

FINAL REPORT

# #StayHome?

The impact of COVID-19 on unaccompanied  
homeless children in Tasmania



CATHERINE ROBINSON





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SOCIAL ACTION AND RESEARCH CENTRE  
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*We go into this role knowing that there's going to be vicarious trauma, there's going to be some ongoing residues of feeling like you're impacted by these kids. But to not be a part of it, to be pushed away and to leave them on their own? Just, I don't like it. I struggle with it. I really struggle with thinking I would just leave them now because the world's not coping. It's like, I wouldn't do that to my own kids. How can we do that to those kids who are even more vulnerable?*

**SUPPORT WORKER, OCTOBER 2020**

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# Background

On March 19 2020, the Tasmanian Government declared a Public Health Emergency, and subsequently a State of Emergency, in response to the global spread of the COVID-19 virus. This State of Emergency included travel restrictions, mandatory quarantine periods and broad public health measures that enforced social distancing and required people to stay at home except for activities deemed essential. Nationally, the directive to ‘#StayHome’ became a media trend, with the hashtag even displayed by Australia’s major telecommunications company in place of its own network name (Telstra) from March to June 2020. In the housing and homelessness sectors, the economic impact of restrictions and the social impact of stay-at-home requirements triggered rapid advocacy on mortgage and rent stabilisations, proactive accommodation of rough sleepers in some Australian states, and where possible, the fast-forwarding of social housing investment.

All states and territories notably struggled, however, to provide differentiated, cohort-specific responses, which led to rising concern about the impacts of COVID-19 and related required distancing and isolation measures on those especially vulnerable, in particular homeless children and youth (see for example, Flatau et al. 2020, p. 8). This is troubling in Tasmania, which has a disproportionate number of young people aged 15-24 who are homeless (AIHW 2019), and of particular concern for an unknown number of unaccompanied homeless children under 18, many of whom will not receive economic stimulus and social support measures because of their young age, transience and non-involvement with Child Safety Services.

Children come to experience unaccompanied homelessness in the context of breakdowns in family relationships and effective guardianship and the broader lack of child, adolescent and family support systems that work to prevent and end child homelessness. Children who experience homelessness alone without a parent or guardian can experience abuse, neglect and ongoing cumulative trauma. They are more likely to couch surf than sleep rough or access Specialist Homeless Services (SHS), to have a range of physical and mental health support needs, to be living with little or no income, and to face challenges in both accessing and remaining engaged in school (Robinson 2017a).

In 2018-19 SHS data recorded that over 14,000 children aged 10-17 presented alone to SHS in Australia, and 410 children aged 10-17 presented alone to SHS in Tasmania (AIHW 2019). It is important to note that such figures only reflect those in contact with limited services, and is not a reflection of the *actual* population size nor of the predominant form of homelessness for this cohort, couch-surfing.

SHS data also reveals a steady increase in the number of unaccompanied children in Tasmania experiencing a 'current mental health issue'<sup>1</sup> (AIHW 2019). This has risen from 170 children aged 10-17 in 2013-2014 to 256 in 2018-19. In fact, of all states and territories in Australia, Tasmanian SHS record the highest level of mental ill health among unaccompanied children – over 60%.

Despite these significant numbers, compounded risks and often being known to a range of frontline services, the conflation of child and youth homelessness in Australia has contributed to the only recent emergence of unaccompanied homeless children as an explicit focus of research in Australia (see for example, Chowdry, Barker & Watts 2018; Cooper 2018; Noble-Carr & Trew 2018; Robinson 2017a, 2017b, 2018). Traditionally homeless children have only been visible as 'accompanying dependents' in the context of family homelessness, and more broadly it is commonly but mistakenly assumed that unaccompanied children receive a response through child protection services.

Unaccompanied homeless children, both with and without Child Protection Orders in place, have long received care within youth homelessness services. This practice has been made necessary by an absence of child protection capacity and alternative care services and has had the unintended consequence of obscuring the developmentally specific needs of this cohort. As such, unaccompanied children are only slowly being recognised in policy and service development, with the exception of the Homeless Youth Assistance Program in NSW and associated policy addressing 12-15 year olds in Specialist Homeless Services (NSW FACS 2015).

In Tasmania, recent positive steps towards changes in policy and practice have been led by the Department of Communities Under 16s Homelessness Taskforce; its Ministerial Advice (Department of Communities 2019) is now being considered for implementation by an operationally focused Under 16s Working Group convened in June 2020. Further, in April 2020, as part of its COVID Housing and Homelessness Support Package, the Tasmanian Government announced an additional \$513,000 to assist homeless children under 16. Community service organisations reported that additional youth outreach capacity was subsequently in place from August 2020.

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1 Clients with a current mental health issue are identified as such in Specialist Homelessness Service data (AIHW 2018) if they provide any of the following information:

- at the beginning of support they were receiving services or assistance for their mental health issues or had in the last 12 months;
- their formal referral source to the SHS was a mental health service;
- they reported 'mental health issues' as a reason for seeking assistance;
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit;
- they had been in a psychiatric hospital or unit in the last 12 months; or
- at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.

Despite such developments, given the long-standing impacts of inadequate responses to unaccompanied homeless children in Tasmania<sup>2</sup> and the anticipated negative health, social and economic impacts of COVID-19 on vulnerable children (see for example, Berman 2020, p. 6; Brown et al. 2020; Buchnea, McKitterick & French 2020; National Youth Agency 2020) the Social Action and Research Centre at Anglicare Tasmania undertook statewide research to monitor the effects of COVID-19 on unaccompanied homeless children. This research was designed to capture community sector insights into the wide-ranging impacts of mandatory stay-at-home and social distancing directives on children who were alone and without a stable place to stay when COVID-19 reached Tasmania.

The research had two central aims:

- To facilitate the inclusion of unaccompanied homeless children in development of infection control and recovery measures in Tasmania through documenting and explaining the key personal and systemic vulnerabilities they experience.
- To provide a rapid frontline update from the community sector about existing and newly emerging issues faced by unaccompanied homeless children during this pandemic, with particular usefulness for the broader monitoring work undertaken by the Office of the Commissioner for Children and Young People and the newly initiated Department of Communities Under 16s Homelessness Working Group.

More broadly, the research contributes to the internationally growing body of work reporting on the emerging frontline experience of community-based organisations working with vulnerable cohorts during the pandemic. Seeking to inform evolving public policy decision-making and highlight health and social service gaps, such work has focused in particular on those experiencing homelessness and disadvantage, including children and youth (see for example, BC Coalition to End Youth Homelessness 2020; Buchnea & McKitterick 2020; Brotherhood of St Laurence 2020; Erwin & Thompson 2020; Thulien et al. 2020).

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2 For a brief history of ongoing advocacy on the issues faced by unaccompanied homeless children, see commentary and advice provided to the Tasmanian Government by the Commissioner for Children and Young People Tasmania (2019).

# The project: Rapid reporting on frontline experience

Unaccompanied homeless children are those aged under 18 who experience homelessness alone without a parent or guardian.<sup>3</sup> This can include couch-surfing with family, friends and acquaintances, rough sleeping or accessing Specialist Homeless Services for youth, which in Tasmania offer short-term supported accommodation usually for ages 13-20. As noted above, a defining feature of these children is their unaccompanied status and their limited contact with an effective guardian, including limited contact with statutory care and education services. As such, when children are in contact with services it is commonly community-based youth outreach and homelessness services that have the most sustained relationships with them. For this reason, the project selectively targeted community-based child and youth organisations with particular expertise in engaging children under 18 experiencing homelessness alone.

Through semi-structured interviews with child and youth support workers, the research traced developing insights into how unaccompanied children's lives were being impacted by social distancing measures, lockdown, travel restrictions, changes to government and community service provision, increased income support and the transition into post-emergency recovery. All Tasmanian community-based outreach and supported accommodation services working with unaccompanied homeless children were invited to participate.<sup>4</sup> Ethics approval for the research was granted by the UTAS Social Sciences Research Ethics Committee (Project 21710).

The first round of interviews focused on the time period of March-June 2020 and the immediate impacts of COVID-19 restrictions. Twenty-four outreach and SHS workers from 10 different community service organisations based in all regions of Tasmania participated in telephone or online interviews. Importantly, the research included participants from every child/youth SHS in the state and most services offered multiple participants, including a mix of workers, senior workers and managers. An interim report, released in early August 2020, provided a summary of key issues emerging from these interviews, including the urgent need to develop and communicate COVID-19 response plans attuned to the unique practical, healthcare and supervision needs of children without access to secure accommodation or the care of an effective guardian (Robinson 2020a).

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- 3 Research evidence is limited, but it is understood that while children theoretically receiving child protection services do experience unaccompanied homelessness, the majority of unaccompanied homeless children are not in receipt of child protection services (although they may be the subject of multiple child protection notifications which register concern for their safety and wellbeing).
  - 4 Under normal circumstances children who experience homelessness alone would have been invited to participate in this research. Due to social distancing, travel restrictions, changes in service operations and the intense face-to-face assistance required from support workers to facilitate children's participation, this was not possible.

A second round of interviews was undertaken in October/November, and focused on gathering an updated perspective from support workers about COVID-19 response preparedness and what is most needed to support unaccompanied homeless children during Tasmania's post-COVID-19 recovery. All 10 community service organisations again participated, with 22 SHS and youth outreach workers from services in all regions of the state involved.

This final report draws from all interviews to evidence and illustrate the range of impacts of COVID-19 on unaccompanied homelessness children and on the practice of support workers themselves. The report provides an overview of workers' experiences and insights during the declared public health emergency period March-June and during the post-emergency, initial recovery period of June-November, after which Tasmanian borders reopened to all states except Victoria.

# #StayHome?: Unaccompanied homeless children during a public health emergency

This section presents an overview of key observations made by community support workers about the impact of the declared public health emergency on their young clients experiencing unaccompanied homelessness from March-June 2020. As a number of workers powerfully illustrated, the *lack* of disruption caused by COVID-19 in unaccompanied homeless children's daily lives was seen as a 'red flag' signaling their already existing extreme vulnerability. At a time when many in the community had their lives and plans turned upside down by social distancing directives – working from home, home-schooling, travel restrictions, job losses, rent and mortgage stress, canceled special events, sporting activities and holidays – workers described unaccompanied homeless children as simply experiencing a continuation or periodic worsening of risk, harm and hardship. As such, accommodation instability or loss, difficulties with school access and attendance and high personal and systemic vulnerability were understood as routine challenges in children's lives which simply stayed the same or worsened as social distancing restrictions took effect.

