young people who were self-harming or suicidal. Generally, services will consider taking young people in these situations; responses ranged from an unequivocal to a qualified 'yes'. Services working with models that allow for 24 hours worker support and supervision were better placed to accept young people with these issues. The following comments were made:

We have a range of clients with fairly serious levels of self-harm at times. **(AC)**

We consider young people who are self-harming frequently or severely. We have someone now. **(REF)**

We wouldn't exclude, nearly all our staff has done suicide prevention training. **(T&C)**

We have certainly accommodated young people who self-harm, mostly female. In light of that experience we would hope they are linked into and are engaging with an appropriate service. … If a client was being discharged from a psych service, we would not take them; we would refer to crisis accommodation, unless there were protocols in place prior to discharge around ongoing support. **(T)**

We would take someone who frequently self-harmed. Often suicide ideation may be high but intent fairly low. **(T)**

Basis for decision

The decision to accommodate depends on level of risk (severity and frequency), caseload and whether or not there is specialist mental health involvement.

Whether or not we took on someone who was seriously self-harming would depend on our caseload, on balancing up needs and the bigger picture for that client. If they're actively self-harming they will require a high level of support. It's about whether we can offer that and acknowledging that we may not be the most appropriate agency. **(T)**

In making an assessment of someone high risk we look at what services are involved and the level of their involvement and we talk to those services before offering a placement and determine whether there is a good plan in place, is it known to the client, what level of support are they getting and how can we assist with that. If we can establish all of that we are happy to make the placement. If there is no basis for a good management plan, we need to consider whether we are putting someone at greater risk by placing them here. We wouldn't necessarily say 'no' if they weren't keyed in with another service we would just look at it a bit more closely. **(REF)**

Services with workers on site 24 hours were better placed than others to meet their duty of care but still faced barriers to providing the necessary support.

The main issue is about risk of self-harm. We had a young woman here for eight weeks. During that time we had the CAT team here three times and she had one stay in the psych ward. Workers were totally exhausted. She needed a daily management plan (a four page document) and that was reviewed every day. We did hourly observations during the day, and two hourly observations overnight. When there is extreme risk of self-harm, we can't maintain the necessary level of support. We ended up having to blow the staffing budget and put another worker on overnight. Because we are regional, other services are distant. By the time you find someone has really damaged themselves, to the time you treat them with first aid and get an emergency service here (which takes up to 45 minutes), that's unacceptable. **(REF)**

In a shared property co-tenants were likely to be aware of self-harming when it occurred and may have to provide help in an emergency. Residents in cluster style units and adult crisis service single rooms were less likely to witness or need to respond to self-harming or suicide attempts.

Self-mutilation in shared accommodation is a difficult issue because you've got the extra factor around the visuals of the blood, the blades, whatever. Usually the other tenant has contacted us. Alternatively, co-tenants may call ambulance, so we have to be careful about the fact that co-tenants are put into a fairly responsible position. … and that presents anxiety for them. **(T)**

When services do not believe they have the capacity to support a young person, whether or not they accommodate may depend in part on the availability of other accommodation. A number of services reported that it was extremely difficult to find alternate more appropriate places for young people to stay.

If we couldn't take them we would try to make a referral on their behalf. We would assess their risk there and then, if not appropriate for a CAT team, we would try to find an alternative — that's very hard work. We have put people up with HEF if there's no alternative. **(T)**

In regional transitional and crisis services, there are even fewer options.

Our options are very limited, other than triage if they are totally distressed, so we do have to come up with accommodation, whatever the mental health of the young person. **(T&C)**

Summary

Services of all types said they would not usually exclude on the basis of suicidal or self-harming behaviour. Adult crisis services, transitional support services, transitional and crisis services and the youth refuge all reported accommodating young people in this situation. As with general mental health issues requiring a high level of support, the reasons for declining accommodation were related to duty of care. The service's capacity to support the young person and place them in a situation that did not put them at further risk were taken into account along with the possible impact of witnessing or having to respond to self-harming or a suicide attempt on a co-tenant. Severity and frequency were therefore the key factors considered. The level of need was also weighed up against caseloads and whether or not a specialist agency was providing support.

Suicide/self-harm in accommodation: Issues and responses

The need to provide a duty of care for all clients necessitates the development of a range of options. While services did not identify the stress on workers dealing with suicide or self-harm as a factor in assessment, this was identified as an issue that required addressing once accommodating young people who are self-harming. Those interviewed were asked what worked when accommodating young people who are self-harming or at risk of suicide. Responses can be categorized under the following headings:

- Adopting a harm minimization approach
- Being upfront
- Selecting an appropriate model of accommodation
- Providing an individualized response
- Identifying prevention strategies
- Linking to mental health services
- Training and supporting workers

Harm minimization

Two services thought that strategies needed to take into account the fact that workers cannot prevent young people from self-harming. For example,

We take a harm minimization approach — for example, if they're cutting they can use an alcoholic swab to get the pain without doing as much damage, rather than cutting deeper. A CAMHS worker suggested this. **(C&T)**

Being upfront

Workers in most services talked about the need to 'be upfront' about suicide as this allows the opportunity to discuss and implement strategies.

Normally there will be signs, even if they don't tell us. We'll pick it up. We'll talk to them about it. Often just treating them nicely opens the door to them telling us about it. **(T&C)**

One manager noted that it was necessary to be sensitive about the timing and intensity of conversations about suicide.

One young girl deals with her stresses by going for long walks, so to prevent her self- harming we will always let her go for a long walk when she wants to and we have a chat with her when she gets back. We don't have any hesitation about talking openly with young people about these issues but we don't push things too far. But if you keep pushing it at a time when they are using their strategies (such as walking) for bringing themselves down, that can be quite stressful for them and defeats the process. **(REF)**

Appropriate accommodation

Suicide and self-harming have the potential to have an extremely adverse effect on other clients as well as the young person who is self-harming. Such affects are more likely in some accommodation models than others.

We would look at taking someone who was self-harming into our crisis accommodation (refuge). There are a few other places we could place a young person with mental health issues in some circumstances, we explore all the options and make sure they have somewhere that is safe while we organize the assessment. We wouldn't place someone suicidal in transitional housing. If it came up once they're accommodated, we would address it really quickly because you couldn't allow the co-tenant to be at risk of confronting a situation like that. **(T&C)**

Self-harm has less impact on other resis in this cluster model as opposed to a traditional refuge model — we have had instances and other resis haven't known about it. We've had instances here that if they had occurred in an old style refuge would have been extremely traumatic for the other resis and the workers and the issues would have got even bigger. **(REF)**

It can have a very negative impact on a co-tenant. Someone may have been going OK and then this crisis hits. We do tell co-tenants that they don't have to take on each other's issues but that's very easy for us to say because we're not actually living there. There is not a lot we can offer when it's independent living. It comes down to saying to the co-tenant you have us there as support, use us so you don't get to a state of crisis. **(T)**

An individualized response

Different situations required different responses.

We have a young person in the refuge with a borderline personality disorder who self-harms quite a bit when stressed, … we have allowed her to have all her posters up on the wall, have all her personal knick knacks around her room (which she hasn't been allowed to do for years), her unit doesn't look like one that belongs to someone who has been in crisis accommodation for three days. She has made it into a home and we encourage people to do that, feel at home and develop that environment in which they feel safe and comfortable. **(REF)**

You need to put in place different practical responses for a young mum. For example, if she self-harmed who would care for the child. **(T)**

Identifying prevention strategies

Workers can assist young people to work out strategies that are helpful to them. One manager stressed the importance of allowing young people to use the strategies they themselves had identified as effective.

Sometimes they call you for help and you can prevent the self-harm by talking to them about how they're feeling, what they can do to lesson their anxiety, teaching them a range of ways to be self-nurturing — play music, have a shower, ring a friend, etc. They need to be reminded. **(T)**

Agreements are made with the clients about how they are going to manage that. For example, we may tell a client they need to come down and let the night staff know they are OK, say three times a night. **(AC)**

Young people dealing with issues such as self-harm know what works for them so let them use those strategies. **(REF)**

Linking to specialist services

Specialist service involvement was seen to be particularly important, but so was personal engagement. One worker said:

I'm not skilled in specialist responses to self-harm; there is a place for specialist services. However, if you have a good working relationship, going that extra step in your case management role with the client is really worth it. **(T)**

Worker training and support

Two services mentioned that their workers had undertaken suicide prevention training. It is likely that others had also done so. In addition to assisting clients, such training may offer a form of support to workers. Mentoring, consulting with co-workers and debriefing, both formal and informal, were also seen as necessary.

All our staff has done suicide risk prevention training. We have the same training as the CAT team. We have two positions called advanced skill practitioner positions. They are more senior support workers/counsellors. They can actually provide mentoring to less experienced staff members until they have the training and experience around suicide. **(AC)**

It's not about restricting services for those with the most challenging problems; it's about providing the necessary support for staff, debriefing opportunities, including external debriefing where necessary. **(T)**

Summary

As with drugs and alcohol and mental health in general, all services employed a combination of strategies. Ways of working with mental health issues were adapted for the specific circumstances of self-harm and suicide. Some of these combined strategies are outlined below.

If we had a suicidal client, we would be getting a secondary consultation; we would need guidance about how to manage. Also we would rely on supervision. We would look at other specialist services. And we would be looking at single tenancy. We would explain to the client that we were there to help, but working with this issue on an ongoing basis is not our role and somebody else would be better able to support them. **(T)**

We have worked with many suicidal and self-harming young people. It does have its difficulties, especially in share households. If they're self-harming, they are linked into services and given lots of support. We also work with the young person about taking responsibility. **(T)**

When accommodating young people at risk of suicide or self-harm, workers need to provide a duty of care that extends to all co-tenants or residents. Therefore, in regional services with a range of models, there was a capacity for more supported forms of accommodation, such as refuge and the carers program. The transitional accommodation model neither meets a young person's need for high support or the duty of care to a co-tenant. The adult crisis services did not comment on whether their models provided particular difficulties or benefits in relation to suicidal or self-harming clients. However, some of the strategies they put into place, for example, asking clients to regularly let workers know they are alright, would not be possible in models without overnight staffing. Services of all types said that they were upfront with clients when it came to suicide and self-harm, as talking openly about it allowed strategies to be put in place and young people to seek support when needed. Treating young people kindly and developing a relationship between the client and worker, allowed conversations to take place about these issues. Three workers spoke of the need to tailor responses to the individual. One manager made the point that young people usually know what preventative strategies work for them and they should be allowed and encouraged to put these into practice. Training and supervision for workers was seen to be crucial.

Violence

Violence: Access

We need to consider the needs of an individual to access the service and the needs of the many other clients we are accommodating — our priority is to create a safe environment. **(AC)**

Access and assessment processes

Services commonly reported that any past violence would be raised and discussed with the young person involved. Young people would not be excluded without explanation. Individual assessments, even of those barred for violence in the past, would be carried out. Workers would assess the level of risk of further violence and decide whether or not to re-accommodate. Services with more than one accommodation option would consider which form of accommodation would be most appropriate.

The only issue that would make us consider whether or not to take a young person is violence. If there had been say direct experience of violence to a worker, we wouldn't close the door, but we'd look at it carefully. If it just happened yesterday and they trashed a youth property, we would seriously think about whether or not we can take them back. **(T&C)**

We wouldn't reject someone because of past violence. Would still be happy to sit down with them, talk about the past issues and find an option for them. **(C&T)**

One service reported that they would not do an immediate assessment with a young person whose behaviour was putting others at risk. However they would do an assessment at another time and they have re-accommodated young people who have been violent in the past.

One young person totally trashed a property [a party that got out of control]. She re-presented a number of years later. The agency acknowledged it took a lot of guts for her to re-present. We had a formal process where we sat down and discussed that previous incident and assessed whether it was appropriate to re-accommodate her. She had to commit to a very different period of support to the last one. It worked out brilliantly. ***(T)***

When someone who had been barred for violence wants to re-access the service, we meet first and talk to them about the previous behaviour and how that will not be tolerated. We try to be honest and upfront and that works really well. We may get verbal agreement or ask them to sign a contract — a commitment that things will be different this time. We are saying 'these are the conditions. We are less tolerant this time. As soon as we see any indication that the behaviour is happening again, we will ask you to leave'. We will also ask if there is anything we could do to help them maintain their accommodation here. **(AC)**

Basis for decision

Services commonly wanted to find out whether violence is likely to reoccur. Some asked young people what had changed that would enable them to meet the codes of behaviour around violence. While most services noted that they responded to the current situation, they also clearly considered it in relation to the past and the amount of time past since the violence was a factor.

Presumably, this approach was based on the assumption that the more time had passed since the violence the more likely it was that the young person's behaviour may have changed. One manager referred to young people's need to take responsibility for their actions (in certain cases) as a reason for not re-accommodating. He was however open to re-accommodation if it seemed likely that things would be different.

