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A PUBLIC HEALTH APPROACH TO ENDING UNACCOMPANIED CHILD HOMELESSNESS IN TASMANIA

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In Tasmania, as in other Australian states and territories, children can experience homelessness alone without a parent or guardian. There are clear interventions, however, which could be implemented to prevent unaccompanied child homelessness or ensure that it is a brief, supported and one-off experience.

Understanding the problem

Unaccompanied child homelessness is the **presenting outcome** of a lack of care and effective guardianship in children's lives. This document addresses the hidden and complex experience of unaccompanied child homelessness **for those not currently receiving child protection services**.[1] These children face extreme precarity due to the absence of effective guardianship provided by families or by the State.

Children who experience unaccompanied homelessness may sleep rough, couch surf with extended family, friends and acquaintances, or access Specialist Homelessness Services. During this time it is likely that they will lack adequate access to support, income, health care and education. This results in inadequate nutrition, lack of physical and mental health treatment and cognitive assessment, increased violent and sexual victimisation, and extended school absences of multiple terms, even years.[2]

Research demonstrates the systemic and personal vulnerabilities which powerfully combine to drive the cumulative experience of harm in children's lives.[3] Exposure

1 Children can also experience unaccompanied homelessness whilst receiving care, protection and guardianship services from the state. This group raises separate questions about how to respond to the breakdown of care and effective guardianship provided by the state.

2 See for example Noble-Carr & Trew (2018), *'Nowhere to go': Investigating homelessness experiences of 12-15 year olds in the Australian Capital Territory*, Institute for Child Protection Studies, Australian Catholic University, Canberra; Robinson (2017), *Too hard? Highly vulnerable teens in Tasmania, Anglicare Tasmania*, https://www.anglicare-tas.org.au/research/too-hard/; Robinson (2018), *Outside in: How the youth sector supports the school re-engagement of vulnerable children in Tasmania, Anglicare Tasmania*, https://www.anglicare-tas.org.au/research/outside-in-how-the-youth-sector-supports-the-school-re-engagement-of-vulnerable-children-in-tasmania/.

3 See for example Robinson 2017.

to the intimate partner violence of caregivers, physical, sexual and emotional abuse, neglect and abandonment feature in children's routes into unaccompanied homelessness. Weak and absent systems of support including limited early intervention, continued referral between organisations and a lack of exit points contribute to and prolong children's exposure to cumulative harm.

Children's lack of an effective guardian and their unstable living conditions remain the key stumbling blocks for the effective provision of universal, targeted or intensive services. Key government agencies and community service organisations can identify unaccompanied homeless children as 'too hard' and 'too risky' to work with.

To prevent and end homelessness for unaccompanied children, any response to the immediate challenges of homelessness must also work to resolve the underpinning issue of access to effective guardianship and appropriate daily care and support. This means responding to unaccompanied child homelessness requires an emphasis on care and housing. It also requires a commitment to service innovation to make possible adequate responses to the realities of children's extremely precarious lives.

WHY DOESN'T CHILD SAFETY RESPOND TO UNACCOMPANIED CHILD HOMELESSNESS?

In Australia, child protection and out-of-home care services have evolved as tertiary services only for those children whose abuse and neglect is being investigated or legally evidenced and successfully prosecuted. **Child protection is not a tertiary service universally available for children who experience abuse, neglect and family breakdown; this role is filled by default by homelessness services, if at all**. Despite encompassing legislation, children's experiences of unaccompanied homelessness do not in practice meet the threshold for child protection involvement.

Unaccompanied homeless children present to the homelessness sector because it has few access barriers compared to the child protection sector. This has led to misdiagnosis of unaccompanied children's need for developmentally appropriate care and stable housing as 'youth homelessness'. The youth homelessness service system has not been designed to support children to resolve family breakdown and guardianship issues, nor to provide the therapeutic residential care needed in both the short-term and long-term. As such, children flounder in this system and the issues they face are often entrenched and made more complex.

Unaccompanied homeless children also present to youth outreach services which without directly linked supported accommodation capacity, are even less equipped to respond than homelessness services. In these cases, if reunification with family cannot be achieved, outreach workers must provide the best support possible to unaccompanied children who remain homeless and experience continued risk and harm. This is not sustainable practice for youth workers or for children.

The problem of adequate care and housing is a shared one

Protecting the wellbeing of children is the responsibility of parents and of the State under state and international law; thus any lack of care, housing and effective guardianship is a problem shared between families and the State. Unaccompanied child homelessness arises due to systemic issues which to date have paralysed appropriate, collaborative responses and seen child homelessness become a long-standing issue in the Tasmanian community.