*To be honest, I think for a lot of it, the fact that COVID hasn't had an excessively dramatic effect on some of these clients actually is a red flag for how much they're not part of society, [for] how much they actually seem to almost live in their own world... their own undercurrent of society. Society is being shut down, like it's literally being closed. But these kids' lives have not changed. And I think that actually shows dramatically how forgotten and under the radar they are and how much the systems aren't working, because if the systems were working and then the system got shut, their life would get dramatically affected. But they've had to rely on themselves, which to be honest is what they do anyway.*

*They didn't lose their friends or they didn't lose their sport or their schooling because they don't have those things. Even their friends, they don't really have friends, they have like people they hang out with, or people they know, or people they buy their drugs off. But none of these kids have good friendships. They don't have those people you rely on... So they didn't really lose any of that because it didn't happen in the first place...*

*I kind of feel like nothing's changed for a lot of these kids because they've always felt that kind of alone. So yeah, that's the sad part about COVID is for some kids it didn't actually change a lot for them at all.*

## 'No eyes on this cohort': The reduction of an already thin layer of care

In the context of such entrenched social, economic and educational marginalisation and the limited transmission of COVID-19 in Tasmania, from the perspective of workers the most striking impact of COVID-19 in the lives of unaccompanied homeless children was the withdrawal of what they perceived to be essential face-to-face government and community-based support services in March-June 2020.

*The kids have just, I would say, have been in limbo. They've stayed exactly where they were. For our kids, I don't think COVID has really had a negative effect because their life hasn't really changed. Most of them were inconsistent with school anyway. Being removed from school isn't an issue. They haven't really paid much attention to the restrictions. They're not into sports or activities. They can still go and steal... So a lot of their life hasn't changed in that situation. Like the drug dealers haven't stopped selling drugs. Their hygiene practices? Well, they didn't follow good hygiene to start with, so they haven't followed good hygiene now. So COVID for them, it actually is interesting because they are kind of a group where a lot of stuff hasn't changed, except for us and their Youth Justice workers and the people that they would normally have contact with.*

Whilst practice changes varied both across and within sectors, organisations and services, workers observed that the struggle to respond to the changing landscape of mandatory social distancing requirements led to a problematic new emphasis on alternatives to face-to-face service delivery and subsequently to the increased isolation and vulnerability of many clients:

*Look, for a lot of them, they weren't able to—a lot of them wanted to have face-to-face contact. So they weren't able to see their regular social worker or psychologist at school. They weren't able to go into Headspace for appointments. Like, they just weren't able to access the normal support.*

*I think, pulling way back here, bigger picture, I think what's happened is that all of the services that are there structurally to provide some sort of reassurance, that we have making sure kids are safe as much as possible, all of those services basically stopped... face-to-face contact has fallen away... A lot of those children, if they don't go to school, might not get fed. All of those little things, having contact with people like me, like us. Sometimes those little contacts just mean something very small and practical, but it still it happens. And without TYSS and IFS work out there doing face-to-face stuff, doing that checking in, and without schools seeing kids every single day knowing that they are okay and noticing that they're bruised or knowing they're not well or knowing that something seems off, there's a huge safety net that has been gone for quite a long period of time.*

*No school means these kids are not being seen that probably need to be seen. No face-to-face. So only if they're under some sort of medical care are these kids getting seen. So I think there is going to be an increase of some pretty nasty stuff.*

*I guess it's just the biggest thing is that there's been no eyes on this cohort, like some of them are in school or if they are not in school they're involved with [support service] or there are some that obviously fall through the gaps of course. But there's been no eyes on these kids...*

Workers wrestled with their complicit role in the reduction of supports and had to negotiate the difficult balance of protecting themselves, their families, colleagues, the broader community and children who were living the pandemic with limited emotional and practical support. There was a strongly shared perception – regardless of the extent or ways in which services were reduced – that their clients experienced the withdrawal of face-to-face service provision as abandonment by both government and community services at the time these were most needed.

*A lot of the time Youth Justice and Child Protection would do face-to-face visits. And just not having that. You know, having that stop like so suddenly, it was like the hammer came down, just nothing was happening. So if you had any abandonment issues previously, well, there they were again. They definitely pop back up because this person who you'd been seeing weekly for maybe six months then just wasn't there at all. And maybe you had a phone call, three weeks later or two weeks later. Because it was difficult for everyone to catch back up after that point. And I think a lot of clients, well, I know a lot of clients just chose not to answer their phone for periods of time. It was like, well, you know, I'm cut off from the world. The world has stopped around me. And so I'm going to also stop.*

*Look, it was very sudden. We went from seeing clients every day on a regular basis to suddenly being told we couldn't see clients face-to-face and we had to work from home. My initial thought was oh my god, well, I can't do anything really... So that first week was really challenging because especially for young teens, they don't want to chat on the phone. They want you face-to-face if they're going to [do] any divulging. It's going to be face-to-face. And if they need support with things, it's usually actually you taking them somewhere and helping them do something. And that was obviously completely no-go.*

*I guess the impact that our service can have is not as big, I suppose, because we're limited in what we can do. So things that we could have done quite quickly before or could have done as far as really practical support goes, we can no longer do. So it's limiting and I guess as a worker, it makes me feel less helpful... the impact that it's had on the young people has been... disappointing.*

*What I struggle with is trying to find that fine line between staying healthy, protecting me, protecting them, protecting the worker I'm handing over to, but not isolating myself. Because my job is youth shelter support worker, but I'm not going to be able to do that if I'm forever hiding in the office.*

Support workers emphasised the significance of face-to-face connection for this cohort. They discussed children's reliance on the physical presence of trusted workers to support self-regulation and positive physical and creative activities, to enable disclosure of risk and harm, to visually check health and wellbeing, and to physically transport them to meet essential needs such as health and mental health appointments and supported school attendance. With just a few exceptions, for the majority of workers telephone contact or brief, socially distanced face-to-face communication could not replace the high value of therapeutic, physical presence with their young clients.<sup>5</sup>

*Our biggest tool is being taken from us, which is our ability to be assertive outreach ... We can't physically be out there continuing relational stuff. It's all well and good from a practical sense to say, yeah, we can still communicate and still talk about things. But the model we use is less talk therapy and more presence. It's our presence and how we manage dynamics and pick up on cues. And it's informal and it's less invasive.*

*I felt really hamstrung. Yeah, I felt completely hamstrung. I couldn't do my job properly. And I'm trying to be creative and trying to find ways to, like I said, buy them credit or make Zoom times more of a fun thing. I just haven't got the response that I was hoping for. But then again, like it comes down to different people's practice even. I know that's what I do. How I operate is pretty much about being present and using my presence as a way of helping people feel safe. We go for drives and I don't even have to talk ... we just went for a drive for an hour. Listen to music. And that kid felt safe for that one hour. That gives his brain an hour's respite from the chaos of not knowing what's happening. And I'm predictable and they know my rules in my car and they know that they're probably going to get something to eat and they know they can talk to me if they want to, but they don't have to. All this non-verbal communication is just out the window when you can't see them.*

*Yeah it's been quite difficult and there definitely hasn't been that therapeutic work. We haven't been able to do, it's been quite, I guess, surface based compared to usual.*

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5 Workers reported spending up to 20 minutes face-to-face with clients deemed at higher-risk, standing outside their accommodation or talking to clients out car windows.

Workers also reported that despite having some positive success with text messaging, particularly in the early intervention space, their experience of phone and online communication with children was overwhelmingly negative for multiple, overlapping reasons:

- phone contact was difficult due to high mobility, overcrowded accommodation and a lack of privacy;
- some children had trouble accessing working phones and affording phone and data credit;
- children experienced significant anxiety about making and accepting calls;
- children needed face-to-face support to make phone calls or Zoom connections and needed face-to-face emotional and practical support during appointments;
- children predominantly saw low value in phone engagement – it was interpreted as low-effort, procedural contact;
- they believed phone contact represented a significant barrier to disclosure of risk and harm and continued trauma support;
- they struggled to connect children to other specialist services - such as counselling - and phone appointments were a major barrier to the quality of communication; and
- they lost contact with some clients and found initiating support with newly referred clients almost impossible.

The majority of outreach workers reported an erosion in the quality of contact and connection with unaccompanied homeless children, including an inability to provide transport and practical assistance, to connect children with other services working remotely and to progress therapeutic outcomes. With reduced activities, few goals to progress and reduced positive interactions with supports, workers noted a decline in children's mental health and physical wellbeing, including depression, anxiety, personal hygiene challenges, weight gain, increased drug, alcohol and cigarette use and disengagement with both school and services.

*It's really slowed down their life if anything. They haven't got support to go, yep, let us hold your hand or walk through this together. They just haven't had that support so they haven't made any moves because they're still so dependent on support.*

*Something for most of them has declined just because there hasn't been that support around. And they've sort of felt stuck. I mean, even though all the support services offered counselling over the phone or whatever it was that they were previously engaged with, it's not the same. And also not having that for some of them, they really thrived off the structure and the routine of case [management]. Monday we have an appointment, and Wednesday we got to see your psychologist. So not having that structure so much... has been really hard for some of them. Yeah, just well, what's the point of getting up today? I've got nothing to do. You know, I mean in that hopelessness sort of. Yeah. Played a big part in the depression and anxiety and all that sort of thing.*

*Certainly I think the biggest thing that they've lost is those connections, those relationships. Or even if they haven't lost it, they've had a much thinner connection to those people. So that's family. That's school. That's other support services. So that has affected their mental health, and therefore, often, their drug use. I would say all of our young people have struggled in that space of feeling supported and feeling connected. And they've probably gone more on social media.*

Workers communicated children's developing sense of nihilism and doom and resulting focus on living in the moment and engagement in high-risk behaviour and drug-use. They also argued that children routinely expected any progress made towards life goals, positive opportunities or important connections to be destroyed; what they experienced as the withdrawal of engagement re-affirmed past experiences of abandonment, confirmed their perceived worthlessness and entrenched a loss of motivation and orientation to the future.