I don't want to knock back young people. If there is a past history of violence, it would depend on the situation. We need to find what is going to be different, how we can make it different this time. … There's one young woman who had been in the program for a long time, two houses had been trashed. She needs to take responsibility for her own sake. She is not denied access. If she approaches us with a solution we'd be open to it. **(C&T)**

The prime consideration was the safety of co-tenants/other residents. The independent, unsupervised nature of transitional accommodation presented more challenges in regard to the safety of other clients.

> A lot of places they'd tell me to go, they'd warn me there could be violence. It could be dangerous with a child. It was scary. So instead I'd ring around whoever could bunk me for the night. I didn't know them very well but I preferred to stay there. (23F)

Whether a vacancy occurs in an accommodation model that is seen to be suitable, in that it does not put others at risk, will affect whether or not the service will accommodate. Young people who have been violent have reduced options.

We may have a vacancy in THM, but if someone is not suitable because of violence, and someone else would be at risk we wouldn't place them there. We may offer a stay in a caravan if he has an option to park it somewhere. **(C&T)**

The following quote illustrates how decisions are made on the basis of several factors, in this case whether the violence is current, the severity and frequency of the violence and who their co-tenant would be.

We decide whether to take on current situation not past history. We will give them a chance. We take into account a) the level of violence, and b) who they'd be sharing with. If they're out there slashing people up every day we would not take them. **(T)**

A worker from one service said that they would probably not ban someone for violence during a mental health episode, while a worker from another service responded that barring would probably still occur, although the barring period would be re-considered once the client was stable.

If violence occurred during a mental health episode we would take that into account — so we would be would be unlikely to ban someone for violence when they were unwell. **(AC)**

Barring is a way of showing staff and others who are at risk of assault that there is a safety mechanism. So it doesn't really matter where the behaviour comes from. Decisions about eviction are based on behaviour. If there is violence, there will be eviction and barring, whether or not there are mental health issues. They do have the opportunity to discuss it once they are stable and we may well reconsider. **(AC)**

Summary

Violence against persons may include threats, stand over, bullying, aggression and physical violence/assault of varying degrees of seriousness. The first three are difficult to substantiate and although their negative impacts can be considerable they are likely to impact less on the service as a whole and probably less likely to result in exclusion or to result in a shorter period of exclusion.

Violent behaviour is the issue that is most likely to get a young person evicted from accommodation and to make it more difficult for them to re-access that accommodation in the future. Adult crisis services reported that when a young person is evicted for violence, a temporary ban or bar would be placed on their return. See Early Exit section for details. All services reported that they would consider accommodating a young person who has behaved violently, either in their service or elsewhere, and that decisions were made on the current situation rather then past experience with the client. This principle was based on the understanding that things can change for young people and a past history of violence does not necessarily mean that further violence will occur. However, the past was certainly taken into account — often the more recent the violence the more scrutiny was likely to occur. Extenuating circumstances, including mental health, were usually considered.

All services reported raising the matter of any previous violence and making it clear that further violence will not be tolerated. Two services reported that they would try to ascertain whether that young person was likely to be violent again by finding out whether 'things' had changed since the last violent episode. Another service reported that this was too hard to ascertain and instead they would simply try to get a client to commit to acceptable behaviour; the adult crisis services asked the client to sign a commitment or contract to this effect.

The decision whether to accommodate was based upon the nature and level and frequency of the violence, how recent the occurrence, and whether there were any extenuating circumstances, such as mental health issues. Serious, frequent, recent violence against persons without extenuating circumstances would be most likely to mean a period of exclusion. Generally property damage was less likely to result in exclusion. The main concern was for the safety and well being of clients, but also of workers.

In relation to property damage, one service reported that they would take into account whether the damage was deliberate and how clear it was who actually did the damage. In some instances, properties had been severely damaged by friends of tenants, often at parties that got out of control. In these cases, workers sometimes concluded that the young person was unable to manage the environment and where possible they may re-accommodate the young person in a model with more adult support and supervision, for example the carers program.

Accommodation options are more limited for those who have been violent in accommodation. If a client was violent in temporary, private sector accommodation arranged by the service that accommodation may refuse to take them again. Most services would not place someone who had been violent in shared accommodation and the service with the carers program would not place them with a carer. One service, which has access to a greater range of accommodation models, and others which provide single room accommodation, are more able to accommodate those who have been violent in the past with less impact on other clients than are the transitional services. In

transitional services, the ability to either arrange single tenancy or to match the young person with a suitable co-tenant without putting that tenant at risk will be the prime consideration.

Violence in accommodation: Issues and responses

The challenges of accommodating young people who may be violent include ensuring the safety of workers and other clients, understanding and addressing the behaviour and supporting the workers. In this section we look at how services meet these challenges. Violence against property presents different issues to violence against individuals and is addressed and responded to differently by services. For this reason property violence is discussed separately at the end of the section.

Worker safety

Three services reported that they had not experienced violence against a worker. They did however say they had at times been threatened and felt unsafe. For example,

No workers have been assaulted. … The most likely situation is a general air of threat; it usually comes from partners of young women we're working with. This, most commonly controlling, bullying behaviour, is usually directed towards the young women but sometimes also to us by design. **(T)**

One service reported that violence against workers, particularly against workers with whom the young person has a relationship, was less likely than violence amongst residents.

They may be violent or aggressive to other staff but are less likely to be aggressive and even less likely to be violent with their primary caseworker. They usually show high respect to their caseworker, but other staff they may have had less personal contact with and there's less understanding, violence or aggression is more likely. If they are aggressive towards another staff member, the caseworker would talk to them about it and their behaviour might change. They are more likely to be violent towards another resident. **(AC)**

An ability to anticipate violence has resulted in a lack of violence occurring towards workers. There is more violence between residents. A staff member will know a more appropriate thing to say, with residents there is probably two angry people coming together, with staff/client it's usually the client's angry, the staff member is more in control. **(AC)**

A worker is in a position of power — clients will choose not to be violent because it could jeopardize their accommodation — that is a component in why there is less violence towards staff and greater towards other residents. **(AC)**

I have been in a situation when other residents have protected me from an angry client, dragged them off to the side and tried to calm them down. … So it is important to have create relationships with all residents not just the one's you are case managing. You might be by yourself. **(AC)**

Security measures

Only adult crisis services discussed specific security measures such as alarms, two-way systems, panic buttons and security barriers around reception desks. These were regarded as adjuncts to rules and practices designed to protect workers and residents.

> ***We have alarms in the offices. This gives a sense of security. We say to staff don't put yourself in a place where you need to use the alarm. We ask all visitors to leave by 9.00, we do some 'crowd control' to ascertain who's in the building and what's going on and then we lock the external doors.*** **(AC)**

Strategic practice

The most common responses to safety concerns in transitional support services were for two workers to meet with a client instead of one and to meet at the office rather than at a property.

If I feel unsafe with a client, it is difficult to overcome. I try to not dwell on it. I address the issue of my safety and move forward. We would have them come in to the office, a safe place for me, rather than go to them. Alternatively, two workers will attend visits and we will explain why that is happening. **(T)**

As far as worker safety, we would have two workers visit them together, we would call ahead, let them know we're coming and to see what sort of mood they're in. **(C&T)**

Workers in adult crisis services also worked in pairs. Police were also called in as back up if workers felt the situation was unsafe.

If say I was doing a walk around and could hear yelling from a room, I would radio back to reception. We might get a bit of a plan in place, find out who is in the room, try and find out what's going on. No maverick behaviour. The only reason we would go into a client's room unasked is if there was a duty of care issue. If we were concerned enough to want to enter the room we would be calling police to come. We would be more likely to call out, request the client come out of the room, tell them we're wondering what's going on. 'You know we can't have yelling'. **(AC)**

We have good protocols with police. They are quite good. If we have to ask a client to leave and we are not sure how a person will respond, the police will be present. **(AC)**

Knowing when to withdraw was also seen as important.

It is usually a judgement call, to see the potential and to know when to disengage. Say 'I'll come back tomorrow, when your more sober' for example. You need to be aware of body language and the more you know a client the more you can better judge the situation. You need to know when to step back. You need to put your personal safety as a priority in your mind. It's gut feeling. **(AC)**

Changing caseworkers was seen to be an option if the worker felt unable to work objectively with a client because they felt unsafe.

Alarm bells happen because we are human, but they are infrequent. You shouldn't work with someone you feel you can't support [for example because of past violence] because it wouldn't work. **(T)**

One manager noted that even with the best procedures in place, violence could not always be avoided.

We have had workers assaulted and extensive property damage through substance abuse. Even with the procedures in place and followed, it can still happen. Put together drugs, anger and feelings of rejection and it can end up being a time bomb. **(REF)**

Client safety

Despite having models which were seen to contribute to a reduction in violence overall (compared to congregate models), adult crisis services were seen by their managers and workers as particularly risky for the very young. In addition to having a low tolerance for violence (as reported by one worker), and using eviction and temporary barring to exclude violent individuals, they used monitoring of the premises to ensure resident safety.

> It's difficult with the sort of people they let in — but then that would be discrimination if they didn't — especially fresh out of jail people sort of standing over people. (51M)

Young people in our adult service can feel vulnerable — we have lots of fairly unwell people, people from a correctional background. Some cope well, some get themselves into trouble by trying to be as tough as the older guys and by doing that can put themselves at risk. … We will identify certain residents as being at risk and try to protect them by monitoring a bit more. **(AC)**

After hours we do a walk around every hour to see what's going on. We have walkie talkies. Residents tell us that that makes them feel safe. **(AC)**

Transitional support services protected young people from violence by not placing those who had been violent or were thought to be volatile with co-tenants. However, one transitional service manager reported using client matching as a strategy.

You need to match up tenants. For example, put a violent tenant with someone who can cope (e.g. you may put a little violent guy with someone older and larger who will cope and won't thump back). **(T)**

Understanding and addressing the behaviour

Worker perceptions and responses to violence

> My family were gangsters. There was lots of violence. I didn't know any different…. At one stage in my life I was that hard on drugs and I was selling a lot and I'd just turn on people…I'd just bash people everywhere I was. I'm not proud of it, but that's what happened. (58M)

Some workers thought that young people did not want to continue to be violent but some did not necessarily have insight into their behaviour and its effects.

As with substance abuse, not many perpetrators of violence have said to me that violence is a good way to live my life and I want to keep doing it. Violence is usually the result of frustration or inability to articulate. **(T)**

People don't want to be aggressive, sometimes if you point out that they are being aggressive, they'll pull back and say they're sorry and they didn't mean to be. **(AC)**

We wouldn't let them achieve the outcomes that they were trying to achieve through threatening or uncontrollable behaviour. We would reinforce other ways to get what they want. **(C&T)**

When clients say they won't be violent here because they know that may jeopardize their accommodation, then they are clearly making a choice and we can talk to them about anger and violence and how they could make the same choice in other situations. (worker 1) However the choices can be limited in different worlds, I think the world of relationships with workers is very different to the world for residents in which they have to survive amongst themselves. **(worker 2)(AC)**

Programs and referrals

The adult crisis services mentioned referrals to counselling. For example,

We don't run anger management here, we have found that group facilitated stuff doesn't tend to work well here. It is a bit risky for clients to engage in group sessions. We tend to work through caseworkers who do referrals to grief counselling, aggression training etc. **(AC)**

Expectations, boundaries and preparation

There are a number of other issues identified as being relevant to working with violence. One worker also talked about preparing 15 to 16-year-olds for independent living as a preventative strategy. This approach is based on an understanding that the violence is associated with lack of maturity or skill, an understanding that extends other workers expressed beliefs that violence is about emotions or propensities such as frustration, poor impulse control or inability to articulate. However, it is not clear exactly what such preparation for individual living entails. Managers and workers also saw a need to be clear about expectations and boundaries around behaviour.

If we didn't spend quite a bit of time preparing young people to move into THM accommodation, I think the problems, such as violence, property damage would be shocking if we were just handing keys over to 15 or 16-year-olds. **(T&C)**

Problems between tenants happen a lot so we talk quite a bit about how to handle them before they move in together. They are also pre-warned about consequences. **(T&C)**

We have a standard of expected behaviour displayed on the door. It makes it clear that we will ask you to leave if you exhibit certain behaviours. **(T)**

Worker support

Supervision, debriefing and training around critical incidents, including those involving violence were also seen to be important.