Together, family and guardianship breakdown, neglect and trauma, the absence of universal child homelessness prevention, the absence of intensive adolescent support services, and the absence of non-statutory adolescent residential care in Tasmania generate the problem of unaccompanied child homelessness. To be effective, any responses to unaccompanied child homelessness must be directed at increasing direct child, parent and family support and addressing these broader systemic absences. These issues have been raised with, and acknowledged by, the Tasmanian Government.[4]

How many children in Tasmania experience homelessness unaccompanied by a parent or guardian?

Problematically, ABS Census data collection does not record whether or not children experiencing homelessness are accompanied or not. In 2018-19 Specialist Homelessness Services Collection data recorded that 14,456 children aged 10-17 presented alone to SHS in Australia, and 410 children aged 10-17 presented alone to SHS in Tasmania, an increase from the previous year.[5] These numbers, however, are reflective of the number of SHS beds available to children aged 10-17 and the number of children able to access them. They do not reflect the actual scale of experience in Tasmania.

Research suggests the likely prevalence of couch surfing for unaccompanied homeless children, especially given that children report living homeless from age 10 and youth SHS in Tasmania only accommodate those aged over 12 or 13.[6] Research also suggests that as most of these services also accommodate young adults up to age 20, not only does young age present a barrier to accessing the service, but so too does children's fear of being accommodated with older youth, in some cases in shared bedrooms.

4 See for example Ministerial Advice provided by the Commissioner for Children and Young People (2019), https://www.childcomm.tas.gov.au/wp-content/uploads/2019-03-01-Letter-to-Minister-Jaensch-Unaccompanied-Homeless-Under-16s-FINAL.pdf and by the Under 16s Homelessness Taskforce (Department of Communities 2019), https://www.communities.tas.gov.au/__data/assets/pdf_file/0033/89592/Attachment-2_Ministerial-Advice-Summary-Final.PDF.

5 Specialist Homeless Services Collection Data Cubes 2011-12 to 2018-19, https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/contents/specialist-homelessness-services-collection-shsc-data-cubes.

6 See Robinson 2017.

SHS staff report that wherever possible they divert younger children away from their services precisely because of concerns about interactions with older clients. Outreach staff working with children aged 17 and younger characterise their unaccompanied homeless clients as predominantly couch surfers who rarely use SHS.

For all these reasons, the actual number of children experiencing unaccompanied homelessness is unknown. The difficulty of enumerating this population reinforces the fact that unaccompanied homeless children appear across a number of different service sectors, not just in homelessness services. Importantly, both the child/youth/family sector (and in particular youth outreach services) *and* the homelessness sector have crucial knowledge about this cohort. The homelessness sector will only ever see a limited proportion of unaccompanied homeless children; the experiences of the youth sector will be crucial to a full understanding of the issues these children face.

The solution: A public health response to ending unaccompanied child homeless in Tasmania

As is well established in the Tasmanian government's approach to child wellbeing, the protection, care and support of Tasmanian children is everybody's business.[7] A significant challenge in Tasmania is that when family breakdown takes place, multiple government agencies take responsibility for different dimensions of children's wellbeing. For children not receiving child protection services, there is an absence of a coordinating agency to lead care provision and policy and service innovation.

The approach to ending unaccompanied child homelessness detailed here incorporates a multi-agency response. Importantly, however, mechanisms are needed to compel agencies to meet their responsibilities to children with transparency and accountability, or the wellbeing of individual children will not be achieved. These should include public reporting and the creation and independent monitoring of service standards.