*I've seen ... probably along the lines of sense of depression, a sense of low motivation, a sense of ongoing low mood. The majority of our clients are staying up all night and sleeping all day and not getting dressed. Not getting changed. Not having a shower. Not engaging. There's no need to do any of that stuff ... And there's nowhere that you have to be ... nowhere that they are going. I have one lad who has basically ... He's eleven and he's just, yeah, it's just been really difficult for him. Really, really difficult.*

*Because they haven't had those external things that – so they might be Save the Children's support or Youth Justice support workers and things like that – where they can go outside and do stuff ... like they're actually engaging in something else, activity and stuff. But when they've been staying here and expecting that from us, we haven't been able to provide that in the same way. And so they've actually gone off the boil a little bit. And some of them have just totally disengaged from school and they haven't responded to us in the same way ... I don't know quite how to say it, but they've kind of shut down.*

*Once you step back and take that commitment to them moving forward and helping them with every single little step, maybe it's going to school for half an hour or once a week initially, and once those things get taken away from them, they start deteriorating. And I've seen that massively in some of my clients.*

*A lot of them have really gone downhill mentally. And I know that I've had to set up some mental health appointments for kids, which has again been really challenging trying to do that ... online appointments for them, which once or twice I managed to get the permission to actually sit with a client in person with my laptop and do a pediatrics appointment with her because she was struggling so badly. But generally I haven't been able to do that either. And I've clients text me saying, 'Oh my God, everything's so shit. I feel like I'm going to hurt myself again' ... And their behaviour I've noticed got much worse and starting to get in trouble with the police again, I guess because there's no routine for them, no supports.*

## 'They just really weren't considered': Accommodation access for unaccompanied children during the pandemic

Workers reported changes during March-June which made accessing and maintaining accommodation in the SHS sector difficult for some children. Two SHS services with shared bedrooms reduced bed numbers by 50% and workers were unaware of any government plans to maintain or proactively offer emergency accommodation capacity appropriate for unaccompanied children. At least one service operated at reduced capacity until September and turned multiple children away during this period.

SHS workers also reported implementing their own COVID-19 approach in March-June with no specific sector advice or coordinated plan for responding to unaccompanied children requiring testing or isolation:

*And we made a decision fairly early in the piece that as we saw things being developed by the Department [of Communities] under 18s or under 16s in particular were going to be left out of the discussions, and so we prioritised that age group in terms of our intake.*

*We felt quite isolated. I felt that [Department of] Communities didn't support us at all. Like putting into policy... I think they didn't know what to do with us because they sent me a template for [residential COVID] policy, it was for aged care—where you have compliance... We felt quite dumped into it.*

*I think for me, the main thing I think and I don't know why I was so shocked, was the complete and utter lack of planning, consideration or acknowledgment of unaccompanied minors. Because they made all these great provisions... for hotels, unlimited brokerage. And it's like well, to the best of my knowledge, someone that's sixteen can't go and register at a hotel, even with brokerage. We were having to turn people away because we were at capacity and that was difficult because pre-COVID we would have been able to accept because we had space. And there was nowhere else for them to go... There was just nothing... There was no consideration that was again, went into the too hard basket. In a time where it shouldn't have been too hard because these were kids... they were still at risk of COVID just like anybody else and they just really weren't considered. And by the time they were considered it was too little, too late and still no answers.*

*There was still no extra effort made for clarification around the fact that we potentially had under sixteens in the house, who, if they were symptomatic or if they were tested and proved to be positive, who was taking responsibility for that? You know, when there's not an active parent involvement and no active child protection involvement, how can anyone act quickly? And I know in a medical situation the hospitals will intervene. But where were [they going] if they weren't going to be hospitalised? Who was going to be taking responsibility for these ill young people? And we were asking those questions, but getting no answers yet again, because we haven't had an answer in twenty years about loco parentis. We're still seeking advice.*

SHS workers reported that whilst many children were very 'COVID-compliant' and respectful of both public health advice and newly implemented service restrictions, the exit or self-exit of unaccompanied homeless children from services due to the stay-at-home directive also occurred. Workers reported that some children panicked as lockdown deadlines approached and a significant number of exits occurred due to children's concerns about being restricted to shelters away from family and friends and about managing their mental health and drug use on-site.

*Probably one of the hardest things ... has been the lockdown, that's affected who we've had coming in, who stuck around ... Obviously the government enforced the lockdown but our organisation took it very seriously as well and put quite a strict lockdown procedure in place. So we've had a fair few kids leave due to that, because they felt that they couldn't follow those rules, that whether it was due to substance use or wanting to be with their social circle or even their mental health. A lot of kids said, 'Look, I can't be here during this time. There's no way I'll survive. I'll just meltdown or do something I don't want to do if I stick around'. So yeah, a large percentage of our clients at the time, when the rules were first brought in, left or we had other ones who came for a few days and then said, 'Look, I can't follow these rules, sorry, I'll need to find somewhere else'. So they [were] again couch surfing elsewhere. So that would be one of the biggest changes, I think, was that lockdown process.*

*Yes, kids were exited. We had five young people and four of the five had significant drug issues. There was mental health concerns but it was more so significant drug issues ... At times they'd be coming back on-site quite drug affected ... We tried to have really good conversations with them about COVID-19, you know, we have all of these other rules now as well. And we really need you to abide by them because of health and safety of yourself, workers and other residents. And this particular cohort, it was hard to even get them to follow our normal rules, let alone add on all of this ... But a couple of people were exited due to drug issues and a couple of them were exited due to unapproved sleepovers ... So they just didn't come back. And obviously that posed a huge risk because we didn't know where they had been, who they had been in contact with and it was just far too risky. So we did have to exit them.*

*Every kid's different, but certainly, probably we haven't been able to hold onto them as long, or as often as before [pre-COVID-19]. Certainly we've had one young person who I think has come to us three times with the COVID time. So that basically meant he was exited three times ... They were all because, he, like it's not that he did that much particularly wrong. It was more that he just wasn't managing within the environment which was partly COVID-related because he wasn't, we weren't able to allow sleepovers ... So they needed to stay on-site to maintain their accommodation.*

*We made the decision, the really, really hard decision that if people aren't gonna be compliant, we're not accepting them back because we can't put the whole service at risk and all the staff at risk and risk of closing our doors based on one client that didn't want to comply. So yeah, we did have one that we actually then refused to accept back once she decided that she was gonna go out and party.*

An increase in numbers of unaccompanied children rough sleeping (in tents around Greater Hobart) and presenting at the Safe Night Space in Hobart was noted.<sup>6</sup> This was attributed to the potential loss of couch surfing options due to households no longer wanting mobile house guests and also to the negative impacts on some children of the restrictions in SHS. However, workers supporting unaccompanied children who were couch surfing reported many were able to find relatively stable accommodation. Concerns were raised, however, about the likely nature of those houses welcoming transient children:

*You know, the feeling in the community was quite fearful. So my sense straight away was to think about well, Christ, no one's going to be offering kids a bed when they need them. Or be less likely to. So I was thinking there'd be quite a spike in presentations to shelters and so on. But maybe they've... found really unsafe alternative accommodation rather than turn up at shelters.*

*I've heard certain situations where there's couch surfing but like a bunch of young people under the one roof of one adult who's kind of homing a bunch of homeless children... and often you'll find with that, if they're on Centrelink, all the money goes to that adult... There tends to be a lot of drug and alcohol use in those spaces as well, by the young people and by the adult... so definitely not safe situations.*

*All my clients have found somewhere to sleep. They have been in the same place for the last few weeks... So yes, they're still finding places to live. But I'd say there's more people in the house than usual because they're the people that are still letting people crash at their houses... A lot of that's got to do with where they can get drugs, because the drug house is always an open house for them to sleep in. Occasionally I have young girls that will go home and find somebody to sleep with and that will be a house for that night. They are doing that fully aware of what they're doing. Quite open about it. Most of my clients will usually get about three weeks to a month out of the housing and then it'll fall apart. And then [they'll] go somewhere else... A lot of them jump around between like three or four houses.*

For those children who were able to access an SHS and stay on-site through the public emergency period, adjustments still had to be made to the changed operation of services. Workers reported that services were stripped of many home-like features, with kitchen use, communal cooking and eating ceasing in some services and a shift to pre-made, frozen individual dinners. Restrictions in other communal areas such as lounge and TV rooms meant children and young people spent substantially more time alone in their individual bedrooms engaged in social media.

*It became a very sterile environment, I guess. We have always pushed to be – you know, we want this to be a homely environment as much as we are a service but also a bit of the home for however long they're here. So I feel like that was compromised a lot.*

6 The Safe Night Space provides emergency overnight accommodation for those experiencing homelessness, in particular rough sleepers. This service was extended during the public health emergency as a 24 hour support and accommodation service.

Workers also observed that children enjoyed the stable house environment during the declared emergency, the increased attention, bond and engagement with staff and in particular, the extended timeframe they could be accommodated due to the pause on exits under changes to the Tenancy Act. They knew, however, that they would eventually have to 'break that dependence', growing comfort and sense of belonging as this was not a reality that could be sustained into the future in crisis services.

## School access and learning from home(lessness)

As the pandemic emerged in Tasmania and a public health emergency declaration was made, public schools ended their first terms early to undertake the enormous task of shifting learning to online and at home for the majority of students. The school holiday closure period was extended to four weeks in the North West due to tighter lockdown measures associated with a COVID outbreak, after which schools began opening face-to-face only to children of essential workers or those with vulnerabilities. Whilst clear process and communication appeared to be in place about access to mainstream schools, workers remained unclear what access to flexible learning sites was in place for students with additional learning support needs.

Workers reported a small number of clients with high anxiety about school positively engaged with remote learning or enjoyed face-to-face attendance due to reduced classroom numbers. Unaccompanied homeless girls were described as more likely to be engaging in some school work. More generally, however, workers noted the negative impacts of the loss of school as a safe place and a way to access professional support (for example a school social worker or psychologist or external provider on-site) and experience a daily routine, mentoring and peer-support.

Workers reported that, in addition to those clients who did not normally attend school before March 2020, most of their clients did not access or attend school face-to-face or online or utilise hardcopy work packages in any significant way for the entire public health emergency period. This was due to:

- the lack of an effective guardian to facilitate and encourage school access and engagement;
- the inability of support workers to access schools and to facilitate face-to-face school access and attendance for their clients, including advocating for and progressing enrolment, re-entry and part-time attendance, providing school transport and providing support services on-site;
- a lack of technological devices, internet, phone and data access and basic materials such as pens and pencils;
- a lack of differentiated learning options to accommodate existing significant learning challenges;
- continued mobility between multiple households and not receiving packages of hard-copy school work; and
- experiencing overcrowded, chaotic or unsafe accommodation in which undertaking school work was not possible or a priority.