If we have problems working with violent or threatening clients we would seek supervision. **(C&T)**

When we recruit workers we are clear about getting people who are able to work with the client group [where there may be violent behaviours] and we have compulsory critical incident and stress management training. We have had drug and alcohol training so staff are more skilled and feel more confident to manage a situation themselves or to recognize when other specialist services are needed. We are very clear that we are not the police; we are not paramedics or the CAT team. We need to know when to call these people. **(AC)**

Consequences

> I don't think it's really fair being asked to leave because of violence because some people provoke it. They don't ask what the other person has done. The workers don't usually give warnings. If I hit someone here I'd be tipped out straight away. (58M)

We will give them a couple of chances if they stuff up. We will warn them when it's their last chance. It [the consequence] depends on the level of violence. If they are violent to a co-tenant they're out. **(T)**

If a young person is violent to a co-tenant we talk to both about what they need. It's about working out what the impediment is to working things out differently. We will look at alternate strategies. We will impress upon the perpetrator that everyone has a right to safety. The bottom line is that it is unacceptable. **(T)**

We have banned one or two young persons for a period of time. Their presence stressed workers terribly. They seemed to get stronger and stronger senses of their own power. It was almost as if they wanted someone to say 'That's it'. … We evicted one young person from a transitional house for violence and there was no preparedness for immediate eviction. We withdrew support. The process took months. It was very difficult….We don't have any control over moving people on other than making recommendations to the housing managers. In some ways this is good but in some ways it would be good to have an immediate consequence for some situations. **(T)**

If a client was violent in [private] accommodation we have arranged outside our service, we would move them because we don't want to jeopardize our access to that accommodation. We would find something else. **(C&T)**

If they are violent towards another tenant, they would be out immediately. **(T&C)**

If we hear about it [stand over or bullying] we talk to them about it, but I think it's very rare that we hear about it. We only hear a small proportion of what goes on. They do have a lot of contact when there are no workers around and you have no idea of what's going on. **(AC)**

If they're threatening or standing over others, I will confront them upfront with the accusation that has been made, and tell them I'm not accusing them but it's unacceptable and we'll be paying attention and if it's found to be true they'll be asked to leave. **(AC)**

Manipulation would have to get to stand over before someone would be asked to leave. There is a grey area. Residents would have to be raising concerns about the situation, telling us that it is not OK. When manipulation occurs we would discuss appropriate ways of interacting with people and that may or may not make a difference. **(AC)**

Any violence or threats, severity is not taken into account, [will result in] immediate eviction. We'd probably evict for violence once a month. **(AC)**

Some people make threats that they emphasize they really mean rather than being said in the heat of the moment. At that point it is 'book out'. There needs to be intent. If we thought it was a hollow threat we would talk about it and give them a warning. If it's repeated there will be eviction. We also see if they want to access support around violence. **(AC)**

With stand over tactics it's hard to name what is going on. Both may deny it. A third party may report it. We can't monitor the situation. If it's very clear we would evict. It depends on how much we know. **(AC)**

Sometimes there will be cliques of people and every story will be different and everyone will deny. Lots of allegations, sometimes quite serious stuff and quite a lot will end up moving out. We also book out victims for their own safety. Because if someone is a perpetrator of stand over, they may have supportive friends who remain after the perpetrator is booked out. Sometimes we don't have enough information, but I will say we have enough allegations, we can't be sure but we are going to act on it anyway. **(AC)**

Sexual harassment is incredibly hard to substantiate. If we get enough information that points in that direction we would book out [the alleged perpetrator]. **(AC)**

If the incident has been extreme enough to bar temporarily we would use some kind of constructive approach — like pay for a few nights away to defuse the situation and make the other party feel much safer. There are cases when someone is violent enough for them to be asked to leave, but not violent enough to put a temporary bar on them. **(AC)**

We sometimes 'time someone out' as a strategy to prevent problems around violence and safety. If someone is doing it a little bit tough at the moment I might say to them 'We'll pay for you to stay elsewhere for a week, have a bit of time out, and then we'll see how things are going'. **(AC)**

Property damage

Property damage was treated more leniently than violence against individuals. Only severe property damage tended to result in eviction. In the case outlined below, where violence to a worker and property damage occurred together, the refuge workers maintained an advocacy role, ensuring the young man would not become homeless. The same service also pressed charges in relation to violence in order to make young people aware that their violence has consequences.

We have accommodated one young man a number of times. The last time he did extensive damage and held a worker hostage. We had seen that there had been quite a lot of change for that person. He was here for several weeks, we had some fairly difficult moments and we had to have a really good management plan, but it was working OK. He only had a week to go and he got smashed and went right off. Police had a lot of trouble removing him from the premises. We did a lot of work afterwards to make sure the supported accommodation that was arranged wasn't jeopardized and in the end it wasn't. **(REF)**

We think young people need to take responsibility for their actions so we charge them with property damage or charge them with assault if that occurs. **(REF)**

We have moved someone out of transitional housing when there was property damage, because he couldn't manage the environment. We found other accommodation. **(C&T)**

Severe property damage may result in early exit. They may say it was an accident or the damage was already there. Someone recently tipped over a vending machine because it didn't discharge the food. They were given a warning. **(AC)**

The consequences depend on the severity, whether it's deliberate and whether or not we can determine who did the damage. They can pay off the cost of damage or missing equipment. If it has happened in the past, they can pay a little bit more rent from the start or they need to convince us things have changed. **(T&C)**

[We recently re-accommodated a young woman who'd trashed one of our THM properties a couple of years ago.] I met with her first and discussed it. I think she appreciated the opportunity to talk about where she was now and where she wanted to be. She has now moved on. She's working and doing really well. **(T)**

Summary

In all services, the safety of clients and workers were of paramount concern. Different client groups (from predominantly young mothers to single adult men only), accommodation styles (two young people in a shared house to high density single room accommodation) and staffing arrangements result in very different environments, cultures and levels of risk.

Some services were more likely then the other services to accommodate individuals exiting prison or forensic psychiatric hospital. They are also less likely to exclude on the basis of concerns for the safety of other residents, as they provide supported single room accommodation rather than shared unsupervised housing. For these reasons, together with the fact that they accommodate large numbers at any time, extensive security measures and protocols with police have been established. Daily routines involve monitoring the safety of all residents. In one service cleaners provide a 'welfare check' as they visit each room daily. In another, workers will walk around the building in the evening to try and ensure a safe environment. In services that provide other models of crisis accommodation or transitional housing support, such arrangements are not possible.

Despite the differences in client groups and accommodation models, there was a general agreement that aggression is more common than violence. The two transitional support services

reported that they had experienced threatening and aggressive behaviour but no workers had been assaulted. A service that provides both crisis and transitional housing made the same report.

Across the services we consulted, workers tended to have similar aims and to adopt similar strategies when working with individuals who behave violently. They aim to prevent violence occurring, understand and address the behaviour and most importantly to keep workers and clients safe. The strategies they employ encompass establishing clear expectations, setting boundaries, providing counselling, referral and moving young people into alternate accommodation.

A number of services have found that violence or aggression is more likely to be directed towards residents or tenants rather than at workers. Workers at an adult crisis service suggested a number of reasons for this. First, this is attributed to the fact that a worker will usually be able to anticipate violence, know the appropriate way to diffuse a situation including when to withdraw, and is likely to remain in control throughout. One worker said that a confrontation between residents is more likely to involve two angry people who may continue to provoke one other. Secondly, clients recognize that workers have power and behaving aggressively or violently towards a worker may jeopardize their accommodation. Workers in one of the adult crisis services also found that any violence or aggression towards workers was unlikely to be directed to that person's caseworker. While a primary caseworker may become a target when something has not gone the way a client had hoped, usually the existence of a relationship between the two averted any direct violence.

Broad strategies, such as trying to create a non-violent culture and having clear expectations are seen to contribute to worker safety. Adult crisis services had security systems but workers from all services also relied on strategic practice to protect themselves. For example, one adult crisis worker believes that creating strong relationships with clients, including those you are not case managing assists worker safety. First, clients are less likely to target workers they have a relationship with and secondly, they may come to your assistance if you are at risk from another resident.

Several workers reported that the primary strategy was not to place yourself in situations where you are at risk. The following practices were seen to reduce risk. If a worker felt unsafe, withdrawal was a key strategy. One adult crisis service will call the police to enter a room if they suspect it is unsafe for a worker to do so. Most commonly when violence had occurred, workers would visit the client in pairs, explaining why this was necessary. The other common practice in services that provide off site accommodation was requesting that clients visit workers at the service where back up is available. One worker said ringing the tenant before visiting both prepared them for the visit and gave the worker an opportunity to assess the mood of the client.

Feeling unsafe with a client was seen to negatively impact upon the service a worker could provide, as well as being untenable for the worker; therefore if this was the case a new caseworker should be assigned if possible.

Young people's safety was addressed by a combination of approaches. Firstly, where possible they were not placed with violent co-tenants in most services. In adult crisis services where all residents were accommodated at the one location, extra monitoring was used to protect young, vulnerable clients and they were moved on to youth services as soon as possible.

Managers who had previously worked in congregate care models and currently worked in services where residents had single room accommodation or units in cluster style accommodation

thought the newer models improved safety for other residents. One noted that their service 'probably doesn't have the same level of aggression and violence' that they experienced in the old style shared accommodation model.

Separating young people who are behaving violently from other residents or co-tenants was a common strategy. Services with a range of options may move young people into accommodation where they would be living alone (such as a caravan). One adult service reported that it sometimes paid for a resident to stay elsewhere for a period to avert the occurrence of violence. Adult services also attempted to move young people at risk of violence from others into alternate accommodation.

A manager in an adult service observed that creating a climate of non-violence is also important. Establishing clear expectations and boundaries about behaviour was also fundamental according to a transitional support worker and manager.

Assisting young people to address their violence involved workers talking to them about that behaviour and its effects and referral to counselling.

Property damage in transitional properties was understood to sometimes be the result of a young person not managing the environment in an independent living situation. In this situation one service would consider moving the young person to a more supported type of accommodation (possibly the carers program). Across services property damage was less likely to result in eviction than violence directed towards another person.

While all tenants and residents in all services are expected to observe standards of behaviour that forbid violent behaviour or property damage, those who have broken these rules in the past are likely to be re-accommodated but given less chances if there is any indication that such behaviour is re-occurring.

Some services mentioned a staggered range of consequences that will be enacted in certain situations. As most listed violence as criteria for immediate eviction, it appears that these strategies would be used for aggressive behaviour falling short of actual violence or when violence appeared to be imminent. Responses include counselling, warnings and 'time out'. The next level of consequences was immediate exit and temporary bans.

Not all services discussed the consequences for violence to a co-tenant or resident but those that did all reported that immediate eviction would be the result. The other transitional and crisis service said that violence that occurred in outside accommodation arranged by them would result in the young person being moved elsewhere.

Other Issues Leading to Exclusion

Difficulty living independently

Ability to live independently was a key assessment, to various degrees depending on the accommodation model, across services. In addition to young people whose capacity for independent living was affected by drug or alcohol abuse or mental health, there were some other groups of young people who may struggle to care for themselves and maintain their environment. An intellectual or physical disability or being very young were factors that workers identified as affecting capacity to live independently.

We have taken clients with intellectual disability. It depends on their level of independence. They have to be able to cook, in some fashion manage their money and manage some employment. We quite easily manage mild intellectual disability. We can't manage moderate or more, they need a specialist service. **(T)**

We have wheelchair access but people need to be able to maintain themselves, for example, go to the toilet by themselves. We have had people book in with a carer, sometimes a family member. **(AC)**

All services supporting young people in transitional properties considered some of their youngest clients as having particular difficulties managing semi-supported accommodation due to their age and/or developmental stage.

If a 15 or 16-year-old comes to our service, we work from the premise that they are too young to live independently. **(T&C)**

While young people didn't need to manage households in adult crisis services and a significant amount of on-site support was available, they needed to be able to care for themselves, particularly at night when staffing levels were low (two staff to 50 residents in one service).

Declining case management

Accepting and engaging in case management was a condition of access and a condition of maintaining accommodation in all services.

If we perceived that someone was staying in THM but just 'using' the service we would bring in the THM managers. **(C&T)**

It's hard to work with young people who are constantly using the service but not acknowledging anything and you never get anywhere with them. We don't turn them away, but it goes round in circles. **(T&C)**

If they don't engage in a case plan but just want relatively cheap accommodation we tend to move them on fairly quickly and we need to discuss that with them and make our expectations clear if the want to be re-accommodated. (AC)

Being barred or 'using' the service

While no service reported imposing permanent bans, some services used temporary bans or barring. Generally, services were open to discussing re-accommodation with young people who had been exited early. One service would consider reducing a barring period if the client was able to convince them that there were exceptional circumstances. However barring periods were usually enforced.

While the youth services did not discuss the imposing of official bans, some young people may be refused accommodation on the grounds of previous behaviour such as violence, if that behaviour was very recent.

The services we consulted did not indicate that they 'rationed out' accommodation to individuals, indeed some reported that young people would be re-accommodated as often as necessary, but there were circumstances in which young people were considered not to be benefiting by obtaining further accommodation.

> They never left me out on my arse. Even if I have taken something for granted, they will take me back. They may be stricter but they always take me back. (35M)

We don't ban kids …We'd be compromising our responsibilities if we set criteria around 'You've had your fill of service'. If we do stop offering support or accommodation, it has to be for developmental reasons, not because we're sick of the client. **(C&T)**

If returning to the service, we would ask what has happened that has resulted in them ending up back here. There's no blanket rule, but we have such a long waiting list we'd look at the situation carefully. **(T)**

> I'm not sure how upfront they were about why they wouldn't take me. They said because I was using the service, not trying to help myself or work on issues. (34M)

Other issues

Some young people miss out due to lack of knowledge, cultural inappropriateness and cost. Young people can be without incomes for a variety of reasons and this will affect their access to some forms of accommodation. International students were one group identified who may not be aware of or be able to access accommodation although they were sometimes in great need.