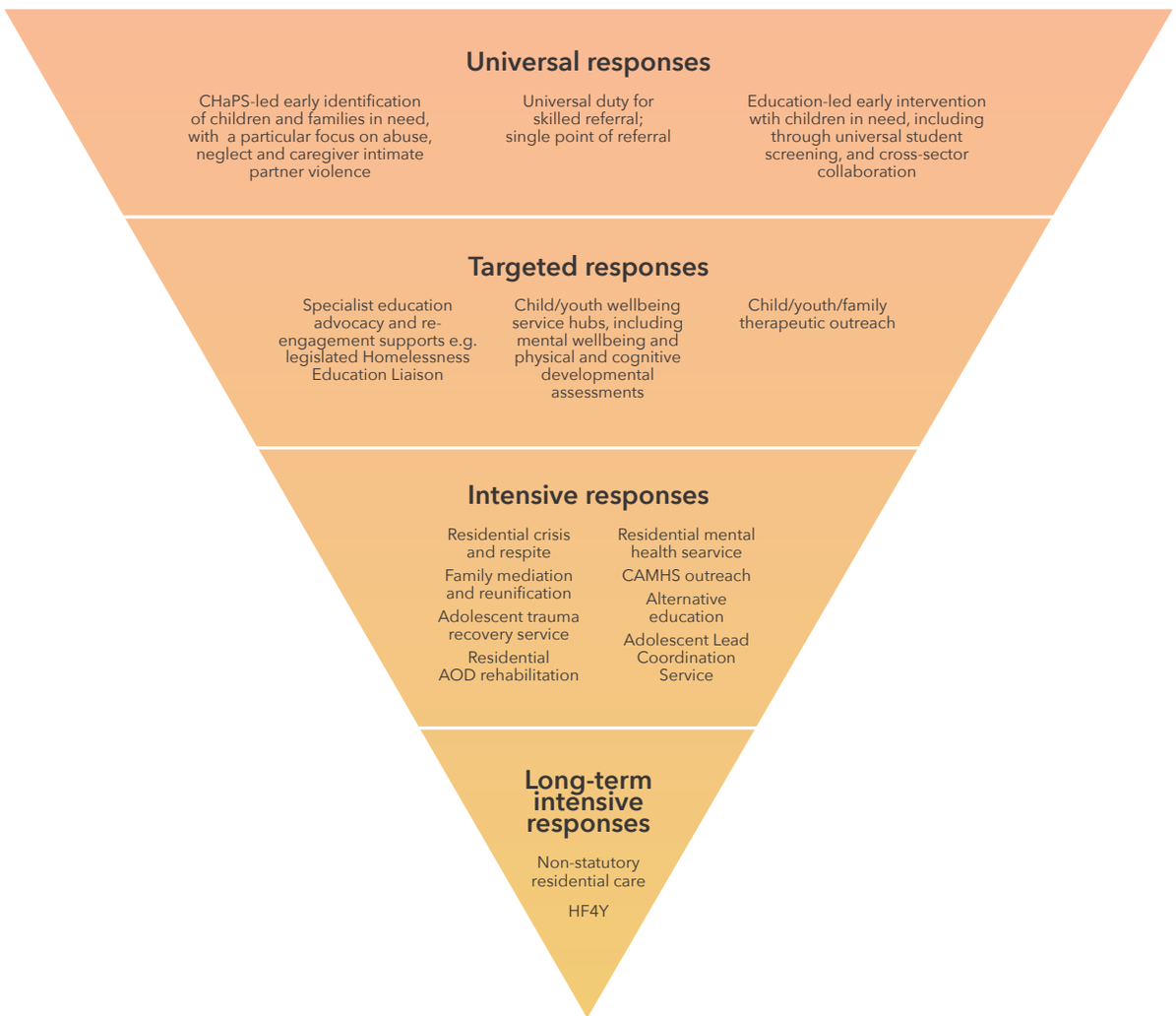
Regardless of which agency and related programs, systems and services coordinate and implement the response to unaccompanied homeless children, there are fundamental elements that require consideration. A public health approach, which encourages broad consideration of different intervention points in complex social problems,[8] is employed here to map out the needed policy and practice responses.

The model below describes four different response types which together create a continuum of service provision from universal and targeted responses to intensive and long-term responses. The underpinning assumption is that working to end unaccompanied child homelessness is to simultaneously act to prevent and early identify family and guardianship breakdown and where this has occurred, to provide a range of developmentally appropriate responses.

7 See the *Tasmanian Child and Youth Wellbeing Strategy*, https://www.strongfamiliessafekids.tas.gov.au/__data/assets/pdf_file/0023/5549/1-Tasmanian-Child-and-Youth-Wellbeing-Framework-Web.pdf

8 For a brief overview, see https://aifs.gov.au/cfca/publications/defining-public-health-model-child-welfare-services-context

A public health model for ending unaccompanied child homelessness in Tasmania



Universal responses

Universal responses are required for the prevention and earliest identification of issues known to contribute to the breakdown of family relationships and effective guardianship. Universal responses are aimed at providing preventative supports to the whole community, including caregivers and their children, professionals and the public. The SARC vision for universal responses includes:

- **A single access point for advice and referral** for children, parents, professionals and community members (for example, the Children's Advice and Referral Alliance).[9]
- **Child Health and Parenting Services (CHaPS)** professionals, who play a key role in identifying potential challenges to effective guardianship, including parental physical and mental health, intimate partner violence, abuse and neglect.
- **A universal duty to report AND respond to unaccompanied children**. Many professionals who have contact with children have a mandatory duty to report children at risk of abuse and neglect to Child Safety Services. However, fulfilling mandatory reporting requirements does not represent a complete response to the needs of children. **Skilled referral** to actual care providers is also needed. Professionals who have contact with children and adolescents need access to free training on how to provide a brief intervention for unaccompanied homeless children, including information on how to report and make skilled referrals for children. This would not only ensure children receive immediate support, it would also ensure professionals who are likely to have contact with unaccompanied homeless children – such as teachers, police and primary health practitioners – are supported with clear response pathways.[10]
- **Universal screening of school students for home, learning, social and health issues** (for example the Australian Index of Adolescent Development, as in the 'Geelong Model') implemented by Department of Education.
- **Professional school staff** who are enabled to provide adequate relationship-based therapeutic service provision and on-site physical/cognitive assessment.
- **Schools that facilitate and grow on-site collaboration** with other government and non-government professionals engaged in supporting children (including by working with their families) who are at risk of, or experience, family breakdown, ineffective guardianship and unaccompanied homelessness (for example, with programs such as Reconnect and Targeted Youth Support).[11]

Schools could be leveraged as universal, statutory hubs that maximise shared effort in prevention and early identification work with children at risk of family breakdown, ineffective guardianship and homelessness.

9 This is likely to be most useful when an active duty of care is retained by the referring agency and if there is an appropriate suite of services to refer to.

10 This assumes the existence of crisis care services to refer children to.

11 See for example the 'COSS' model developed for Australia's Geelong Project, which notably includes both child- and family-focused support work: http://www.thegeelongproject.com.au/. See also Canada's Youth Reconnect Program, https://www.homelesshub.ca/sites/default/files/attachments/MtS-youth-reconnect-2020.pdf

Targeted responses

Targeted responses are required for children who have not been identified through early intervention who are homeless or at risk of homelessness, or whose challenges require further resourcing or specialist responses. Lead hubs for targeted interventions need to be publicly identifiable and systemically connected, including through shared data. At minimum, targeted responses aim to strengthen children's engagement in family, education and health care. The SARC vision for targeted responses includes:

- **Child, youth and family services** (Department of Communities) that provide therapeutic outreach for children, adolescents and their families to help prevent family breakdown and promote positive child/parent engagement (for example Reconnect, TYSS, IFSS, IFES).
- **Learning Services** (Department of Education) which lead outward-facing specialist education advocacy for children without consistent access to an effective guardian or stable home base. Learning Services could be transformed into a legislated lead for cross-sector collaboration to enable and support children's mainstream school participation and engagement.[12]
- **Youth Health Services** (Department of Health) expanded to provide consistent, statewide early intervention and assertive multi-disciplinary physical and mental health supports for adolescents.[13] For children not regularly at school, Youth Health Services could provide an alternative site for universal screening and physical and cognitive health assessments. Youth Health Services could present a crucial hub offering non-appointment based targeted support and assertive referral to intensive services.[14]

Youth Health Services could be expanded statewide as a walk-in, low-barrier cross-agency hub for all targeted health and support services. Learning Services could be strengthened through legislation to ensure school access and engagement support for unaccompanied children and youth.

Intensive responses

Intensive responses need to be delivered by specialist child and adolescent services. Each agency needs to be held responsible for providing the relevant services. Importantly, in the absence of a consistently present, able and engaged parent or an identified lead agency, unaccompanied homeless children require a skilled system navigator or key worker who can lead the timely coordination of specialist services. These navigators need to be supported by a cross-agency

12 Evidence (Robinson 2018) supports the need to consider legislation of mandatory school support provision for unaccompanied children and youth in Tasmania, such as that provided through the McKinney-Vento Act in the US. This includes the right to immediate enrollment without proof of guardianship and access to a Homeless Education Liaison. For a useful summary see the National Centre for Homeless Education, https://nche.ed.gov/.