*Like, you know, they could log on and do the online stuff if they wanted to. But none of them have computers, none of them have the internet. But yeah, they did give them work packages, like a little workbook to do. When I picked up the work from [school], [I said], 'Oh sorry, you got a pencil or something to give these kids?' ... These kids are couch surfing! They don't have a pencil and paper and colouring pencils in their bloody back pockets.*

*I realise how under the pump all the schools were to get stuff ready and out and everything ... but if they couldn't meet with [client] individually, what she was presented with online was what the rest of the class were doing at that age. And that was so far ahead of where she was, having already been disengaged. It was Grade Ten work level, whereas she's probably Grade Six or Grade Seven. You know, she's missed so much school over time that she's just not capable of it. So that put her off to start with ... They could have just gone, oh that's [XXX] we haven't seen her for six months or eight months or whatever it is, let's not send [that] out but send out where she was in Grade Nine and try and re-engage her in something she can handle, you know, but it's just put her off even further ... Yeah, she won't go back to school.*

Workers observed the fundamental absence of a consistent, encouraging guardian to provide practical, intellectual, emotional and financial support for school attendance and engagement. While SHS workers did their best to promote, support and guide children's learning, they did not usually have adequate staffing or resources for this, and such support was impossible for outreach workers to deliver remotely.

*And we're not their parents ... we couldn't sit down with them ... during the school hours and work through with them as a parent maybe would that's helping their child through home schooling. [There] just wasn't the one on one support ... for those kids trying to get their education.*

Fundamentally, however, workers felt that the level of pre-COVID engagement, competency and self-regulation was so low that any meaningful interaction with online or hardcopy work packages was always going to be extremely challenging for many unaccompanied homeless children. COVID was simply seen as creating additional barriers on top of the ordinarily experienced issues of fragmented school access and support for unaccompanied homeless children who also broadly experience complex trauma and behavioural and cognitive challenges (see Robinson 2018). For workers, such challenges, the long-standing learning loss children routinely experienced, and their often unstable living circumstances and circumscribed supports meant that their capacity for learning off site would be limited.

*Most of the clients that I work with, the last time that they really functioned in school and did work was maybe Grade Five ... I have two clients that can read at Grade Eight level ... everyone else is Grade Two or Three I'd say ... So written instructions for most of them would be out the window ... They need that interaction.*

*Getting these young people who've been disengaged from school for so long and then expecting them to re-engage via e-learning did not work. Did not work at all.*

*It [COVID] certainly made them drop off, I think, completely. I mean, normally, if they're in a state of homelessness, it's very hard to focus on schoolwork and everything. But when there's no accountability and no actually going to school, they definitely weren't motivated to sit down and do self-study.*

*I would say that for many kids [school] was just non-existent. It was an absolute furphy because they did not have the level of emotional intelligence to regulate themselves long enough to sit in front of the screen to do school work. It just could not happen.*

*I just don't think their attention spans... I just don't think [online school] was holding their attention, just in front of a computer. I think they really need that one-on-one. They really need that teacher. They really need that environment with other students in the same boat as them, learning as well.*

Whilst COVID presented little change to the lack of school engagement for some, for other clients who had previously made good progress with school attendance and responded positively to the structure and routine of school pre-COVID, this was not maintained, to the frustration of workers. They observed a rapid drift in engagement, associated for some with increased criminal activity.

*Most of mine were going to school. And then it just sort of finished... and they very quickly fell back into their old stealing and fell back into that because they had nothing. You know, ones that weren't on an income had to obviously steal food again, because you get food at [flexible learning site]. They've had nothing else to do. So they've been engaging in things other than school. And generally they're not great choices. So yeah, that is offending, on a wider scale, I guess. And that's drawn them away from school.*

*They didn't do any of it. Basically the ones I am talking about at the moment... To be honest, I'm not sure what they did with all that spare time... Throughout that period one of the young people I was working with got done on charges for restriction stuff, so social distancing, got into trouble for that. Got in trouble for drugs as well. Actually a few of them got in trouble with social distancing. So they were still spending a lot of time with friends.*

*It's also been really tricky to contact these young people as well because, you know, they'll have a phone for a week and then it will break or they'll lose it or whatever, and they no longer have that number. I've got no way to contact them because they're not going to school, which is often how I get in contact with young people, through schools and social workers or through parents. If the kids aren't at home and they don't have a phone, then I can lose contact with them for weeks or months. Which is really tricky. And so as far as getting them back to school, yeah, to be honest I haven't actually got that far.*

*Well I guess my concerns, and what I've seen happen for about three of them, is they were kind of, I mean, their school engagement wasn't great before COVID hit, but now it's even worse because it's a lot harder to get them back now after such a huge break.*

In general terms, it was strikingly apparent that despite schools theoretically being open face-to-face and online, in workers' observations schooling did not appear to be widely understood by children as something they could or should be engaged with during the entire public health emergency period.

## The potent overlap of increased income and increased isolation

Unaccompanied homeless children aged 15-17 may receive a Special Benefit or Youth Allowance payment. In late March, as part of its pandemic response, the Australian government announced that income support payments would include a 'coronavirus supplement' of \$550, which would double Youth Allowance to approximately \$1150 a fortnight. Workers immediately noted some benefits of this increase for those children receiving payments, including:

- a reduction in need for food support;
- a reduction in survival crime;
- an increased ability to make financial contributions to couch-surfing hosts;
- an increased and more continuous payment of rent in SHS;
- positive opportunities for children to learning about budgeting, saving and goal-setting; and
- being able to purchase food and clothing that they would not normally have access to.

In the absence of school engagement and support and without routine face-to-face outreach and recreation activities, workers noted that increased income support also appeared linked to children's increased drug use, visibility to police and criminal involvement. This was particularly the case for older boys, for whom a rapid escalation in drug use, particularly of ice or methamphetamine derivatives, was linked to increasingly serious criminal activity. Workers also clearly linked increased drug use with children's underlying experiences of cumulative trauma, worsened by a heightened sense of isolation and anxiety during the public health emergency.

*There's been more [drug] usage, more access and more time, especially with no school as well.*

*You get the occasional one that might go and buy some new shoes or an outfit or something. But it's just drugs, unfortunately.*

*Hundreds of dollars on crap takeaway. And also partying ... they really lost the plot a lot of them. Even ones who maybe, you know, maybe marijuana users or something, but all of sudden they can now afford to drink every night. And luckily at the moment I don't have any ice users in my clients, but those kids who would maybe smoke a bit of dope now smoke a huge amount of dope, drinking all the time and taking things like ecstasy and stuff ... but not once or twice, just consistently because there's no routine for them at the moment. Even if they were attending school, maybe once or twice a week or half a day a week, that's disappeared.*

*I don't know whether they thought of it or not, but I think it [Coronavirus Supplement] was a big negative because at the end of the day our clients didn't lose any money or get financially affected by this at all. And I get the reason why they got the money was just because of, obviously, for the shopping and businesses and stuff. But the boys, all they did is just increased drug issues. Absolutely increase it ... So it's putting staff at risk because they're more under the influence and on higher drugs as well ... because they can now afford the dear stuff. So that's bit risky as well, which has also increased their mental health, the anger and aggression. And all that at the same time, I do feel that the crime rate is going sky high as soon as this supplement stops because they're going to be so dependent, which they already are, on having that extra money, they don't know what to do with it ... They're now doing more burglaries and all that stuff, even though they're getting more money, because they're actually wanting more, needing more already ... They're barely getting off it, constantly on ice or marijuana. Like to the point where they can't even, they can't be sober. They're completely stoned out of their heads 24/7 or under the influence of ... ice.*

Workers reported:

- the absence of an effective guardian or other adequate face-to-face supervision to guide children's expenditure;
- the ongoing need to support children with budgeting and saving;
- a deterioration in the health of children who increased their drug use but an absence of alternative stress-relieving and positive activities, such as facilitated sport, recreation, art and craft;
- an increase in smoking and the predominance of drug use over alcohol use, as drugs are more easily available for minors than alcohol;
- a growing lack of motivation and increasing disengagement from school and support services due to increased drug use; and
- spending to address boredom and loneliness and to fill in time.

Some workers also reported their sense that children were increasing their drug use in the face of a world they saw as out of control anyway:

**Catherine:** *What would you put that sudden increase in drug use down to?*

**Support worker:** *The world's gonna end anyway. The world has not been kind to me anyway. They're already set up in that frame of mind. I hate the world anyway. What has the world done for me? I am on my own. I am the ruler of myself. And they get up and they feel like they've got to fight every day. And it's the end of the world anyway, so I might as well go out on a high.*

# #StaySafe?: The emergency of unaccompanied child homelessness continues

All research participants were invited to take part in a second interview to explore how unaccompanied homeless children had fared through the immediate post-emergency period from June onwards.<sup>7</sup> In their interviews, workers reflected with increased insight on their experiences of supporting unaccompanied homeless children during March-June and felt more able to interpret the cumulative impacts of COVID both on their own practice and on the lives of children.

Workers offered a clear assessment of the continuing absence of COVID planning and outbreak management for unaccompanied children. In particular, whilst outreach workers had service continuity plans, there was little preparation for responding to clients who actually required testing or isolation. All workers lacked advice from Public Health on how to safely arrange testing (including transportation to and from testing) and supervised isolation for their unaccompanied homeless clients.

Workers were also able to paint a picture of their frustratingly slow return to face-to-face service provision and the additional issues they were now facing in re-engaging with clients and attempting to re-start the effort to establish or stabilise care, accommodation, healthcare and education in children's lives. They offered clear learnings from their experience of the COVID period which they planned to draw on in responding to any second wave of infection in Tasmania and associated control measures. They also felt that the broader social and economic distress likely to be experienced in Tasmania at least in the medium term made supports for unaccompanied homeless children even more urgent. Having been involved in children's lives pre-COVID and witnessing the struggles they faced then, they could only imagine that their clients would experience a whole new layer of exacerbated hardship in all areas of their lives post-COVID.

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7 In most cases the same workers participated; where workers had changed or left roles, organisations enabled additional staff to participate.

## 'Phone work just is not enough': Recognising the therapeutic value of child and youth work

The COVID experience and issues faced when returning to increased face-to-face service provision highlighted for workers the essential nature of face-to-face work with children who are experiencing homelessness and do not have access to the consistent care of a parent or guardian. Whilst they had already noted the negative practice impacts of reduced face-to-face contact in May/June, the prolonged continuation of limited face-to-face contact until at least September/October for many services led workers to more fully appreciate and reflect upon the high therapeutic value of the physically engaged work they usually undertake.

