

From the frontline

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Introduction and presentation SYC overview

- Why am I here?
- The thoughts I'd like to leave you with today...
 - Young people are YOUNG
 - Housing alone is not a solution
 - A collective response is required to do better





- The experience of being homeless in late childhood, adolescence and young adulthood is different to being homeless as an older adult.
- We are talking about people aged 15 25 years old
- Interventions must be adaptable and responsive to these differences, and the physiological changes that came with adolescent-early adulthood development

15 - 25: a significant developmental period



| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|---|------|---------------------------------------|--|--|--|---|-----------------------|--------------------------------|----------|----|----|----|
| Early Adolescence | | Traditional "mid-adolescence" | | | e" Young Adult "late adolescence" | | | | | | | |
| | Sec | | Secondary | schooling | | | | | | | | |
| | | | | Working life | | | | | | | | |
| Begin high school | | Choose su align with Able to wo | your career | Driver's licence Claim indep. rate First job | No longer required to attend school | Vote Drink an alcohol Access a venues Sign a le Take out (and cre card) | dult ase a loan | Begin tertiary education | | | | |
| Dependent child "someone else" is still responsible | | | Interdependent adolescent Moving away from reliance on parenting figures; learning from others; "what others think of us shapes how we see ourselves" | | | Independent young adult "do-it-all-yourself" | | | | | | |
| | Nove | lty seeking | | nectedness, ir eative explora | | itional inte | nsity, | | | | | |
| | | | Change | s to physiolog | y, hormones, | sexual org | ans, arch | nitecture of t | he brain | | | |

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Trace-A-Place





YOUNG PEOPLE ALSO EXPERIENCE

- Physical space that promotes a sense of calm
- Crisis intervention and deescalation of emotional distress
- Respite from the vulnerability of homelessness
- Advocacy and readinessbuilding for accommodation placements
- Enabling young people to discover and build upon their strengths, talents, interests and aspirations
- Space to develop readiness for full case management by restoring trust and developing rapport

The Numbers 2018-2019



- 662 young people sought support of the Youth Gateway; an 11% increase in young people accessing the Youth Homelessness Gateway (highest figure since 2014/15)
- Accommodation was requested 1,181 times and only able to be provided on 10% of occasions
- Rough sleeping was the outcome 6.4% of the time, with boarding houses/motels/backpackers the accommodation option 31% of the time

The Numbers 2019-2020 so far...



• 392 individual young people

- 1511 presentations
- Average 55 new young people each month
- Most common accommodation is motel 25%, family 19%, friends 16%.
- 7% of the time, young people are rough sleeping

| | YP Presenting | Accommodation in sector | Unable to accommodate | |
|-----------|---------------|-------------------------|-----------------------|--|
| July | 151 | 7 | 144 | |
| August | 167 | 13 | 154 | |
| September | 179 | 5 | 174 | |
| October | 206 | 7 | 199 | |





Young & Mentally unwell SYC

AIHW(2018) found three of the main vulnerabilities reported in the SHS youth client population are mental health issues, domestic and family violence and problematic drug and/or alcohol use.

- 63% of young clients presenting reported at least one of these vulnerabilities.
- 41% reported mental health issues
- 37% reported domestic and family violence.
- 5% reported all three vulnerabilities.

Young & Mentally unwell SYC

Last financial year, Youth Gateway demographic data shows 41% of young people reported at intake having mental health issues, and during case management this increased to 56%.

July – October 2019, 52% of young people have self reported mental health issues at intake, and 68% during case management.

Anxiety Depression Psychosis/psychotic symptoms

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Hospital to homelessness



- In **10 months** there have been **35 instances** of Hospitals referring young people to Trace-A-Place
- Additional 9 self-referrals of young people attending Trace-A-Place of their own accord upon being discharged from hospital.

Of these 44 young people:

- 30 (68%) were new to the homelessness support sector
- 27 (61%) were female
- 16 (36%) were male and
- 2 (5%) were transgender or chose not to disclose their gender

Case Study - Susie



- Female
- 23 years
- Comorbid mental health and drug and alcohol use
- Multiple ED presentations (BPD and drug induced psychosis)
- Sleeping rough

Case Study - Jeff



- Male
- 17 years
- Suicidal
- Unable to return home due to drug use, psychosis and aggression

Case Study - Pete



- Male
- 21 years
- Hospitalised due to episode of psychosis
- Homeless as a result of behaviours caused by mental health

Case Study - John



- Male
- 23 years
- Chronic paranoia and personality disorder
- Problematic Alcohol and drug use
- Sleeping rough

Case Study - Ruth



- Female
- 21 years
- Pregnant
- History of trauma and mental health issues
- No safe or stable accommodation referred to motels

Case Study - Julia



- Female
- 19 years
- Pregnant
- No safe or stable accommodation referred to motels

Key Issues in Case Studies



- Lack of responsive, trauma-informed pre and post natal focussed housing/health supports for single pregnant young women
- No adequate or appropriate, therapeutic response that is equipped to address comorbidity in young people
- No adequate holistic services equipped to provide both suitable accommodation and personal support for young people with mental illness (no step-down from hospital)
- Health services geared towards immediate harm

Key Issues for the sector



- The homelessness sector is predominantly a workforce of youth and social workers.
- We are not medical practitioners and not funded to provide clinical services
- The numbers of young people presenting may not have increased significantly, but the challenges they are experiencing and the requirements on services to support them is growing rapidly.
- The complex and becoming more complex!

We asked young people...



Why do you come to Trace-A-Place?

- Consistency, connection, safety, someone who cares, someone I can trust, to not be judged
- Place to shower, keep warm, to get food
- It's a place of safety, trust, can learn to let your guard down
- "I was really hungry when I first came to Trace-a Place"
- "I feel like some of my worries go away when I'm at Trace-a-Place & I get food".
- "You listen to our stories while we eat healthy food"
- "I really appreciate the time the volunteers put in"

"I shouldn't have to be standing in a queue at Fred's Van to get dinner under the threat of being bashed by the older streeties"

How could we improve services for young people experiencing homelessness?

- "Bring in psychologists"
- "Don't make us have to leave our circle of trust to go to a different provider"
- "There is shame in having your school community know what is going on at home. Sometimes you don't want the world to know for fear of it getting back to those you live in fear of."
- "I'm ready when I'm ready; I come and go and that's ok, but be ready and available when I'm ready."
- "Give me time to rebuild trust, to be willing to share what's going on, time for services to get to know me"
- "Homelessness isn't a forever thing for me. I just want to get help and get back to it"

Recommendations



- The creation of customised housing and support options tailored to particular cohorts of young people.
- Investment in places such as Trace-A-Place, providing trusted, multi-disciplinary service hubs.
- An expansion of early intervention and prevention initiatives, but not at the cost of crisis response – both are needed.