International students [not residents and with no legal status] are placed in home stays where they can be significantly disadvantaged (for example, given no food) and be in dire circumstances. **(T)**

One crisis service worker failed to gain access to medium term accommodation for three young asylum seekers. The reasons behind this are not clear, the service responses recounted below suggest that they may involve a perception of high needs or be related to lack of income and ability to pay.

We have had trouble getting refugees into other services. I worked with a family of three siblings with a Red Cross allowance (90% of a Centrelink allowance). To find them any exit option was impossible. I contacted almost every youth service in Melbourne for medium or long term accommodation. Most services would say we have a policy where we will only accept one asylum seeker at a time. There were other issues, mental health and drug use. They wanted to live together as a family, but services said they could only take one at a time. They could have shared a two bedroom property. I think they ended up going to a friend's. It wasn't a great outcome. **(AC)**

Two Transitional support managers thought that transitional accommodation models were not appropriate for young people from certain cultural backgrounds. Both thought that the transitional model of accommodation was culturally inappropriate for young African men and women and in effect this denied them access.

Age and gender

One adult crisis service manager stated that youth services were more likely to accommodate those in their younger age range rather than those approaching the cut off age, as they're perceived to be more vulnerable. There was some indication that this may be so.

A lot of youth services go up to 25 but there are so many 16 and 17-year-olds trying to get in so once you get older you are less likely to get in. **(AC)**

We may send 18 or 19-year-old young men to other services [adult crisis services]. Young women have fewer options. For this reason access to services like ours can be tougher for young men. **(T)**

However, the adult crisis services do not consider themselves appropriate for young men, especially those under 18 years of age, and attempt to move them into youth accommodation as quickly as possible.

Even when we do take young people we try to move them on to youth services as soon as possible for their own benefit. ***(AC)***

The predominance of males in one adult crisis service was seen to make it more difficult to provide suitable accommodate for women, especially very young women. The service tried to give priority to women because they had fewer options and were perceived to have a calming effect.

Gender mix is usually 60% men and 40% women. We try to make it 50/50 because women seem to have a calming effect (most of the time). **(AC)**

One manager thought that young men's behaviour could also make it more difficult for them to access accommodation.

Young men can be more difficult to work with. Young women are often more prepared to take stuff on and are generally (but not always) less demonstrative in their displays of aggression or resistance. This can be an upfront 'put off' to services. **(T)**

Constraints and Barriers to Good Practice

Introduction

The common reasons services do not accommodate young people are that they do not believe they have the capacity to provide enough support and because there are concerns about the safety and wellbeing of other clients. These are primarily systemic issues. They are the result of shortfalls in funding arrangements (staffing levels and caseloads), restrictive accommodation models and insufficient interagency support. In relation to exclusion, resources rather than practices are the key issue.

Workers identified that the inability to provide the necessary level of care is primarily caused by limited staffing levels and caseloads that do not allow for intensive support. Access to appropriate training was important but less crucial.

Accommodation models are also incompatible with the needs of some young people with complex or multiple issues. In some cases a duty of care necessitates 24 hour on-site support. This is not a feature of transitional accommodation and crisis services had limited overnight support, due to large worker client ratios.

Problems with interagency support in the form of shared care or secondary consultation were seen to significantly affect a service's capacity to provide care to young people, particularly those with drug and/or alcohol or mental health issues.

In this part of the report we look at these issues and others that affect the accommodation of young people more closely.

Staffing levels and Caseloads

Unsurprisingly, staffing levels were integral to the capacity to accommodate young people needing high levels of support.

Our staffing levels are too low to accommodate high needs clients. **(REF)**

We need another worker in the evening when we have only two staff members on and there is still a lot of activity going on. **(AC)**

What would improve service is more staff. **(T&C)**

SAAP funding is not keeping up with wage costs. Most of the staff here are very experienced and getting towards the high end of the incremental level, so the result will be that unless funds increase to cover that we will have less staff. **(T&C)**

If staff were better paid we may retain staff longer. Need is getting greater in terms of complexity and realistically the value of the resources are probably shrinking. **(AC)**

Caseloads and how they are defined also had implications for workers ability to provide an appropriate level of support to young people with high or particularly complex needs. The majority of the services had caseload ratios of 1 to 12. One service, with 70% of clients

presenting with children, had negotiated a slight variation. At the other end of the scale, one regional service reported actual caseloads of up to twenty.

Caseloads can be up to around 20 or at times more (including adolescent and older clients, we deliberately allocate workers a mix) which isn't the ideal. We used to have separate teams, youth and transitional, but we have combined now. We never refuse a client on grounds of caseload ever. **(T&C)**

I have never known us to exclude because of caseload. We have often had 12 families, rather than 12 single clients at a time. Our increasing work with accompanying kids is not recognized in our targets or properly resourced. **(T)**

A lot of our work goes into the accompanying children — it's not reflected in case load. The children are pivotal, they don't 'count' but they are our priority. **(T)**

Whether or not caseloads are manageable varies week to week depending on the current needs of residents or tenants.

We have a mixed caseload — each worker takes on clients from a range of our services (crisis, THM, drug service). Workers would say they need smaller caseloads. When it's quiet, the caseload is OK but there is always the fear that a few of your clients will 'blow' at the same time. **(AC)**

Targets also impacted on ability to work with young people with high needs. The regional service with high caseloads was more than meeting its targets but worried about the quality of service they could provide. However their only alternative was to refuse service and leave young people homeless.

Even if SAAP reduces targets, it will mean nothing to us unless we start refusing service. The need to draw some lines in the sand is however becoming a reality. We have always provided service to whoever walks in the door, even though at times you worry about how good a service you can then provide. If we didn't take over caseload, the reality is over ½ our clients wouldn't be getting a service. If we ever chose to work to targets there would be people sleeping on the streets. **(T&C)**

Another service reported that targets may not always be met because they prioritized quality of service. In the urban context, such a stand did not have the implications for young people that it would in a regional service.

We would rather provide a meaningful service to an individual than meet unreasonable targets. Three years ago targets were doubled but we were given no extra funding. Constraints around set targets impact on the number of clients we can work with. I would like targets to be more outcomes focused – but counting outcomes in meaningful ways. **(T)**

Summary

Capacity to provide support is a major consideration in services' decisions to accept or exclude particular young people. While capacity to support involves more than sheer staff numbers, it is clear that staffing levels are fundamentally implicated.

Several workers were of the opinion that a 1 to 12 ratio is not appropriate when working with young people with particularly high support needs. They also pointed out that a 1 to 12 ratio did not necessarily mean each worker was supporting 12 young people; 12 clients could be accompanied by 12 partners and 12 children who may all require some support.

There was a tension between providing quality service that really made a substantial contribution to good outcomes for young people and the need to either meet targets or, in regional services meet the need for the entire region.

Worker support, training and supervision

Workers identified some unfulfilled need for training, both basic and specialized.

I find it really hard to get staff into training, even the most basic level of training, 'Introduction to Homelessness', is hard to get into. We have had to do our own training in the past, 27 people attended from our region. **(T&C)**

SAAP training schedule needs to provide more than entry level training. There is room to introduce an accredited form of training that would build modules and provide a greater level of challenge and sophistication for established workers. **(T)**

Staff who come here with undergraduate qualifications have some core competencies but need skilling up in drug and alcohol. Staff who undertook additional training had a mixed response, some found it very useful, others with more skill and experience found it boring. **(REF)**

Unsurprisingly, workers nominated drug and alcohol and mental health training as most needed in the sector. For example,

There is a need for further training, definitely in mental health (dual diagnosis, and especially personality disorders), for those who have worked in the field for a while and have completed SAAP training. **(AC)**

While no workers reported a lack of supervision, some workers emphasized the importance of supervision when working with a client group that included many people with high/complex needs. Enhanced supervision opportunities may improve services' ability to manage difficult situations and ultimately increase access.

We have supervision opportunities at all levels. Formal supervision is taken seriously, not done on the run. Staff can reflect on practice. Caseworkers also have regular peer supervision sessions. We also have team staff meetings. There is lots of space. We have defusing, debriefing responses to critical incidents. Management also discuss what the lessons might be after a

critical incident. We have external debriefing when necessary. This all contributes to keeping the environment relatively safe for staff and residents. **(AC)**

We put a lot of energy into transference that happens working in crisis work. The frontline work is hard. When it's 'hot' it's 'hot'. We need to ensure that the organization and team are 'healthy', because, as we know, recovery is easier when you start from a position of health. We can ensure this by having the right training and the right responses and supports in place. That can become harder when we are constantly pushed to do more with less. It becomes harder to hold that space. Sometimes things are reasonably peaceful then if a few things with clients start to unravel it can become quite difficult. **(AC)**

One worker made the point that the stress workers felt when working with young people with complex or high needs could be alleviated if they were better funded and better paid.

Workers feel they are doing everyone else's job — psych services, drug and alcohol services — but there's no real acknowledgment of the fact that we are doing that hard work. Staff can get really tired. They need some acknowledgment of their hard work and the stress they're under. Appropriate funding would take the stress off. The problem is increasing, not going away. The funding levels are totally insulting. Wages are inappropriate. **(T&C)**

Accommodation models: Issues and responses

In the refuge model, young people whose lives have gone down different paths are collided together — 'Bang'. It's a one-stop set up and I wonder what the implications are. I'm concerned about what the experience of crisis accommodation leads young people to. It's an entrée into the sector. It can send them on a particular pathway. For some it is a stabilizing time because of constant staff presence. **(T)**

Several workers expressed the opinion that the accommodation models they worked within created certain problems; problems that were more significant in relation to client groups with high or complex needs, whether these be related to mental health issues, substance use or violent behaviour. In this section we look at the specific problems services identify with models of accommodation, in both their physical form and the associated level of support and supervision and the ways these might be addressed.

Issues

Adult crisis services

> It's like chucking a whole heap of dogs in the same kennel — it's really bad putting a whole heap of drug addicts and people with anger all in one place. (22F)

Adult crisis service models aid the accommodation of people with complex needs by providing private space (single rooms/units), 24 hour on site workers and a range of on site services. However, managers of these services believed they were not suitable for very young people. Their concerns mostly relate to the general client group they accommodate but the actual size of the services and the level of support available, particularly overnight exacerbated these concerns. Managers perceived young people to be vulnerable to being preyed upon by other residents and at

risk of negative influences. In spite of concerns around vulnerability, these services felt compelled to take young people who did not have other options.

> Living with drug addicts and alcoholics makes you harder and stronger. (58M)

Big crisis services are not ideal. They are not ideal for children, having children with 50 or 60 homeless people with all those issues is just a time bomb. We do however take children because there is a need. It would be great to have smaller services that provide 24 hour support. Sleepover shifts don't work with this client group. **(AC)**

> Like in prison… it's the same situation with all these people, you can't get away from them so you get involved in all the politics, arguments and stuff. Having more services with less rooms, say in four different places would be perfect. (58M)

It's best to move young people as quickly as possible without rushing them out. This environment [large adult crisis service] is not conducive to their age and needs. It is important for them not to get trapped, here there are lots of people who have heaps of survival skills that are admirable, but young people can pick up less admirable survival skills. **(AC)**

> They said I could only stay briefly because I was too young. They were sort of right but it wasn't like I was mixing with people in here, I just needed somewhere to stay. (53M)

Although the adult crisis services provided separate accommodation to all residents, residents still shared communal space with each other. For those whose issues make it hard to live with others, the sheer number of residents within the same facility is likely to exacerbate these difficulties.

Transitional accommodation models

The transitional accommodation model was probably the least appropriate for young people needing a high level of support or supervision, as there were no workers on site and a fairly high level of independence was required. Although all services identified problems associated with clients living in close contact, the unsupervised nature of transitional accommodation exacerbated problems related to sharing.

Those with complex needs can't always successfully share and yet are forced to share. This sets both people in the accommodation up for failure. **(T)**

There are problems with very young people, especially those coming out of care, who want to turn a share house into a party house. It is hard for co-tenants, especially those who have mental health issues or who are dealing with substance abuse. They may have just got out of detox. **(T)**

Generally two young people in a THM is a problematic scenario. We decide whether or not a young person will go alone or share on a case by case basis, weigh up the positives and negatives of a particular match but the demand for housing both from within the agency or from external agencies means you have to compromise. **(C&T)**

Refuge

The refuge manager believed that the cluster style refuge facilitated access for young people needing high support, who may not be easily accommodated in a congregate care model or transitional accommodation. Twenty four hour worker presence on site offered significant support although staffing levels were inadequate for those needing constant supervision (see Suicide section).