Workers perceived that the limited face-to-face delivery of some Housing Connect front door and housing support services contributed to low rates of referral to youth homelessness services during the public health emergency and lengthy wait times for support from June onwards. They were also discovering the longer-term ramifications of reduced face-to-face contact as they struggled to re-engage clients as services re-opened or resumed normal operation. Although the majority of their clients had extremely low school attendance, if any, during the period of lockdown, when schools did reopen this had become just one of many issues that needed confronting and for some was simply 'put on the backburner'.

Workers again described an overarching sense that children had felt abandoned during the emergency period and that this was now impacting the speed and quality of their re-engagement with services. One said, *'I feel like kids often have that mentality of you weren't there when I actually needed you.'*

**Support worker:** *When I spoke to you [in May] I said how quiet it had been and the kids had all this money now, so they didn't need us. The majority of our kids disengaged and... we all had kids that disengaged from school, services and from us.*

**Catherine:** *What are your thoughts on why this disengagement was happening? I mean, you guys are pretty persistent!*

**Support worker:** *Yeah, look, it's been something I've trying to figure out as well. Obviously there was the money side to it, so a lot of them were a little bit more independent and didn't have to rely on us in that way, so more practical support. I do also wonder if it was a sense of abandonment in that we had to close up and say, 'Look, if you really need us, we'll come in for you'. But I think there was that sort of feeling that they can't just pop in and see their worker if they're there. I don't know if they were trying to shut themselves off a little bit so they didn't feel like they were being left alone.*

Workers reported particular difficulty engaging with new clients referred during the COVID restrictions or as these eased. In the slow return to face-to-face work, workers argued that the new layer of COVID screening not only increased administrative workload but set a structured and officious tone for engagement with new clients. Further, trying to introduce themselves and establish a connection with children in a broader social context of fear, uncertainty and anxiety was also seen as difficult and as an ongoing barrier to effective engagement and service provision:

*We do a call before [we] head out to see a client to make sure no one is sick. And then we have to do what's called a health assessment and then forward it through to management to get approval. And then we can go and do our home visits or external appointments ... It just adds another level, another layer, like the job's already complicated ... So I think the biggest challenge for me is actually just working with new clients ... they have been a little bit more difficult to engage. Usually I'm not very structured in the way I start things. I'll make a phone call. Yes, you're home, sweet, I'll be there in a minute. Whereas now it's like, okay, what's happening tomorrow? Where will you be? And that structured way of working generally only works with clients after you've got the relationship and after there is some stability. So you're coming into a very unstructured young person's life with structure straight away, which doesn't seem to gel. And maybe it even sets the tone for what the client thinks that relationship and that support is going to be like, which is a bit off-putting.*

*We live in a more fear-based, fear-oriented way of living, like everything is structured in that way that we are trying to prevent people from dying. Please don't do this. If you go here, you will be fined. Stay home. Like there is a sense—if we didn't already feel a sense of fear in our world ... we will be feeling it now. And these children in particular. So if you couple that on top of their trauma or their current instability, it is not a great environment to introduce a new person. You know, here's a new person who's coming into your life. Oh shit. Well how is that? What in the world have I experienced that will make me think this will be a positive experience. There's not much at the moment that's telling me this is gonna be a good idea.*

At the time of the second interview, workers were largely still experiencing client transport restrictions, which meant that they were still struggling to progress school attendance and practical assistance for children. For many workers, on reflection, the limited ability to transport—a key component of their face-to-face work with children—fundamentally changed the way they could work with children and from children's point of view decreased the value of their service.

*I think the thing that's been really, really challenging is, things where I could just go, right, get in the car, we've got to go to Centrelink, let's get this done. Right, you've got to do a thing with the bank. Get in the car, let's get this done. Knowing that I can't just do that and support a young person to get a thing done has been really, really difficult. And it slows everything down vastly ... for actually achieving the practical things that you know, youth work really needs. That's been the most affected part of my work, just being able to get things done.*

*I think it was similar for everyone [workers] and a lot of people were annoyed with a slow step to getting back. A lot of the clients were like, just ring me when you can take me places, like just ring me when it's back to normal.*

Whilst workers did describe some successful telehealth appointments, this success seemed most often judged by the fact that they could not normally get mental health appointments for their clients and struggled to access bulk-billing GPs. The increase in telehealth provision due to COVID improved their access to these essential services. However, children's experiences of telehealth for specialist services such as mental health counselling and drug and alcohol counselling were most commonly described as difficult, including being interpreted as another example of the lack of personal commitment of adults in their lives, of 'one more person that's given up on [them]':

**Catherine:** *And what about kids' access to health and mental health services?*

**Support worker:** *Sort of non-existent because again, it went back to the phone and the kids just don't engage.*

**Catherine:** *Why do you think it is that the kids weren't keen to engage in telehealth or mental health?*

**Support worker:** *So I think it was just really impersonal and felt really disconnected from the rest of society and services.*

**Support worker:** *I know drug and alcohol workers weren't seeing them face-to-face, so a lot of the time it was just phone consult, which I think wasn't very productive. They would just see it as a tick-and-flick that, you know, you answer the questions, say you're good, move on. You've now done your counselling for the week. So probably not really actively engaging and benefiting themselves... More just doing it for the sake of saying they've done it, I think...*

**Catherine:** *So that lack of engagement, do you have any thoughts about why, what's that about?*

**Support worker:** *Yes, I think it's just taken away any personal sense to it. The kids just see that they're just another client, that it's not really that personal... They're not actually seeing them. They're just—I mean kids often throw round allegations 'You're only doing this for the money' or 'You really don't care'. So if you take away face-to-face, it probably feels like they're even more, that they're just quickly touching base and not really making a difference in the kids' eyes... It's almost one more person that's given up on [them]... So, it's really important that we try to set up the supports, but I just don't know how long-term they ever are because kids don't want to talk on the phone. As simple as that.*

## 'Another layer of pain': Barriers to recovery

Given what they had learned about the essential role of face-to-face care provision, workers remained extremely frustrated about the slow return to 'normal' practice. Whilst workers were celebrating the resilience of their clients, their survival through a very difficult time and their gradual return to face-to-face connection, they were also struggling to re-coup relationships and get life moving again for their clients.

*I just think, we'd been in isolation for not very long in a sense, but long enough to have some major psychological difficulties coming out of that isolation and re-engaging with people... it took far longer to re-engage with my clients on that personal level, to get that rapport back... And I think it meant a lot to them as well, to the clients, that I was then actually going to them. Oh, thank goodness you're back, you know. You didn't leave. You didn't abandon me.*

With every service experiencing a significant spike in referrals and appointment bookings once public health restrictions eased, having to re-establish connection with some clients meant they were then slow to join the ever-extending waiting lists for housing support, mental health and GP access. Many workers expressed concern that as their clients waited to access services, their circumstances and health would continue to deteriorate or become even more complex and the 'window' for successful service referral would close.

In the SHS setting, workers were faced with the paradox of trying to return to normal house rules and routines and to case management in a housing system which they perceived as relying on evictions to 'free up' accommodation options. Temporary changes to the Residential Tenancy Act, due to expire on 1 December 2020, limit the conditions under which tenants can be requested to vacate. Workers commonly pointed out that with no evictions across the housing system there would be no exits from homelessness services. Whilst the irony of needing evictions to potentially solve homelessness for their clients was not lost, workers were anticipating the double-edged sword that the end of the emergency tenancy changes would likely present. At the same time as hoping for new housing opportunities, they were preparing to break the settled stability enjoyed by some residents and were bracing for an anticipated spike in presentations to homelessness services due to evictions.

*Well, of course, there's not much movement and the waiting list is, you know, yeah. As I say, because of what was happening with the COVID, nobody was moving on. And I think their leases were just put on hold for the time being, nobody was allowed to be moved on.*

*We've bottle-necked because we can't exit people out... We're stuck because people have nowhere to exit to because there's no movement in housing... We know that people are ready to leave but they just have nowhere to leave to. So we've got six people here waiting to, trying to come through, and it could be months... We can't vacate... And I don't necessarily disagree with the rationale around it [the Tenancy Act changes]... but the other side of that is that everything just stops.*

For crisis services, which had operated as medium term accommodation by default during the emergency and immediate recovery periods, a return to the crisis model was looming. Although children had accessed a stable 3-4 months of accommodation, exits were required so that services could start operating as crisis facilities again. However, as workers argued, whilst restrictions had eased and much of Tasmanian life had returned to 'normal', for homeless children and young people 'normal' involves experiencing barriers to safe and stable housing. As such, their post-COVID 'recovery' was projected to involve a return to the cycling in and out of various short-term accommodation options.

*So we're having this really interesting conversation about how during lockdown itself there was this kind of stability. And of course, because you weren't exiting, it's a different way of practicing 'crisis'. But now it's kind of returned to proper crisis mode.*

*It's basically got to a point where there's no outcome for them. Nothing is happening. Nothing is changing. Like at what point... where do they go? They are just children... and they're just exiting to homelessness or they're couch surfing or you know, hanging out at the little crack dens, having a bender and then coming back in and doing their 12 weeks all over again. So really like exit points, it's not great for the young ones. The younger ones, they can't sign a lease, they're not going to go to Housing Tas. So I don't know, what do you do with them? They just kind of cycle in and out, sort of thing.*

*A lot of young people can get trapped in that cycle of survival. And it's hard to break out of that because you're on your own and you're going to be alone and that's really scary. You know, it's a big thing to have no one, especially when you've got no family that's going to support you... So it's really tough, really tricky to break out of that cycle, and some young people will continue to do that, flipping between places. Surviving.*

*Once they went out and actually physically did connect with their housing workers... face-to-face... once that ball got rolling for them again, it scared them. We could see it scared them... It feels to me that they realise that there's even less hope than there was before. That there's really nothing for them. It's just really another layer of pain in these boys' lives. They're turning and they're pivoting and turning. And then there's these barriers.*

As in the return to the 'normal' cycle of homelessness, for children the recovery from school disruption seemed to be following a similar pattern of returning to a normality of school disengagement. All workers described the intense challenge to re-motivate their clients to return to school after such a lengthy period of disconnection. Whilst workers described some eventual school re-engagement success for their clients by September, disrupted schooling had undermined attendance routines that had often taken months of one-to-one support to establish.