13 As identified in the Tasmanian Youth at Risk Strategy (2017, p. 31), this statewide consistency in adolescent health service provision is currently lacking. For further detail, see https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0010/250984/CYS_Youth_at_Risk_Strategy_48pp_v8_LR.pdf

14 See for example the Youth Wellness Hubs, Ontario, Canada: https://youthhubs.ca/en/

senior management team which can systemically address blocks to successful practice. The SARC vision for intensive responses includes:

- Family mediation
- Residential crisis respite, either for whole families or individual children, which offers a short-term period (for example, under 12 months) to triage and assess key issues, undertake family reunification work or Child Safety referral.
- Adolescent specialist trauma and attachment service, such as that provided to children in out-of-home care by the Australian Childhood Foundation.
- Adolescent residential alcohol and other drugs (AOD) rehabilitation and mental health facilities, neither of which are currently available in the state.
- Child and Adolescent Mental Health Service (CAMHS) outreach – mobile assessment and treatment, crisis care and secondary consultation.
- Alternative education monitored by Learning Services as 'respite education', with successful reintegration into mainstream education the core commissioned outcome.

With a full suite of intensive adolescent services in operation in Tasmania, an Adolescent Lead Coordination Service could provide overarching therapeutic consistency, systemic advocacy and service navigation.

Longer-term intensive responses

Longer-term intensive responses are needed when children are unable to be reunified with family or accepted into out-of-home care. These must provide long-term, non-statutory residential stability and care.[15] Children in long-term residential care may still require the ongoing support of an adolescent lead coordination service.

The immediate provision of housing and developmentally appropriate care fulfills international child rights obligations and intervenes in high-cost trajectories of cumulative trauma, increased emergency health and criminal justice contact. The SARC vision for longer-term intensive responses includes:

- A 'home-first' approach which includes the permanent and simultaneous provision of supported accommodation, care, health and advocacy services which are trauma- and attachment-informed and age-appropriate.[16]

The rights-based provision of home-first care will assist in the creation of permanency and stability, provide exit points from cycles of couch surfing and crisis accommodation and prevent long-term cumulative harm.

15 See for example, Canada's Housing First For Youth (13-24 year olds) model, https://www.homelesshub.ca/HF4Y. See also a discussion of some existing Australian models of long-term and respite supported accommodation in Robinson (2017b) *Who cares? Supported accommodation for unaccompanied children*, Anglicare Tasmania, https://www.anglicare-tas.org.au/research/who-cares/.

16 'Home-first' is used here to emphasise the combined need for skilled care and housing. For further brief discussion see Robinson 2020, 'Home: The new normal', *Parity*, vol. 33, no. 4, pp. 86-87.

What is needed to make implementation of these solutions possible?

Whilst poverty and illness, family and relationship breakdown, violence and trauma remain a pervasive presence in human life, in civil society these do not have to determine the life outcomes for families and children. The role of government, in partnership with the community sector in particular, is to prevent and mediate the impacts of negative life experiences and provide opportunities for all to flourish and live lives with meaning.

Decisive government leadership and bureaucratic ownership of a coordinated vision and framework of support is needed to address the underpinning and presenting challenges unaccompanied homeless children face. Unaccompanied children's homelessness will continue in Tasmania unless strategic effort is dedicated to preventing family and effective guardianship breakdown and to providing an appropriate suite of responses when this does occur.

The key question decision-makers face is, assuming the very specific remit of child protection services remains unchanged, which service systems can be appropriately developed to provide effective care, protection and guardianship to unaccompanied children? Alternatively, it can also be asked, given the existence of the child protection system, how could this existing system be expanded and diversified to respond to the care needs of unaccompanied children? Should the homelessness system only respond to youth over the age of 18? Where should the Tasmanian community rightly expect the complex care needs of unaccompanied children to be best met?

Regardless of which agency takes lead-responsibility for unaccompanied homeless children, a resolution of their dual care and housing needs will require:

- The voices, wishes and ideas of unaccompanied homeless children, including collaborative policy and service design.
- Political will, leadership and public accountability.
- Clear policy which sets out a strategic vision to preventing and ending unaccompanied child homelessness, and articulates the key roles of Departments of Communities, Health and Education.
- The availability of a full suite of intensive services which responds to the fact that some children will not be able to return home or access out-of-home care.
- Legislative clarification to support custody and guardianship arrangements for unaccompanied children, including a focus on authorising support and accommodation services to provide health and social care.
- Monitored standards of care for all non-statutory residential children's services.
- System and service design accommodating:
  - diversity in children's experiences of gender, sex and sexuality
  - cultural diversity and connection
  - trauma- and attachment-informed practice
  - place-based and child-centered practice.

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