The cluster model refuge alleviates some of the issues around shared accommodation including other residents' wellbeing and safety because young people have their own safe, private place to go to. **(REF)**

Responses

It is really difficult to work out how to accommodate young people with such a range of complex issues. It's an ongoing process — that's the challenge. We have come a long way in trying to develop a range of housing options that are a little bit different … more supportive … more inclusive. **(C&T)**

When considering how best to accommodate young people with high or complex needs, most workers advocated solutions based upon single tenancy/single room occupation and increased support. Services that provided single rooms, with en suite bathrooms or one bathroom shared between two, or one or two bedroom units reported that these models contributed to improved safety and wellbeing of residents and enabled them to accommodate more young people with complex needs.

> It's good here. You appreciate little things like having your own shower. It's very secure, you are locked in your room and if you don't wish to answer the door, no one can see whether you're home. (55M)

Single room accommodation provides a lot more dignity, more safety, it provides a space they can get away to — a flow on is that is that we now work probably with a client group that has a greater complexity of need [and] we probably don't have the same level of aggression and violence… **(AC)**

Transitional support managers and workers who worked in services with shared properties believed a single tenancy model would alleviate some of the problems around sharing which are particularly salient in regard to high/complex needs clients.

Single tenancy accommodation would be a dream. **(T)**

There is a need for more single bed accommodation — especially for those with complex needs who can't successfully share and yet are forced to. **(T)**

While the physical model of accommodation affected capacity to meet young people's needs, the level of support associated with the model was an equally important factor. A number of services identified a need for a model that provided a greater level of support than the transitional housing model. Two suggested options incorporated cluster style units.

We need to build the availability of 'stepping stones services'. We're looking at cluster model THM properties with a carer on site to manage issues around property damage, neighbourhood disturbance, tenants' difficulty managing their environment (e.g. other young people coming in) — to have someone on site for after hours support and as a contact point. **(C&T)**

We are missing that middle step between refuge and independent THM housing — that's where things fall down every time. I would like to see a semi-supported cluster of units with workers attending daily — somewhere in between refuge and youth THM property accommodation. Lot's of our kids are not capable of surviving in a transitional house. They have a limited time in refuge, and they'll extend that time if necessary but sometimes the kids are just not ready for independent living. An alternative would be a lead tenant property. **(T&C)**

I would prefer to see supported, semi-independent properties being attached to the crisis accommodation and the workers supporting those young people being supported through here, so that the relationship builds up during the crisis and moves on and then that relationship is developed and they don't have to start again with a new worker. There's continuity of care. I have worked in that model before and it worked. Residents were involved with the same worker for say 18 months. [Having separate transitional and crisis programs] also wastes human resources, it's a duplication of all sorts of stuff, from filing systems to case management — we'll have a placement plan, they'll have a case management plan. We could halve the number of managers. We only moved away from this model six years ago. **(REF)**

Overwhelmingly, workers in youth services wanted greater flexibility through the provision of a variety of service models. The provision of flexible accommodation recognizes that transitional accommodation and refuge meet the needs of some but not all young people.

We need more flexibility of accommodation options. Different people have different needs. **(T&C)**

THM is only one kind of response. It works for some but other kids are struggling in it. We need a comprehensive range of models for 15-year-olds and up. … [Also] You need to develop housing options for those who are needing more intensive support, yet have very acting out behaviours. **(C&T)**

The two regional services had the most accommodation options. Having a range of models supported by the one service enabled workers in that service to match young people with physical accommodation and levels of care that suited them best. One service had developed new models to meet particular needs. These are outlined below. A manager in this service noted that if one form of accommodation isn't working, they can try shifting people around. With a number of properties they can also split people up when necessary.

We have a long term caravan rental where we can place clients for just under 120 days if necessary. We have a couple of hotel/motels who will take young people. We have caravans we can provide to go in people's backyards. We have a couple of other longer term options, one for young people with disability and the other for young women who are going to school. We actively recruit community members as carers. The carers program [funded by DHS and comprising 12 carers' properties] involves young people staying in people's houses, initially for two weeks. The carer is paid. They provide food, accommodation and utilities. After two weeks the young person may be taken on by the carer as a boarder. Some young people who have income will pay for their expenses as a boarder from the start. Some carers have had a young person living with them for up to 12 months, while some will only stay for a week or two. We

use a couple of our transitional units as crisis accommodation. We only can use these in a crisis, when we desperately need them. We would try caravans and carers first. A client is supposed to stay in a crisis unit for two weeks (there is no carer but they may sharing with another young person) and then be moved to longer term accommodation but usually they end up staying with a 120 day lease because there are no other options. **(C&T)**

We have deliberately tried to create a range of options because we are dealing with some really young people — 15 and 16-year-olds or older who are very young [developmentally]…. We respond differently to 15 and 16-year-olds. If we can't help them to stay with their families we look at placing them in our carer program. A lead tenant model isn't sufficient. We tried it but it was too much to ask of someone. … Young people's positive responses to the carer project demonstrate the importance of flexibility in housing arrangements. **(C&T)**

In recognition of the issues identified around age and developmental stages discussed earlier, the very young were singled out as needing a specialized response.

We don't generally place kids who are very young into THM accommodation. We had one fairly mature 16-year-old with a child. She could run the household but she had difficulty managing people coming around. Young people do a lot better with an adult in the house. **(C&T)**

We have to be more careful where we place them. The younger they are the more worker time and support is required because we have to go through basics (life skills, banking, etc). We have more options for older clients. It's easier to get them into private rental. If they're under 18, we interview the young person and send the agent a letter to say we will support them during the term of the lease. **(T&C)**

Transitional support workers in one regional service identified some problems with housing stock purchasing and management and some possible solutions. Young people's access to transitional housing can be severely curtailed in the current system where young people who have difficulty living independently behave in ways that upsets neighbours. The end result being that young people can no longer access certain properties.

We don't have the option to refuse high needs clients, although we do have some properties we designate as sensitive properties and we can't place certain clients there because of complaints from the neighbours. The THM managers make that decision. **(T&C)**

Office of Housing builds a block of one bedroom units in a street. It ends up with lots of problems. Office of Housing need to plan, spot purchase and cycle THM properties. Also there are very few one bedroom properties for young people in some of the towns in our region. Young people have to move away from the locality where they might have some supports. Young people should be able to stay in the transitional housing they are already in when their Office of Housing application comes up. There are 20 THM properties blocked to youth in this area. That's an argument for cycling properties. **(T&C)**

The other regional service also noted that neighbourhoods 'get tired' of a certain property.

Summary

The physical style and the support levels of accommodation models significantly impacts upon whether services can accommodate some young people. The nature of transitional accommodation, shared properties with no on site workers, is inappropriate for many young people with complex needs and/or behaviours that make sharing difficult. As one manager said it sets some young people up to fail. Although adult crisis service models alleviate some of the issues associated with sharing, the size of the service, the level of support available, particularly overnight, and the client group accommodated present problems of their own for young people. The cluster style refuge model did necessitate a certain amount of communal interaction but with on site workers and unit style accommodation presented fewer obstacles to accommodation. With a higher staff ratio to residents they would be well placed to accommodate young people with high needs.

Overwhelmingly, workers identified a need for a greater variety of accommodation models to meet the different needs of young people. In particular, there is a need for a model that provides a 'stepping stone' between refuge and transitional accommodation. There is also a need for options for young people who need intensive support but whose behaviours are difficult to accommodate. More single tenancy properties or units and more accommodation with a greater level of support (especially combined) would allow more successful accommodation of those whose needs are currently difficult to meet.

Shared care/ Interagency support

This section focuses on collaboration between services; it also considers gaps or shortfalls in the sector that impact on services' capacity to provide support especially to young people with substance or mental health issues. Issues arising in relation to particular service types, including drug and alcohol and mental health services are dealt with in the following sections. There was a general consensus that successful collaboration depends upon relationships between workers.

It's a lot easier in a rural community. The service system is not as complex. There is only one of each service. The buck stops with you … You tend to know each other very well … there's a spirit of cooperation. **(C&T)**

It's always about the relationships and goodwill between agencies. That's the challenge. You sustain the goodwill through participation and interaction… the tension is… more meetings … but that's where people find out who you are… [where you] garner goodwill. It ultimately succeeds or fails on relationships and goodwill. It works if everyone puts the client's needs first. **(T)**

Protocols are good, they provide the parameters but generally work with other services is relationship based. You know someone. It is also a time and resource issue. You need to have the time to 'interface' with other sectors. It is very ad hoc and very superficial. Even within youth services, regular meetings are infrequent and faces change all the time. **(T)**

Networking with other services provides opportunities for workers to meet and form the personal relationships that contribute to goodwill. A lack of funding was seen to impede the development

of the departmental and service responses necessary for SAAP services to accommodate some clients, in particular those with mental health or drug and alcohol issues.

We need adequate funding to enable us to participate in the inter-departmental network building and collaboration that VHS and YHAP recommend. **(T)**

A lot of people fall out of other areas into SAAP. The VHS called for a whole of government response but I'm not sure that the levels of insight and the responsiveness necessary outside of SAAP were appropriately resourced. **(T)**

Services reported a lack of collaboration and consultation across a range of services (see also Drug and Alcohol Services and Psych Services). One manager outlined some of the costs of this lack and provided examples of a couple of areas where greater consultation would be beneficial.

If programs worked better together, it would be possible to do great planning in our area. … We waste resources crossing over the same target group. **(C&T)**

Dealing with services that did not understand the role of SAAP services raised a number of problems. One manager observed that dealing with the Department outside SAAP can be a minefield.

SAAP workers are seen as just housing workers not support workers. Workers from other services think our job is done once we arrange accommodation. They don't realize we have regular contact so we need to know what's going on. It is a barrier to working holistically. **(T)**

It's very difficult because there are different interpretations of levels of support and who is providing what. **(T)**

There were additional tensions when services with very different roles had to work together.

It can create tensions if one partner in the arrangement has a legislative or intervention role rather than a support role. **(T)**

Psych services

One regional service struggled to provide support in a region with a serious lack of mental health services. There was no mental health accommodation with overnight support available, other than the psych ward of the local hospital. There was also high demand on the services that did exist. Several workers identified this situation as having a significant impact on who they accommodated and how well they could support them.

There is an adolescent mental health service and psych services in regional hospitals but those services are overwhelmed. A lot of young people don't get seen. **(REF)**

We need more support from psych services as far as the provision of supported accommodation options (currently we only have accommodation with no overnight care) and more flexibility about who they accommodate. For those who come out of the hospital psych ward after a 24 hour stay and are no better there needs to be somewhere appropriate for them to stay. We pick up these people but we can't pick it up really — it is a specialized area. **(T&C)**

The lack of fully supported accommodation generally also meant that workers in psych services had no choice but to make referrals that workers sometimes found inappropriate.

With referrals from institutions, the main aim is to get people in somewhere and so it's difficult. Often those referred are not ready for independent living but there's nothing else. Institutions can't find fully supported environments, so they have to refer into less supported environments. Although in the past, some young people have enjoyed the freedom of that and have worked through their issues while in transitional properties. **(T)**

Existing mental health services were overstretched so it was difficult for most services to get young people assessed and arrange ongoing support or case management with mental health services.

It is extremely difficult to get assistance from psych services. The only way we can get someone assessed is if they have that person on record or for us to go back to a GP or go to the local hospital emergency and sit there for about 10 hours. **(T&C)**

We may not case manage a client who is receiving care from psych services depending on the level of care provided. It is often not adequate. I can only name one client (out of 70 in our service) who is being case managed through psych services. **(T&C)**

One adult crisis service worker said that given the unmet need for psych accommodation they could fill their service with clients with mental health issues. While this service had a good relationship with a mental health outreach service, the fact that that service could be extremely busy meant that there were times when they couldn't call upon them to assess or support new clients. The crisis service had a backup for emergencies but general assessments were often done by a GP rather than a mental health specialist.

We have a great connection with [an outreach psychiatric service]. We can generally get assistance but recently they have been very busy and we can't get new clients linked in. They're understaffed and not taking new referrals. In the past, we would ask them to just meet with someone if we weren't sure what the issue was and give us some advice about how to support them. We can still get secondary consults. If someone presents as really unwell we would call the CAT team. We can also get secondary consults from CAT. It's a back up. Or we would refer to a GP, either take them or they would go alone. **(AC)**

The other adult crisis service also experienced difficulties getting specialist assistance from psychiatric services.

Some mental health services are easier to work with than others. Some will respond within one hour, others won't respond for four days when we call regarding the need for a client to be assessed. Some are really good. A couple are difficult to communicate with. It can be difficult to obtain information from them. **(AC)**

Psych services often like to prioritize their people but they don't always like to be as forthcoming in terms of what a treatment plan might be for that person. **(AC)**

Two workers noted that when mental health was complicated by substance use, it was more difficult to get a response from mental health services.