*I think the biggest challenge is and probably still is now in a lot of ways is gaining access to the external services and getting all the girls back into education. It was just, you know, the girls got kind of used to not really doing all that much ... It was just really hard to get them back into that routine and get them up and about every day, because they'd just gotten used to sitting around and not doing anything.*

*There were no repercussions of not doing the work ... August, late August, the teachers are starting to put more pressure on, they want people to finish the year in a half decent fashion. But no one's prepared for that. In my client group, they're just like, what? Haven't completed anything in six months, why would I start now? So they are finding it quite difficult to then have those boundaries put back in place for them.*

Indeed, two workers observed that their clients experienced an increased number of suspensions post-COVID – evidence, they thought, of the struggle of both schools and children to reset after the lockdown and learning from home period.

**Catherine:** *So have you found that your kids have been receiving sanctions at school?*

**Support worker:** *Yeah and increased violence as well. So anger management's going a bit out the window.*

**Catherine:** *And so of the kids you are working with at the moment, how many of them would have received a suspension?*

**Support worker:** *Ah, four. Four out of six.*

**Catherine:** *And would those four also be, would they be couch surfing, homeless?*

**Support worker:** *Yes. Out of that 4, 3 of them are.*

*I think COVID has accelerated the disruption. I have a boy that's doing, like at school they have re-entry meetings. So if they have done the wrong thing, they have a re-entry meeting after the suspension and that's in the morning ... and then they're back at school. This school now has Tuesday afternoon and Thursday afternoon re-entry meetings and it's done en masse. So it's all the kids that are on suspension that are returning. So could be 15 kids, could be 10 kids, 5 kids with their parents ... Obviously they were having a lot of kids being suspended. So how did we get a re-entry? Because we can't do that many re-entries in one week, let's do them en masse! And when my boy had to go to one of those, he flipped his lid when he actually attended it because he didn't realise it going to be that [group] situation ... So that to me, that's really evident that COVID has caused some problems with kids returning to school and they haven't been coping very well. He could go for months without a problem. Since COVID it has just been problem after problem ...*

Workers also noted the distinct lack of referrals from schools to their services during the emergency period and the subsequent increase in referrals following students' return. Further, where services were co-located on school sites, this co-location ceased and only slowly resumed, impacting on workers' ability to continue high volume support work. Thus not only did the closure and limited operation of schools impact education provision, it also impacted the efficacy of those support services designed to maintain and increase the school engagement of vulnerable children.

Whether in the context of school re-engagement, or re-engagement with health, mental health and support services, or in the renewed search for care and accommodation options, workers made clear that 'recovery' for unaccompanied homeless children entailed a return to long-standing compounded disadvantage. As for everyone in the community, the beginning of the recovery period post-June did positively bring social freedom for unaccompanied homeless children, and workers observed an overall improved sense of mental wellbeing as they were able to reconnect with peers and extended family members. However following the holding pattern of the public health emergency, for unaccompanied homeless children 'recovery' predominantly meant courts were operating again, outstanding justice matters would soon be heard, and the stress of managing school and securing accommodation again became part of daily life. This was the 'return to normal' for unaccompanied homeless children, only now it was unfolding in a context of broader community disconnection, economic anxiety and waiting lists for support and accommodation provision.

## Learning from lockdown

Workers powerfully argued that intervening in the 'normal' lives of unaccompanied homeless children will be crucial to their recovery into the future. They argued for public recognition this cohort, for stable, longer-term care, and where appropriate, for intervention to ensure children's relationships with natural, life-long supports, including parents, are held in place.

*They need what other parts of the community are already receiving: some reassurance. Yeah, some plans, something that's concrete, to be announced that can come from government and other bodies to say, we realise what you're in and we are gonna start to respond. First you gotta acknowledge that you recognise what they're going through. And then some reassurance around, you know, the government will take these following steps to start to resolve, for you as the cohort to receive some improved outcomes at least. On education levels, housing levels and support, mental health support.*

**Catherine:** *What do you think needs to be put in place for that younger age group to ensure that they are looked after and have something, a future?*

**Support worker:** *Oh my gosh, Catherine, I just... where do you start? Where do you start? It's so difficult to, especially with some of them from the backgrounds they come from, to get some positivity into their life and to get the encouragement and everything going. Give these kids a bit of surety that they're not just gonna be tossed aside in society... Like, and let them know that there are people in this world that do care about what they are doing and where they are heading. It's probably because they've been in that situation for so long, they think that there's nothing else. This is just the normal way for me to be. And I have to live this way.*

*COVID or no COVID, 13 to 15 year olds, I know it's just dropped in the too hard basket. We know it's not easy, but there doesn't seem to be even an attempt to look towards solutions. Because even if you look at the Colville Place model, it's still only short-term. So where do they go if they really can't, if they haven't got family or friends to go to?... They've never engaged in school, it's going to be a lot of work to get some of these young people to be work-ready. Like you can't just say go and get a job. They don't [have] capacity yet, you know... They're the forgotten kids... We need medium to long-term [supported accommodation], we need other options. We need to set our young people up to succeed instead of ripping the legs out from under them.*

*Me being a worker, we're only a short-term service, we're not here for the young person forever, but the parents and their family, they're going to be the people that are going to be in their lives forever. So it's a real point where I think we need to look at focusing on. Not just supporting the young people who have left home, but especially in our situation with early intervention where there's still a lot of scope for them to repair their relationship at home or even work out what the relationship's going to look like even if they're not living at home or if they're homeless, there's a strong importance in supporting the parents as well... Parents are there forever, for life. So it's really a no brainer and it's really important.*

Workers noted that the opportunity of COVID for unaccompanied homeless children was the way in which this unprecedented health, social and economic context provided a magnifying lens through which their high vulnerability, lack of meaningful life trajectories and existing isolation was more clearly revealed. Workers learned from seeing how little changed in children's lives, except an overall intensification of loneliness and disconnection and increased drug use and criminal activity for some. They were again reminded of how far from 'normal' the everyday experience of life is for unaccompanied homeless children.

**Support worker:** *I think it's [COVID] enhanced the situation that they're in. I don't think it's... homeless kids under the age of 18, it really has brought out the worst situation that they were already in well before COVID-19 came along.*

**Catherine:** *In what particular way?*

**Support worker:** *Well, in the sense that, well because they, it feels to me that they realise that there's even less hope than there was before. That there's nothing really for them. It's just typical. It's typical of the way society responds to them. It's you know, it's not hopeful. It's really hard to find strengths and positives through that lens. And it just becomes almost this kind of blasé and pretty flippant about dire it is, how dire they feel.*

*I think the big issue is they don't have meaningful engagement in their lives, in an activity or multiple activities to help them seek purpose and meaning in life generally, which is what most, quote, 'normal' kids have. Like you have your family routine, you go to school, like you might play soccer or whatever. None of these kids have that or that sense of place and self. So I think COVID's just sort of compounded the fact that they are isolated and alone generally anyway. And then when everything kind of shut down, they're more isolated and alone than what they already were. So then that sort of boredom set in, or you know, there's no one around. And that's where the offending really—I think offending actually does in a lot of ways fulfil that need for meaningful engagement and purposeful activity... I think the offending is a big part of their identity.*

Having witnessed the loneliness, harm and meaninglessness in the lives of unaccompanied homeless children, for some child and youth organisations to be declared non-essential deeply troubled some workers, as did the significant and limiting practice changes even within those organisations declared essential. Without effective guardianship and an existing care network to fall back on, it was clear that workers played a disproportionately critical role in children's lives because of their young age and high-risk lifestyles. It was also clear that the significance of workers' roles—of physical and emotional presence as a methodology of effective service provision for highly vulnerable children—may not have been fully understood or articulated in decisions made about service operations during the COVID-19 period.

*Our kids need us to physically be there. So the fact that it's classified as not essential is wrong... It's your physical presence that helps these kids more than anything. It's you physically turning up at the house, treating them with some decency, not staring at them like they haven't showered for three weeks. You know that actually, physically being with them is our job. So the kids have been really good. You ring up and they'll chat to you. They'll tell you what they're doing, but you literally cannot do your job at all. So the decision for us not to be an essential worker, I would say it was the wrong one. And has made our job not happen really.*

Workers also saw the lack of explicit COVID planning and management for this cohort as simply another instructive instance of how current systems cannot 'see' and respond to the unique complexities of being a homeless child under 18 unaccompanied by a parent or guardian. Despite having organisational and service response plans, and clearly acknowledging the ongoing engagement of the Department of Communities, including collaborative discussion about SHS outbreak management planning in late October,<sup>8</sup> workers still reported having no practical clarity on how testing – including transport – and age appropriate isolation would or should be carried out for this specific group.<sup>9</sup>

*I suppose the under 16s issue's been going on for the past 20 years. So it's really just escalated even further. And yes, I know that they're tricky questions, but I just need them to acknowledge it without a political response of 'Oh, that's a good question'. I would have thought they would have done their research... the onus is back on them... What they need to do is have some pretty clear guidelines...*

*How do we manage if someone gets sick? How do we manage it if someone needs to get tested and they're really limited in staff? Like what are we actually going to do? Because I think they're all questions that we've all had. But no one's really been able to answer them.*

*There's still not even a, this is what we're going to do, sort of thing. And if there has, it hasn't been passed down to all the workers.*

Further, workers within the SHS sector felt that when they had actively raised the issue of COVID planning for unaccompanied children with Department of Communities, answers were not forthcoming.

*I think at some stage when we were in the height of the isolation they did say that they could accommodate 16 plus in hotels. But I don't think it's been tested. Because I know that in one of the sector meetings that we're talking about being able to broker 16 plus... But we never received any written information that that was the case, whether or not they actually would be able to. It's in the grey area. And I think it's in the too hard basket. And of course, we are quite concerned that when the borders open, we might get cases again.*

8 See Department of Communities (2020) for the resulting outbreak management plan.

9 Workers continually made requests to the researcher for information on how the response to unaccompanied children was being handled by other jurisdictions, in particular Victoria. Victoria does not accommodate children under 16 in its SHS program and information on responses to this specific cohort in other child and youth organisations was difficult to obtain. More broadly in the SHS sector in Victoria, St John's Ambulance provided transportation to testing and isolation facilities for clients. In NSW, early advice (April), updated in October, was made available in response to concerns about managing 12-15 year olds in SHS and supporting children and young people in SHS during lockdown. Whilst this indicated additional accommodation and staff funding would be available where needed, it did not clarify exactly how transportation would be provided or offer examples of accommodation solutions for children under 16 (NSW Department of Communities and Justice 2020).

*It's actually putting stress on staff because they don't know what to do... I've asked them continually and I can't get an answer on it... During the Stage Three lockdown we asked lots of questions. We couldn't get answers to anything.*

*I think in terms of planning for a second wave and another potential lockdown, it would be, I don't know. Like, I'd like to say that'd be great to get some more solid answers and solid directions around things like, how do we manage if someone does get sick, how do we manage if someone needs to get tested and they're really limited in staff. Like what are we actually going to do? Because I think they're questions that we've all had, but no one's really been able to answer them. So I mean, I honestly don't know if anyone will be able to, but it would be great to know based on what's happened in the past and our experiences last time. What can we do differently to really be able to respond and feel better prepared for it this time around?*

Whilst there was still no clarity for the SHS sector about COVID planning specific to unaccompanied homeless children, potentially even more troubling is that discussion about how best to respond to unaccompanied children encountered in outreach settings – such as those couch surfing – did not seem to have happened at all. This is despite the fact that the majority of unaccompanied homeless children are expected to be couch surfing and unknown to SHS services. Workers in outreach services had plans for service continuity but were not aware of any process for facilitating COVID testing and age-appropriate isolation for their unaccompanied homeless clients.

*It feels like there should be a phone number that you ring, and you say, right, I've got a young person, they're this age, pretty certain they're not well. Someone needs to go pick them up, do the [testing], make it all happen. It feels like that has to be governmental, but how does that actually occur?*

*Have you spoken to anyone's who's gone, 'Yes we have thought about that, and let us tell you exactly what we would do'?*

*Where do they go? I have no idea. If they tested, if one of mine tested positive, I don't know what happens to them. Because obviously the people that they're staying with wouldn't want them to stay there.*

*Who can actually have face-to-face and support this young person to a screening centre to get tested? Where would they isolate? There's no clarity. I wouldn't know what to do.*

*We need the policy of how to how to get these kids tested, and who does that?*

*So there is absolutely no policy that's been passed down to us, whether there is one I don't know. They can't self-isolate, they're not going to self-isolate... So I think getting tested would just come down to the kid. Some of them would. Some of them wouldn't. So whether they'd understand that cold could be something else? I don't think they would... To be honest, I would say the policy would be if I have a client who tests positive, I can't go near that client.*

*Like they physically, they couldn't get there [COVID testing facilities], it was drive in bloody clinics... And that's, I think, something that needs to be sort of worked on how what actually happens there... We need a policy. What, can we take them if we've got the mask on? Or if the answer probably is no? I don't know. But if not, how do they get there?*

Having been through the first wave of infection and public health directives, workers had developed a much clearer and more nuanced understanding of workforce and client issues raised by COVID and infection control directives. In particular, they understood much more about the dual individual risk and community risk posed by children who are highly mobile and couch surfing with no stable home base or support to access healthcare.

*Unless you work with the kids, unless you work with **these** kids... you might just realise how deeply marginalised and non-complaint [they are].*

*Homeless youth have a hard enough time generally, I don't see how they could emotionally or physically navigate getting tested... I would also suspect that homeless youths would simply not get tested or tell anyone they had symptoms as this may destabilise their already rocky living arrangements.*

*Our kids are everywhere and constantly. And they don't have the luxury of saying to people, 'Have you been to Victoria lately?'*

*Oh, imagine the amount of people they come in contact with! Like, they'll catch buses. They'll go from house to house. So you know, an average day for them, they might go to four different houses, they'll come into town, they'll go from shop to shop. They're just so mobile. They'll catch cabs... buses. They'll go everywhere... because they don't have a stable place to stay. They're not like a child, a teenager, a normal teenager, in a normal home, who is just sitting at home watching TV or playing, you know... These kids, they might go to someone's house for an hour in the morning, and then they'll go, Oh, I'll go to someone else's house. And then they'll, probably a lot of mine will rock up at someone's house quite late at night that they're staying there. So they're not there all the time. They'll just literally use it for somewhere to sleep. And I think part of that's so they don't use up their welcome sort of thing, and then they'll get up and they'll go... Because they're not going to school and they've got nothing to do, and they're in parks, they're touching everything, they're in public toilets. They're everywhere. And where are these kids isolating? Nowhere. They're not isolating at all. Because they can't.*

Having witnessed the decline in mental and physical health of their clients during the declared emergency, SHS workers had increased concerns about how they would manage and support residents' physical and mental health as a sole worker in facilities that can accommodate between six and nine children and young people at any one time. They also worried about how unaccompanied children would cope with mandatory isolation and or another 'stay home' directive such as occurred in Victoria. They highlighted how lockdown is a completely different proposition for children without 'normal' homes filled with family members and pets to support and distract and care for them.

*I guess the impact on young people having to be inside somewhere, locked in a room basically, it's huge... I feel like a kid – like other kids, with families and with parents, obviously if they had to isolate their family would be possibly isolating as well. And to have their mum or their dad with them that whole time to care for them. These kids don't have that... With young people coming here [youth SHS] to begin with, without an outcome and no planning for a transition, for them to then go into isolation... that's again going to be impacting on their mental health as well... And I think young people struggle to engage with the phone... how do we even expect them to get that support from services when they're not getting the face-to-face again? I know the only way that I coped with all the isolation was still being in contact with family and friends...*

*[In the shelter] they're not being able to have that direct access to maybe family they are still in contact with, family pets is also a big thing as well. So they're not getting some of those social interactions. And I guess whilst the girls might get along well with each other, they're forced social connections versus ones that would have otherwise happened naturally. So there's probably more likelihood of conflicts between the girls.*

Workers also discussed how they had now 'learnt how quickly they [clients] disengage' without face-to-face support. They had also learnt about the intensity of support needed to get clients through social distancing and lockdown restrictions and the need to be more practically prepared to support children and young people to respond to public health directives over a prolonged time-period. They reflected in particular on the critical importance of maintaining any kind of physical face-to-face interaction – or at minimum video-calling – and on the need to have a much more active and structured approach to daily routine and activities in any lockdown scenario.<sup>10</sup>

10 YFoundations, the youth homelessness peak in NSW, has collated a range of activity resources for supporting homeless children and young people during COVID-19 emergencies (Yfoundations 2020).

*So I think that would be the thing, is being able to actually have some kind of program or some kind of daily activity that the girls could engage in... So I guess if it's just staff developing, like hey, so today we're going to do a whole heap of baking or meal prep and then the next day we're going to focus on resume writing and then the next day we're going to talk about sexual health. So having some kind of tasks to focus on so the girls can actually keep themselves busy... Even having a day where we just play games like hey, let's sit down and play Monopoly as a group. So we're actually doing some kind of activity every day. I think that was the biggest thing, just seeing that level of engagement disappear completely and them only ever wanting to watch Netflix. If it were a full lockdown... we'd have to be really be very structured with our time.*

*I'd try and work around the phone thing somehow. I'd try more with my clients. And I don't know what that would look like... I'd try to be a bit more creative [rather] than being a bit more complacent in that area, and thinking, 'oh it's alright, we'll come back next week'... and then it just drags on and on and on... If it's looking like a long time, that I try to talk to work about, you know, can we access some smart phones so we can do video calls?*

*To have the right software to connect and tech to connect, especially if another wave comes and we're forced to have no face-to-face contact... making sure all the right software and technology to connect online with them in a whole range of different mediums: Web Messenger, Facebook Messenger, mobile tablets for a worker to be able to connect... It's really important because a lot of my work is online counselling... being able to stay connected with a young person during this time it's vital that we have modern, online tech to be able to do that.*

Overall, having watched unaccompanied homeless children travel through the declared public health emergency and faced the slow process of re-engaging children with their own and other services, workers repeatedly emphasised the essential nature and therapeutic value of face-to-face service provision. Not only did they witness the ongoing need for this during lockdown itself, but they could also see the service bottlenecks, long-waiting lists, crises and worsening physical and mental health which they felt resulted from inadequate service provision during a period of high need. In the face of a second wave of COVID-19 infection, a number of workers said they would push harder within their own organisations to ensure that face-to-face services continued for this uniquely vulnerable group. It was clear, however, that proactive advice and resourcing from public health would be central in giving workers the skills and confidence to continue face-to-face practice in ways that were safest for them and their young clients.

# Conclusion: 'Love, care, safety': Unaccompanied homeless children in the 'new normal'

Implementation in Tasmania of the national COVID-19 recovery catch-cry—'building back better'—is more urgent in the lives of unaccompanied homeless children than ever before. This research demonstrates that the key threats posed to the broader Tasmanian community by COVID-19—housing insecurity, isolation, family breakdown, poor school engagement, poor mental health and unemployment—were already normalised experiences in the lives of unaccompanied homeless children.

In fact, with increased income and accommodation somewhat stabilised during the lockdown period, the post-lockdown return to 'normal' for this cohort was observed by workers as involving worsened instability and poverty. Further, workers were acutely aware of increased pressure across the health, accommodation and support services that children rely on and of the negative impacts on children of broader community and family anxiety, relationship stress and economic hardship.

For workers, recovery was not about re-establishing pre-COVID life for unaccompanied homeless children, nor necessarily about implementing new ways of working. It was about enabling children to access foundational experiences of therapeutic care and safety for long enough to heal from the impacts of family breakdown, abuse and abandonment, to address mental health and drug and alcohol misuse, and to rebuild the family connections, other natural supports and educational pathways that will enable them to live independent lives with meaning as adults.

As outlined by the support worker below, this is about providing an age-appropriate response of 'love, care, safety' to children who are not able to access effective guardianship and a safe, secure place to grow up.

**Catherine:** *What is most needed in the lives of the kids you're working with right now?*

**Support worker:** *They need families and people that care. They need people that are invested in them for the long term. It's not, it's not new, it's what we've always been trying to pseudo, you know, replace. So you know... services are like pseudo families. You have a pseudo mum and a pseudo dad and pseudo uncle. Like we're all just trying to fix what the family was meant to do in the first place. Love, care, safety. So, you know, it's just an ongoing struggle for a lot of these kids to address some of those basic needs. I don't think COVID is helping that. It's creating a little more of a struggle for kids to feel like that they actually have people in their corner.*

This logic of care also highlights the negative impacts of the reduction or withdrawal of face-to-face service provision of those government and non-government workers who normally provide pseudo-family care in children's lives. The perceived interpretation by children of the reduction of face-to-face care as abandonment becomes more understandable when the significance of the essential care role support workers play is acknowledged.