There tends to be a greater response from mental health services when there is psychosis, but if that is complicated by substance use, at times it seems that response time lags. If mental health problems are occurring along with substance abuse, there is less support — perhaps because the mental health issue is less definable. **(AC)**

We're not always able to access mental health services. It's particularly difficult if the client has drug issues, they often want those resolved first. I understand in practical terms but it doesn't fit well with reality. **(T)**

When support was provided, difficulties could arise if workers in accommodation and support services did not agree with mental health workers' responses. One worker made the observation that services had very different approaches both in ways of operating and in philosophies. The fact that the services were very busy was also an obstacle to working together.

It is difficult to work with mental health services. I think they are often 'on a different page' and they are busy, they're working with a lot of clients. They don't operate in the same way as us and we need to develop a way of liaising. **(T)**

As discussed earlier, meeting with workers from other services and having an opportunity to get to know each other and understand each others' roles was seen to facilitate better working relationships.

There can be difficulties with the CAT team, but that has been improving. I think that has improved because we have visited each other and explained what we do. We have got to know the faces involved. We have the opportunity to discuss things. **(AC)**

We had a CAMHS worker who was based at our service and who provided regular training on mental health issues. Having the worker based here meant we had a good relationship with CAMHS. **(C&T)**

One worker observed that confidentiality requirements could exclude her from knowledge that she thought may be necessary to meet a duty of care. This may be exacerbated by misunderstandings about the role of a support worker.

Working with mental services has been quite positive. It depends. Some workers are more receptive to including me. … Confidentiality between psych workers and clients can make it difficult for us to work with clients we share because we may feel we need to make a call because of duty of care, but the client may not want to tell us what's happening, [and] we may feel we need to know. **(T)**

Drug and alcohol services

One service noted several problems associated with working with drug and alcohol services. Some of these were same issues identified in relation to collaboration with mental health services. They include misunderstandings of the accommodation support worker's role leading to lack of communication and consultation (in part due to confidentiality requirements) and differences in opinion as to what was beneficial to the client.

Experience with some drug and alcohol services hasn't been very good. Some workers think all we are meant to do is housing. We have to try and convince them that it is important for us to know what's happening in relation to drugs and alcohol. It's all linked and we need to be able to discuss what's going on if the client's OK with that. **(T)**

Some drug and alcohol services seem to work, not only not in consultation, but at odds with us. Also, I think some of the drug and alcohol services don't challenge the clients. Sometimes they seem to just hand out material aid and the cycle goes on. I don't think that benefits the client. **(T)**

On the other hand, one manager reported a very positive experience working with drug and alcohol services, attributing significant improvements in service delivery to successful collaboration.

We are lucky because we have been involved a project that was all about making linkages with the drug and alcohol sector. That has worked well and it has helped skill up our staff, we have learnt to 'talk the talk'. Part of the project found we were having issues around mental health and we are about to start a new model. There has been a great improvement. **(AC)**

Other services

We are trying to develop a relationship with Maternal and Child Health Centres … but we are still waiting for them to respond. Some are great individually; others are terrible. **(T)**

It can be difficult working with Child Protection because they have a high turnover. Some workers don't know a lot — have had to explain detox to one — they are really just thrown into it. I have worked with some who are easily taken aback and even a little fearful of the clients and have handballed it to me to handle the situation. Communication with child protection depends on whether the worker has engaged with you. There have been occasions when we've had to say 'If you're having a case plan review, we'd like to attend'. It is important for the client to see you are working together. **(T)**

Juvenile Justice wanted us to more or less reserve beds, we had a problem with that, we won't move away from assessing every referral on our ability to manage and that's the bottom line. We have started a process to work out a protocol. **(REF)**

We meet with JPET every eight weeks and look at where our crossovers are and try to say who is the designated lead agency…. Working with Job Network and Centrelink on employment issues, we [found out we] weren't as aware as we should have been of the enormous resources that are available. **(C&T)**

Summary

In general, there was a perception by services that inter-network/inter-departmental collaboration was not happening to the extent that it should and that this was to the detriment to young people. When services did communicate they sometimes discovered resources they were unaware of. A significant advantage of networking was the opportunity to develop relationships between workers from different fields. A number of managers and workers made the point that although

protocols were necessary, they were less important than the existence of goodwill. Goodwill resulted when personal connections were made. However, some workers noted that current funding levels do not allow the necessary network building. Indeed, despite recognition from the Department of the importance of interagency collaboration, this was not resourced.

Two services reported that it was particularly difficult working with services outside SAAP. A few services reported experiencing problems collaborating with Juvenile Justice, Child Protection, and drug and alcohol services, but working with mental health services was seen as the most problematic. All services but one, identified problems working with mental health services, although the degree of difficulty varied. The majority of services found these services the most difficult to access and to work with, although in one worker's experience mental health services had been easier to work with than drug and alcohol services.

First, there is the problem of difficulty accessing mental health services. A number of managers and workers reported over-stretched mental health services and a severe lack of fully supported accommodation. The dearth of mental health services and the high demand on those that do exist made access difficult for both young people and workers in accommodation services who were seeking to arrange shared care or secondary consultations. The lack of specialized supported accommodation for young people with mental health problems also resulted in inappropriate referrals. In one regional centre, mental health services were regarded as completely inadequate and fully supported accommodation is unavailable. In this area, the support service and the refuge it operates are the only accommodation option for homeless young people with mental health issues who are not admitted to, or who are discharged from, the psych ward of the local hospital. Although this lack of appropriate accommodation resulted in the service providing greater access to young people needing support with mental health issues, this was thought by workers to be to the detriment rather than to the advantage of those young people. Not only were they denied accommodation that could meet a duty of care, but they were also unable to access timely assistance from mental health services, either in the form of assessment or ongoing support. While many workers identified the shortage of institutional or fully supported care and the difficulty getting specialist support for those with mental health issues, the problem appeared to be greatest in this region.

Services noted a number of problems they faced when case managing young people who were also getting support from other specialist services, specifically, misunderstandings about the roles of SAAP funded services and workers or lack of consultation. Workers from related sectors sometimes excluded homelessness workers because they thought their role was merely to provide housing. There were also misunderstandings related to the nature and amount of support each service was providing in a situation of shared care. Two workers were critical of the quality of care provided by particular workers or services as a whole. Lastly, there were differences of opinion regarding what constituted appropriate and effective care. In some cases these may be the result of services working within different paradigms and cultures.

General issues impacting on access and outcomes

Shortage of exit points and length of stay

Length of stay and availability of exit accommodation not only impact upon the quality of care (and very likely the outcomes), especially for young people with complex needs, but these factors

also impact on how many young people can obtain accommodation in any given period. In some cases young people are seen to be staying 'too long'; they may be ready to move on but have nowhere to move on to. In other cases, they are unable to stay long enough; either housing managers move them on before they have other accommodation arranged or funding agreements may stipulate short term accommodation.

> There needs to be more medium term accommodation. Because I had nowhere to go I had to stay in the refuge and that meant other people couldn't get in when they needed to. (41M)

Although length of stay varies according to accommodation type, managers and workers across services raised similar issues in relation to young people moving on. Young people leaving crisis accommodation experience difficulty accessing medium term accommodation and young people in medium term accommodation whose leases have expired have difficulty finding alternate accommodation. Waiting periods for public housing, shortages of private rental properties in some areas and a perceived reluctance on the part of real estate agents to rent to young people result in tenants needing to extend their period of stay in THM properties. One worker encapsulated the dilemma involved when trying to meet the needs of existing tenants and give access to new tenants.

Young people waiting for public housing can get stuck in THMs. It's good for them — they have stable accommodation. It's bad for us — resources are blocked to other clients. **(C&T)**

Clients get immediate notice to vacate when they move in, the housing manager takes guidance from us whether to roll that over once or twice, but sometimes they will make a decision that they can't stay even though we want them to. Sometimes their transitional housing period is up and they don't have anywhere to go. It is a huge problem. Turn around is so tight, unless you are under 18 and studying, 12 months is the maximum. A family who are private rental eligible will probably only get six months. For public housing, if you're segment 1 recurring you can stay, if you're segment 2 or 3 you can't. Rules have really tightened up. It's a concern because there are not many rental properties available. We have pushed housing managers to accommodate our young 16 and 17-year-old mums until they are 18. **(T)**

There appear to be differences in how flexible individual THM services were regarding renewing leases.

Even though we have a fairly rigid THM agency we have good relationships with key workers and they know where we are coming from. I have noticed a massive increase in time spent doing advocacy for clients in relation to their THM accommodation [justifying why clients need to stay longer]. I have had clients on segment 1 and the housing managers have said they have to go. They'll argue that it may take too long for the seg. 1 to happen. They have pressure from top down. **(T)**

We have 3, 6 and 18 month leases. If they're waiting for Office of Housing housing to come up, they can't be evicted. They can stay beyond client age range if necessary. **(C&T)**

Project i research indicates that the most common exit points for young people who entered medium term accommodation from a refuge were another refuge or a friend's house. Similarly, the percentage of those who entered medium term accommodation from medium term

accommodation and then exited to another medium term accommodation was high (Myers, Mallett and Rosenthal 2003).

Both adult crisis services identified a shortage of exit points. One manager noted that young people were at a disadvantage when trying to get access to those that did exist because of their lower rate of Centrelink allowance. This also made it harder for young people to access this adult crisis service as room costs were fixed rather than pitched to incomes.

We need more exit points. We try to move people on to more stable housing. We don't move them on if they are about to get medium term or long term housing. That blocks up the room for new clients. There is only room for less than 1out of 10 of clients here in our transitional housing so that's a problem. **(AC)**

One regional transitional support manager reported that the lack of accommodation to move young people on to effectively turned short term crisis properties into medium term accommodation.

The most frustrating thing is that there are no other accommodation options. There's only one emergency house in the region. The person accommodated there has nowhere to move on to so we have effectively no emergency house, at times for months and months. **(T&C)**

We could fix up real shitty old caravans and be allowed to have them. (34M)

A shortage of affordable rental properties, a growing problem in rural areas and regional cities (Beer et al. 2003), and real estate agents' reluctance to rent to young people reduces options for those whose time is up in transitional housing. Three services providing transitional accommodation have made quite different arrangements with real estate agents to alleviate this problem.

We have a program to assist young people into private rental if appropriate. We may house them in the refuge first to see how they manage. They may move from THM to private rental and have access to this program. We are in contact with real estate agents. We check their references and write a letter to the agent offering support (in terms of advocacy or sorting out issues around the rental) to the young person for the term of the lease. **(T&C)**

They can't get private rental easily. Real estate agents just laugh at them. Developing relationships with real estate agents as a sector is crucial. … We try to do deals with real estate agents, such as our arrangement to pay partial rent for a period. That is dependent on young people actually finding private rental first. There needs to be a sector-wide response. Not everybody can access public housing and they shouldn't have to. Sector-wide responses don't happen, services have commitments to solving an issue and they end up doing it alone. **(T)**

We have an arrangement with some local real estate agents. Our agency is on the lease and we sub-let to clients. That was surprisingly easy to negotiate. We advertised in the local paper; we have found some very supportive landlords. **(C&T)**

Accommodation periods varied considerably within, as well as across, service types. Several workers thought the funded periods were too short. Given the structural issues outlined above and the developmental issues and increasing complexity of need identified above this is unsurprising. Providing a holistic approach requires time. Time is also crucial for the development of

relationships and for meeting the other identified needs discussed under Perceptions of Young People.

The length of stay in supported accommodation works against providing a holistic service over a few years. The bulk of our work is working to move them out of transitional housing. **(T)**

We're funded for up to 6 weeks. It's not long enough to do the necessary work but we attempt to do it. I would prefer support periods to be 2 or 3 months. We have to provide x number of support periods per year so to me whether we are providing longer periods for less people isn't here or there. Sometimes we will have someone for 4 or 5 months because they will benefit from that and their options are then so much better. **(REF)**

One manager of a transitional service thought that the THM program made it more difficult to accommodate young people with complex needs for appropriate periods.

I wouldn't want to return to the old system in which we managed the properties but we were able to be more responsive to clients' needs under the old system. The THM system has become like the head of the hierarchy — they act as if support agencies are answerable to them. **(T)**

One adult crisis service manager reported that although the average stay was 15 weeks (funded for 12 weeks) it was 'very situational'.

Some with intensive needs, we have had stay for 12 or 18 months; some stay just a week or so. **(AC)**

In THM, the average stay depends; it can be over 12 months because of the lack of exit options. In some areas the rents are higher and they just can't access private rental, so they have fewer options and stay longer. It depends on each individual case — if they're still at school, we will say 'you can stay until you finish' — say 12 months. For others, I'm testing whether they can live independently and then look at private rental; they stay 120 days. Often they'll have two lease periods providing they are still accepting our support and don't breach any of the conditions we have. **(T&C)**

Community connection

Four services commented on the role of community attitudes. A lack of recognition or responsibility for homelessness was seen to impact on outcomes but also on accessibility. Lack of community awareness and support for homeless young people may affect government commitment to address the issue, the result being a decline in funding in real terms. On a local level, community attitudes and involvement may, if positive, assist young people to move out of homelessness or, if negative, create barriers to them achieving their goals. In some services community involvement, through volunteering, mentoring, making donations (in one case the ongoing use of a property) and through carer programs and the assistance of real estate agents, directly improved young people's access to accommodation. On the other hand, one service reported that community attitudes, in combination with Office of Housing policies and young people's difficulties managing housing that is inappropriate to their age or developmental stage, result in failed placements and transitional properties being closed to young people.

One of the major structural barriers is public perceptions … It's about education of the broader community. They need to drive change… why can't we educate the public we have

done it about domestic violence… People don't want to know too much or they'd feel they have to act. **(T)**

The problem is that DHS is not flexible. It should allow community housing to change their stock over. They use the same house for ages and then wonder why the property is being labeled as sensitive [and closed to youth]. They could manage relationships with neighbourhoods better. **(T&C)**

You are only as good as your last tenant, you might have had 28 great kids and you just get one that goes off the rails and neighbours will remember that. **(T&C)**

> Workers and neighbours get an 'untrusting' attitude based on some kids' behaviour. Some of them abuse the privilege [of accommodation]. It ruins it for others. (35M)

The challenge is to build the local, social connection for young people, for example through interest-based mentoring. **(C&T)**

What Young People Said

About the young people

Twenty four young people (14 male and 10 female) between the ages of 12 to 25 (median age 20) were interviewed. They had experienced homelessness for various lengths of time (up to 8 years). Most reported that a number of factors had contributed to their homelessness, with family conflict, family violence and their own mental health being the most commonly identified. See Table 1.

Table 1. Reasons for leaving home

Reasons for leaving home	Number of young people	Percentage of young people %
Family conflict	17	71
Family violence	12	50
Their own mental health	10	42
Desire for independence	9	38
Their own drug or alcohol use	7	29
Family member's drug/alcohol use	6	25
Family member's mental health	6	25
Physical abuse	5	21
Trauma	5	21
Family breakdown	4	17
Sexual abuse	3	13
Family moved	3	13
Problems with school	3	13
Legal problems	2	8
To live with friends or partner	2	8
Their sexual behaviour	1	4
Overcrowding	1	4

Three young people had been in care since they were very young and reported the reason they left home was because they were taken into care; when that care ended they moved out.

Mental health and drug use

In recognition that a greater number of young people experience mental health issues than have diagnoses, young people were asked whether they had been diagnosed with a mental illness and whether they experienced a number of 'symptoms'. A high percentage (46%) had a mental health diagnosis and/or were experiencing psychological distress all or most of the time. The following mental health diagnoses were reported (some young people reported more than one diagnosis): depression (4 young people), schizophrenia (3 young people), anxiety (1 young person), bipolar disorder (1 young person), post traumatic stress disorder (1 young person), drug induced psychosis (1 young person), ADHD (1 young person). In regard to undiagnosed mental health issues, seven young people reported feeling anxious all or most of the time, five young people reported feeling depressed all or most of the time, three felt paranoid all or most of the time and

one felt suicidal all or most of the time. A further nine reported feeling depressed some of the time, six felt anxious some of the time, five felt paranoid some of the time and three reported feeling suicidal some of the time. These reports support the claims of the services in this study that they are accommodating young people with significant mental health problems.

Almost half (46%) of the young people interviewed had felt dependent on drugs or alcohol recently — a figure that also supports the services' reports of accommodating young people who are using drugs and alcohol at problematic levels.

What young people want and need

Young people expressed a range of views about services, service providers and what they wanted from the service sector. They were very reflective about their experiences and some expressed passionate views about the positive and negative aspects of their interaction with the sector. Many young people raised the issue of recognition and respect, confirming workers' commonly held conviction that these were very important issues for young people using their services. Some reported that workers were caring and became their friends while others felt that workers were disrespectful and just 'clocked in' to do a job. Two felt judged and two complained about the length of time it took for workers to carry out tasks they had taken on. According to a number of young people, workers needed to take time to get to know them as individuals. These concerns have been consistently reported in existing research (Keys et al 2004). A few felt that if the workers understood the backgrounds they came from and the sorts of issues they were dealing with they would be more understanding and treat them differently. They saw a need for workers to look beyond their behaviour and understand why, for example, they were using drugs, rather than just criticizing the behaviour. Two young people staying in adult crisis services also reported that it was boring in services and there was a need for more activities.

The issue of safety in services came up, both in regard to young people themselves and their children. Two young mothers experienced difficulty getting accommodation with their children and were concerned that the crisis accommodation available was not safe for their children. On occasion, in the past, they had chosen not to access the service system rather than expose their children to the crisis accommodation environment. Safety concerns were raised about the adult crisis services in particular; one young woman talked about the need for greater monitoring of the communal spaces. A number of young men staying in an adult crisis service talked about the difficulties they experienced keeping out of trouble and the benefit of being able to retreat to their own room. Concerns about accommodating lots of people with problems together in the one space were raised in response to both adult crisis services and congregate style refuges.

However, the most commonly expressed concern was around sharing in transitional properties. Two young women explained how difficult they found sharing space with their particular with mental health diagnoses. It was, however, the issue of drug use in shared properties that young people most often found stressful and hard to manage. This was the case both for young people trying to give up and for young people who didn't use but were sharing with those who did.

A few young people raised the issue of age and developmental stages in relation to how young people, including themselves, handled THM accommodation. In particular, they thought that the urge to 'party' was part of a stage young people go through and felt that adult supervision was needed to keep things under control. Two people were critical of those of their peers whom they

felt had not behaved maturely. They saw this as understandable but regrettable as it contributed to negative stereotypes about all young people experiencing homelessness.

Access

The process

Several young people reported finding it extremely frustrating to have to ring around large numbers of services to find accommodation. One young man said it took a long time to realize where he had to go to get assessed for accommodation, as most places were just information centres. Having to repeatedly ring in to register interest for THM accommodation and a lack of waiting lists for other services were also mentioned as issues. One young woman reported that having to re-tell her story every day for a period of weeks to a different intake worker was very frustrating, while another wished workers had taken the time during this period to sit down and talk to her about her situation and how she was feeling.

A number of young people reported feeling extremely distressed during the period of trying to get into accommodation and indicated that this distress was increased by their experiences of emergency short term placings in the private sector. In three cases, young people said they were not provided with the necessary practical or personal support they needed during these periods. One young woman's story of an extended stay in a hotel with a young child and no worker contact, while suffering depression and recovering from drug-induced psychosis, was particularly concerning.

Reasons refused accommodation

The most common reason reported for not gaining access was a lack of vacancies. Seven young people reported being refused access for other reasons. Three of these had been refused for more than one reason. Some had been refused access on many occasions. See Table 2.

Table 2. Reasons refused accommodation

Reasons	Number of young people	Percentage %
Too young	3	13
Too old	1	4
Wrong area	2	8
Male only service	1	4
Don't accommodate children	1	4
Only take those with children	1	4
Couldn't afford to pay	1	4
Refused to answer assessment questions	1	4
Drug use	2	8
Mental health problems	1	4
Health problems	1	4
'Using' the service	1	4
Used service too many times	1	4
Too many high needs clients	1	4

Some of the reasons listed in Table 2 pertain to access conditions related to the mandate of the service (for example, agreed target groups), but others do not. The young man who was told he was 'using' the service and not addressing any of his issues is currently being supported but not accommodated by this service. The young man who was told by a number of services that he had used their accommodation too many times was told they only had limited funds for each person. The young woman who was refused accommodation because there were too many high needs clients was told that there were beds available but because the current clients were high needs they couldn't fill all the beds. The young woman refused accommodation because of her poor health was refused accommodation because her chronic fatigue syndrome prevented her from meeting the rule to vacate the refuge during the day. This young woman also commented on how distressing she found it when beds lay empty in refuge while the paperwork associated with the previous resident leaving was processed. Additionally, one young woman suspected she was refused accommodation because she was from an Anglo background and she believed the service preferred to take young people from Africa.

Meeting the need

Table 3. Accommodation needs met (number of young people)

Got accom when needed	Most recently	In the past	Got sort of accom wanted	Most recently	In the past
Yes	16	3	Yes	19	3
Mostly		2	Mostly		1
Sometimes		6	Sometimes		4
No	8	4	No	5	8
Not applicable		8	Not applicable		7
No data		1	No data		1
Total	24	24		24	24

While two thirds of young people in the sample obtained accommodation when they needed it the last time they tried, it is worth noting that this success rate is not representative of their previous experience. Only three young people had always got into accommodation when they needed to in the past. Two mostly got accommodation when needed and six sometimes got it when needed. See Table 3 above.

Early exit

Almost one third (29%) of young people in the sample reported experiencing early exit in the past. Two of these had been told to leave early on two occasions, and another had been asked to leave on many occasions. Two young people reported being asked to leave for two reasons on the same occasion.

Drugs and violence

Four young people were asked to leave because they were using marijuana (either caught using on the premises or workers found a bong). One young woman was caught smoking on the

premises and was also asked to leave because she and another resident had become a couple. A young man was asked to leave both for smoking in the house and not doing his share of housework. Another was exited for dealing. This young man was also exited from a number of services for violent behaviour. One young woman was also exited for violence.

Other issues

One young woman was asked to leave for reasons associated with her mental health and a young man was evicted as the result of neighbourhood complaints associated with lots of visitors. Lastly, a young man was told he couldn't stay on because he was too young for the adult crisis service (despite meeting the age criteria). He was allowed to stay until he organized his next accommodation.

Process and perceptions of fairness

A number of young people commented on the process of eviction. The young woman who had been asked to leave for smoking marijuana in the house and because she had become a couple (the young man was also asked to leave) reported that the service (not one in this study) was going to evict them immediately even though they had nowhere to go. However, another service (in this study) insisted they be allowed to stay until they organized accommodation for them. A young man who was exited from refuge had hostel accommodation paid for him for one week.

Two of those who were asked to leave because of their marijuana use said they thought that their eviction was fair enough as they had broken the rule. A third person evicted for marijuana use said she thought it was unfair as she wasn't given a warning. Another young person said they were also not given a warning before being asked to leave because of marijuana use, but did not comment on whether they thought this was fair.

The young man repeatedly evicted for violence said he thought it was unfair that workers didn't try to find out who started the violence or what the provocation was. The young man who was moved on from an adult crisis service thought that it was 'sort of the right decision', although he was clearly not happy about it.

Case studies

Pseudonyms have been used for the young people themselves and the services they refer to.

Meg

Meg left home when she was 14 because of family violence, family drug or alcohol use, and because she was sexually abused. She has paranoid schizophrenia and her own mental health, a family member's mental health and overcrowding at home also contributed to choice to leave.

She has sought help with accommodation more than 50 times in the eight years since she left. Sometimes she was able to get it when she needed it but she thinks she has been knocked back more than 10 times when she was eligible and vacancies existed. Sometimes she has been outside the client group of the service (too young, too old, without children, not male or from the wrong area). Services have also excluded her because of past violence, drug use and because she refused to answer particular questions at intake. When she has applied for accommodation she has usually felt she needed to withhold information about her mental health. When she has been refused accommodation she has felt suicidal. She says:

Who knows if they're upfront about why they aren't taking you; sometimes I think they aren't. When I've been refused accommodation I have usually ended up on the street. They don't take young people with mental health issues because they find it too challenging. They're not all trained, not all on the ball. They don't take people using because of the other resis. They often say it's about the other resis — they're too young. It may set off a chain reaction. I've seen it happen. They should separate the ones who are using from the others but they shouldn't put those who are using the same drug in the same house because then they'd just form a community and no one would move on. There should be houses in each area for those coming out of detox. I've come out of detox and there's been nowhere to go. You get pushed straight back into the drug use. Sometimes they say it's a 'high dependent house' and they need to keep a couple of beds free because they can't have too many high dependent people at once. It's really common that they have spare beds but they don't want to take any more people because they already have a number of high needs clients. Once when I was in refuge they found a bong and told me to go. There should be at least one warning. I felt pretty bad. They should look more into the reasons young people are using. If you're told to leave you don't know if that will stop you getting into other places.

Meg did get into another place — after 12 months in transitional housing, she is about to move into private rental with her co-tenant who has become her partner.

Jake

Jake was a ward of the state and needed help with accommodation when he left care at 18. He's now 24 and has stayed in a refuge and transitional housing over the last year. Community Services referred him to transitional housing where he has stayed for the last 10 months. He rarely uses drugs and has no mental health diagnosis. However he feels fearful most of the time. He has never been refused accommodation and never been asked to leave early. Jake says:

I didn't have high expectations I was just happy to take what they had. I went to refuge for two weeks with my girlfriend who was seven months pregnant. They bent the rules because I'd stayed there before and they knew I was a very well behaved, young man. Then we got into 'Manning Services' together. We broke up and they're now accommodating us separately. I enjoy having my own place. The last person I was sharing with was using heroin. I tried and the workers tried to make it work but it didn't and I have no idea what we could have done. He left a syringe in the bathroom and I was really angry because I was worried about my little daughter – she could have touched it. I didn't hit him or anything but he didn't like it. He decided to leave later. I'm trying to get overnight access with my daughter, going to court, the service will let her stay here if the court orders that. The support is quite good. They were always there to talk to when my partner and I broke up. Only thing is that sometimes they 'overhelp'. They poke their noses in and I am already dealing with it. It's my life. They know I'm going OK being independent. So they don't need to do much for me. I will accept help but I don't really like being helped.

I met the guy I was going to move in with but I didn't get to see the house. You should be shown the house first. When I saw it when I moved in the dishes hadn't been done for months. You should get a chance to see the accommodation and be able to refuse it before you move in.

Chris

Chris was told to leave home when he was 15. Family violence, his drug use, his mental health and a family member's aggression associated with their mental health were factors. In the past he was using marijuana daily (now weekly), party drugs about every second day (now monthly) and amphetamines regularly (now rarely). He has had two stays in detox. When trying to get accommodation, depending on the worker he was with, he has sometimes felt he need to hide his drug use but said this was just because the drugs made him paranoid. He says you don't need to hide drug use. In the two years since he left home he has stayed in many places, most of which have been provided by 'Fontana Youth Support'. In the last year they have accommodated him in two or three hotels, a caravan, in a carer's house and currently (for the last 5 months) a hotel that provides long term accommodation. In the past he has got accommodation when he needed it or was placed in a hotel temporarily until a vacancy came up. He says he didn't usually care what sort of accommodation was provided. Chris says:

My flat has given me some space to sort my life out and some peace of mind. It's a bit run down though and some of my neighbours are mentally ill from alcohol abuse. The whole atmosphere is starting to get me down. I have been really happy with it but it's time to move on.

He has been asked to leave for not paying rent when staying in a caravan on someone's property. *I didn't like the guy. He wouldn't even give me any toilet paper. I wasn't happy with the rent amount so I didn't pay.*

He has also been asked to leave for not doing his share of household duties and smoking bongs on the property. *The rule was no smoking inside. The carer offered me a shed to smoke in. I should have respected that. It was a rule of the landlord, it wasn't even his rule. The no smoking in the house rule is fair. It's really up to the kids whether the accommodation works — how much they want it and respect it. It only works when young people learn it for themselves. However workers could lead by example rather than screaming it into their faces. All young people go through a stage when they just want to party but they need to decide when they get out of it.*

Kids say 'effing Fontana' but what would they have if it wasn't there? What's good about 'Fontana' is they've never left me out on my arse. Even if I have taken something for granted, they will take me back. They may be stricter but they will take me back.

Chris is about to move in with a carer and re-enrol in VCE.

Jessie

Jessie decided to leave home when she was 18 because of family conflict and violence, drug and/or alcohol use by a family member, a family member's mental health and her own mental health. She has been diagnosed with depression and anxiety. She uses marijuana weekly but felt like she had to say she used no drugs when applying for a place. She is now 21 and has sought accommodation on about 15 occasions, approaching lots of services each time. She has been staying in transitional accommodation for more than a year. Jessie says:

Mostly I got a place when I needed it but I had to couch hop sometimes; that was pretty uncomfortable. Once I got put up in a hotel where they were really rude to me and treated me like a junkie. I have been refused accommodation five to ten times. In most cases workers were upfront about the reasons. I was refused refuge accommodation because of my chronic fatigue syndrome. They said I couldn't come because I couldn't get up early enough to leave the house in the morning. They said they couldn't change the rules for me because (a) everyone will want the same, and (b) sometimes there are no staff on during the day. They were apologetic about it but I thought they could have made an exception. When I was staying in refuge [earlier] with chronic fatigue, I had to go and sleep under a bridge all day because I didn't even have a place I could go to sleep during the day. Also, I've been refused a bed when a bed was available but the exit paperwork hadn't been completed for the previous resident. I've been in refuge when beds have been empty for ages because of this. Once I begged for some 13 to 15-year-olds that I met to come to refuge because I knew there were spare beds and they had to stay on the street. The workers also said they couldn't take a referral from a resi. I'm really angry that paperwork stops people getting off the street.

You have to hide your drug equipment in accommodation so you're constantly stressing about being caught because they'll throw you out if you get caught. My experiences were mostly bad in the past because I had an undiagnosed mental health problem and I was using all sorts of drugs and I had constant sagas with the other residents. It's because the other residents had major issues. I was quiet and didn't stand up for myself and they target the most vulnerable. They shouldn't just tell you not to use drugs and yell at you if you do. That just makes you turn to drugs

more. They should look at why people are using — they might have been sexually abused. They should still take people who are using but they should manage it better. Workers just don't know what goes on. It's like chucking a whole heap of dogs in the same kennel — putting a whole heap of drug addicts and people with anger all in the same place.

Vincent

Vincent chose to leave home when he was 15; he's now 24. His reasons for leaving home include family conflict, his mental health (mild schizophrenia) and his drug use. He was using heroin daily but is now on Naltrexone. He still uses speed daily and marijuana every few days. There was a lot of violence at home but Vincent said he was used to that. In the years since leaving home, Vincent has moved around Australia a lot. He has lived in boarding or rooming houses, about six crisis accommodation services and prison (on three occasions). He estimates that he has sought help with accommodation about 100 times. In the past, he has been asked to leave because of violence and dealing. Vincent has been staying in an adult crisis service for five months and is about to move into a transitional housing unit. He says this is his first bit of stability in seven years. Vincent says:

The system in Victoria is probably the best in Australia, although it's not very good. I've sometimes been able to get accommodation when I needed it, but not usually the sort I really wanted. I have probably put in 100 applications for private rental but can't get anything. Probably because I'm a young single male with no rental history. I have often been refused crisis accommodation, more than 10 times. Because of drug use, past violence, I've used the service too many times (that's the main reason – they only have so much funds for each person – they pretty much all say that), I'm from the wrong area, I couldn't afford to pay, no vacancy. The majority already know you're using drugs but with some services you have to withhold that information. I've sometimes ended up on the street. It's worked out badly when I was forced to stay on the street. The teenage years were worst because you are more vulnerable. I've been thrown out for dealing. It won't happen again because I'm not going to deal in the transitional house. That's why I'm giving up – it's been four weeks, no heroin. I'm still taking speed but I'm going to stop. That's going to be it. This is my last step. I don't think it is really fair being asked to leave because of violence because some people provoke it. They don't ask what the other person has done. The workers don't usually give warnings. If I hit someone here, I'd be tipped out straight away. And usually they don't let you come back. Some bar you temporarily but the majority don't let you come back at all. I've run out of options in one suburb. My name is on a sort of blacklist. At one stage in my life I was that hard on drugs and I was selling a lot and I'd just turn on people – I was that violent. I'd just bash people everywhere I was. I'm not proud of it.

Staying in accommodation services – there's nothing really good about any of it. It's all bad. Especially living with so many people but they can't help that. You should have your own TV in your room, even an old one, so you don't have to talk to others if you don't want to. With too many people around, like if you get involved with the drug scene in one of those places, it's so political. Like in prison if you get involved with the drugs and don't pay you get stabbed or bashed. It's the same situation with all these people you can't get away from them so you get involved in all the politics, arguments and stuff. Having more services with less rooms in say four different places it would be perfect.

Conclusions

In spite of the rhetoric, we still have a situation where clients fit into a system rather than a system that accommodates the needs of clients. **(T)**

In this research project we investigated service practice around access and exclusion for young people experiencing homelessness, particularly focusing on young people that the service system often has difficulty accommodating. The findings in relation to access and exclusion are heartening: in the six participating services, no global exclusion was reported. The research found that all young people are assessed individually, a key measure of good practice identified by the NSW Ombudsman Report (2004), and the decision to accommodate rests primarily on the service's assessment of their capacity to provide adequate support and meet a duty of care to all clients.

Exclusion is a complex and loaded term. While exclusion is often presumed to arise from poor practice a number of other reports have found that exclusion occurs for reasons both structural, and in relation to specific duty of care concerns for clients (Cameron and Payton 2004, NSW Ombudsman 2004, Upham 2001, Erebus Consulting 2004). To ignore this finding is to unfairly demonize service workers and individual agencies. However this is not to suggest that poor practice does not occur. The discipline is to drill down into practice responses, and investigate why homelessness assistance services respond in particular ways to some young people. Without a thorough understanding of the contextual environment in which services operate realistic responses to the issues are not possible.

The young people interviewed for this report did provide evidence of some poor practice amongst services within Victoria outside of structural and systemic barriers. The experiences of these young people must be taken seriously, and solutions must be implemented. The recommendations included in this report have attempted to provide ways in which to begin to address these concerns. The recommendations of young people include: that workers show recognition, respect and understanding for the background and situation of young people; that services be safe places for young people; that warnings be given prior to early exit or eviction; that accommodation and support be appropriate to the young person's current level of independence; that accommodation provided does not involve sharing, particularly with co-tenants who are using drugs.

The issue of capacity of services to accommodate young people with high and complex needs is a significant finding of this report. Capacity is primarily limited through staffing models/ratios, physical accommodation models, and difficulty accessing and collaborating with related service systems. In this sense exclusion occurs because worker numbers and caseload ratios do not allow for intensive support, accommodation models are inappropriate, or support from mental health services is effectively unavailable. Decisions to refuse accommodation are based on a realistic assessment of the limitations of the supported accommodation and specialist, particularly mental health, service systems.

Duty of care is also a significant consideration in relation to access and exclusion. This report found that services are balancing an individual's need to access the service, the needs of the other clients accommodated, and the capacity of the service to provide a quality and appropriate level of support. At times this means that services struggle with accepting a client for whom they believe they cannot provide adequate care or excluding them. While any accommodation may be preferable to none, a series of accommodation failures can only be detrimental to a young person's long-term wellbeing. The alternative, no accommodation or support, is equally unacceptable.

This research confirms that within the significant constraints and barriers, the services interviewed are finding solutions and good practice is occurring. Service providers try to achieve this through developing and building on relationships with young people, and providing an individualized response in order to meet young people's needs. Of the services that participated in this project, those that offer a range of comprehensive models, or are well integrated and accepted within the community are able to offer more flexible accommodation that appears to reduce the necessity to exclude.

Many of the findings of this report are not new. In 1999 a report prepared for department of Family and Community Services (Ecumenical Housing Inc & Thomas Goodall Associates Pty Ltd 1999) identified many of the same systemic barriers to accommodating people with complex needs. More than ten years ago, the review of SAAP in Victoria identified the need for improved linkages with related service systems (Ecumenical Housing Inc & Thomas Goodall Associates Pty Ltd 1999:21). The Youth Homelessness Action Plan (Office of Housing 2003; 2004) while reporting on many key issues discussed in this report, such as the need for more flexible accommodation models, notes that there are unlikely to be any changes to accommodation models in the near future.

Overwhelmingly, service providers identified a need for a greater variety and flexibility of accommodation and support models. Services providing a range of accommodation models and services with 24 hour staffing and self contained unit style accommodation are better equipped to accept young people requiring high support.

One participant in the report noted that young people have a right to accommodation that is not dependent on their behaviour. Approaches to managing challenging and violent behaviour need to be tailored to the limitations and possibilities of different service types.

This report does not focus on the capacity of the sector overall, however it is important to highlight that the most likely reason a young person will be denied access to accommodation is the shortage of beds. In Victoria, the recorded homeless population increased by 14% from 1996 to 2001 (Chamberlain & MacKenzie 2004). Concurrently funding to SAAP services through the Commonwealth State SAAP Agreement has remained static in real terms, although the Victorian government has contributed additional funds through state based initiatives, most notably the Victorian Homelessness Strategy and the Youth Homelessness Action Plan, as well the continued expansion of the Transitional Housing Management (THM) program.

The current levels of funding to homelessness assistance services in Victoria are under threat however, and at the point of writing, the Commonwealth offer through the fifth SAAP agreement would see Victoria lose up to 10% of SAAP funding across the state. This will significantly diminish the capacity of services to meet the needs of the increasing homeless population, and is likely to adversely affect the quality of service provision to people experiencing homelessness, clearly a key issue in relation to this report.

Existing reports indicate that SAAP funded agencies are increasingly working with clients with high and complex needs. While there is no consistent definition of this term, it is clear from this report that the range of difficulties experienced by clients accessing services, impacts on the capacity of services to respond. This is particularly so when the support of specialized services, including overstretched mental health and drug and alcohol rehabilitation services, is required (Cameron and Payton 2004, Erebus Consulting 2004, NSW Ombudsman 2004, Upham 2001, Office of Housing 2003).

The YHAP First Stage Report (Office of Housing 2004) identifies that young people with complex needs present challenges to service delivery. In our view, it is the service system that presents not only challenges, but barriers, to the young people who attempt to use it. In documenting the ways in which six services meet these challenges, and attempt to reduce the barriers, it is our hope that young people will benefit from the best possible practice until crucial systemic change occurs.

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