The ethical, moral and practical imperatives for service continuity and clear communication about proactive COVID-19 prevention and infection response measures could not be more compelling. Workers questioned why organisations serving highly vulnerable children came to implement debilitating practice changes or came to be declared non-essential. They were unsure how to undertake testing safely and what options might be in place to support unaccompanied homeless children in isolation if needed. They outlined the increased risk of COVID-19 exposure to unaccompanied children and to the wider community given that, by necessity, children remained highly mobile regardless of public health directives.

It was identified that increased direction and resourcing from Public Health could empower and practically enable organisations and workers in both the SHS and youth sectors to deliver services that are essential to the health, safety and educational outcomes of highly vulnerable children. It was also noted that whilst some access to brokered hotel and motel accommodation was proactively offered to adults experiencing homelessness in Tasmania during the emergency support period, there was no similar offer of additional emergency accommodation appropriate for unaccompanied homeless children. Whilst the Safe Night Space in Hobart extended its support capacity during the public emergency period, children presenting there were diverted to youth SHS. Given the unknown number of unaccompanied children sleeping rough or couch surfing statewide and the multiple reasons children may not be able to access or were avoiding SHS during that period, it is possible that increased emergency bed capacity for children may have proved useful. Instead, a decrease in emergency beds for children and youth occurred.

Importantly, *#StayHome?* not only reveals the continued need to develop a specific public health response to managing COVID-19 risk for unaccompanied homeless children, but more broadly highlights the increasing need – paradoxically foregrounded by directives to *#StayHome* and *#StaySafe* – to take up a holistic, public health *approach* to the task of addressing the health, care, safety and education needs experienced by this cohort. Anglicare's recently published *A public health approach to ending unaccompanied child homelessness in Tasmania* offers a vision for a 'new normal' of prevention, early-intervention and care provision for children at risk of or experiencing the breakdown of effective guardianship and homelessness (Robinson 2020b). This roadmap outlines a suite of care options which cover both family reunification and long-term care, and actively addresses the extraordinary ongoing learning loss experienced by unaccompanied homeless children.

Adding to this vision, *#StayHome* clarifies a number of immediate starting points for supporting the safety and recovery of unaccompanied homeless children in the new COVID-19 context. Alongside highlighting the need for advice on public health responses to unaccompanied homelessness, including arrangements for testing, isolation and health care, workers made clear which gaps in service provision could be addressed to immediately effect increased safety for unaccompanied homeless children.

The immediate need for medium and long-term residential care options was consistently raised. Workers noted the long-existing struggle for positive options for those under 16 in particular, and the need for an appropriate residential care model offering time for family reunification to occur, or where this is not possible, for Child Safety assessment and consideration of long-term placement options. Increased capacity to address the medium-term support needs of children facing issues too complex for prevention and early intervention was also identified as important. Outreach workers felt further increased capacity, including an improved suite of outreach options, would free up waiting lists, improve the efficacy of prevention and tertiary services designed to reach very different cohorts, and provide medium-term support rather than delay intervention until children's needs escalated to the threshold of tertiary or statutory intervention.

Finally, the long-standing issue of difficulty with school access and engagement was also consistently raised. Given the widespread learning loss amongst unaccompanied homeless children pre-COVID, workers were worried that some children may simply never substantially re-engage with school following the further disruptions caused by COVID-19 restrictions. Others were worried that children's learning would be even further behind and a spiral of learning struggle, behavioural issues and further learning loss would occur. Workers raised the urgent need for one-to-one learning support for their clients. Alongside increased capacity to address school access and engagement issues, the provision of targeted one-to-one learning supports through a tutoring program would support children *and* support already over-stretched schools in their ongoing re-engagement efforts.<sup>11</sup>

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11 Recently announced tutoring programs include the COVID Intensive Learning Support Program in NSW (NSW Department of Education 2020), the Tutor Learning Program in Victoria (Victoria State Government Department of Education and Training 2020), and the National Tutoring Programme in the UK (National Tutoring Program 2020).

## Recommendations: Response and recovery

In addition to the suite of actions identified in *A public health approach to ending unaccompanied child homelessness*, offered below are further recommendations from #StayHome. These recommendations aim to capture current frontline community service experience in Tasmania. They include the need to address the essential nature of child and youth work, to end the current uncertainty about COVID-19 outbreak planning for unaccompanied homeless children, and to fast-track medium-term care and education supports to progress children's immediate recovery needs.

- 1** In collaboration with frontline child and youth workers, **Department of Health** should develop clear COVID-safe plans and resources for:
  - Classifying community-based child and youth services supporting highly vulnerable clients as essential.
  - Proactively increasing the availability of emergency accommodation options suitable for unaccompanied homeless children.
  - Arranging transport to and from testing for unaccompanied children.
  - Arranging supported isolation for unaccompanied children and their carers.
  
- 2** As a rapid response within a broader shift to school-based homelessness prevention, **Department of Education** should expand the capacity of Learning Services to work with children identified as at risk of or experiencing unaccompanied homelessness, including fast-tracked resolution to enrolment and school access issues and the provision of access to a one-to-one tutoring program.
  
- 3** Alongside existing policy development being progressed by the Under 16s Working Group, the **Department of Communities** should consider:
  - Implementing medium-term (6 months +) residential care options for unaccompanied homeless children under 16 by:
    - » Expanding Youth at Risk Response Centres targeting unaccompanied 12-15 years at risk of or experiencing homelessness as a statewide program, including a North-West facility.
    - » Developing and trialing a model of care for the Youth at Risk Response Centres which includes a significant focus on reunification with family and other natural supports, or where this is not possible, adequate time for Child Safety assessment and long-term placement decision-making.
  - Addressing current waiting lists and inappropriate referrals by responding to the service gap for those children whose complex support needs require medium-term (12 months) support and who do not meet the service eligibility criteria for either preventative youth outreach (Reconnect, up to 3 months' support) or targeted youth outreach (TYSS, up to 2 years' support).

# References

Australia Institute of Health and Welfare (AIHW) 2018, *Homelessness services: Glossary*, viewed 13 July 2020, <https://www.aihw.gov.au/reports-data/health-welfare-services/homelessness-services/glossary>.

– 2019, *Specialist Homeless Services Collection Data Cubes 2011-12 to 2018-19*, viewed 13 July 2020, <https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/contents/specialist-homelessness-services-collection-shsc-data-cubes>.

BC Coalition to End Youth Homelessness 2020, *COVID-19 & Youth Homelessness: Special Report #2*, viewed 18 November 2020, <https://www.homelesshub.ca/resource/COVID-19-youth-homelessness-special-report-2>

Berman, G 2020, *Ethical considerations for evidence generation involving children on the COVID-19 pandemic*, Office of Research-Innocenti, UNICEF, Florence.

Brotherhood of St Laurence 2020, *Voices from the COVID-19 frontline: Findings and recommendations about how we can minimise COVID-19's impact on people experiencing disadvantage*, viewed 19 November 2020, <https://www.bsl.org.au/COVID-19/voices-from-the-frontline/>.

Brown, N, te Riele, K, Shelley, B & Woodroffe J 2020, *Learning at home during COVID-19: Effects on vulnerable young Australians*, Independent Rapid Response Report, Peter Underwood Centre, University of Tasmania, Hobart.

Buchnea, A & McKitterick, M 2020, *Responding to youth homelessness during COVID-19 and beyond. Perspectives from the youth-serving sector in Canada*, Canadian Observatory on Homelessness Press & A Way Home Canada, Toronto.

Buchnea, A, McKitterick, M & French, D 2020, *Youth homelessness and COVID-19: How the youth-serving sector is coping with the crisis*, Canadian Observatory on Homeless Press & A Way Home Canada, Toronto.

Chowdry, K, Barker, J & Watts, H 2018, *Youth workers' perspectives on youth homelessness for 12-15 year olds in the Australian Capital Territory*, Youth Coalition of the ACT, Canberra.

Commissioner for Children and Young People Tasmania 2019, *Unaccompanied homeless children under 16 years of age in Tasmania: Memo of advice to Hon. Roger Jaensch MP*, viewed 23 November 2020, <https://www.childcomm.tas.gov.au/wp-content/uploads/2019-03-01-Letter-to-Minister-Jaensch-Unaccompanied-Homeless-Under-16s-FINAL.pdf>

Cooper, T 2018, *Policy and support needs of independent homeless young people 12-15 years: Young people's voices*, Commissioner for Children and Young People Western Australia & Edith Cowan University.

Department of Communities Tasmania 2019, *Under 16 Homelessness Taskforce: Ministerial Advice*, viewed 18 November 2020, [https://www.communities.tas.gov.au/\\_data/assets/pdf\\_file/0029/89705/Ministerial-Advice-Background-Document-Final-24122019-Redacted-1.0.pdf](https://www.communities.tas.gov.au/_data/assets/pdf_file/0029/89705/Ministerial-Advice-Background-Document-Final-24122019-Redacted-1.0.pdf)

– 2020, *COVID-19 preparedness and response plan for Specialist Housing settings in Tasmania*, viewed 18 November 2020, [https://www.communities.tas.gov.au/\\_data/assets/pdf\\_file/0022/126373/COVID-19-Preparedness-and-Response-Plan-for-Specialist-Housing-Settings.pdf](https://www.communities.tas.gov.au/_data/assets/pdf_file/0022/126373/COVID-19-Preparedness-and-Response-Plan-for-Specialist-Housing-Settings.pdf)

Erwin, D, & Thompson, L 2020, *A review of the youth work sector response to the COVID-19 pandemic*, National Youth Council of Ireland, viewed 20 November 2020, <https://www.youth.ie/documents/review-of-the-youth-work-sector-response-to-the-covid-19-pandemic/>.

Flatau, P, Seivwright, A, Hartley, C, Bock, C & Callis, Z 2020, *Homelessness and COVID-19: CSI Response*, Centre for Social Impact.

National Tutoring Program 2020, Department for Education, viewed 23 November 2020, <https://nationaltutoring.org.uk/>

National Youth Agency 2020, *Out of sight? Vulnerable young people: COVID-19 response*, NYA, Leicester.

Noble-Carr, D & Trew, S 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.

NSW Department of Communities and Justice 2020, *COVID-19: Frequently asked questions for HYAP and youth SHS providers – Issue 2*, viewed 23 November 2020, [https://www.facs.nsw.gov.au/\\_data/assets/pdf\\_file/0010/778681/HYAP-and-Youth-SHS-QA-October.pdf](https://www.facs.nsw.gov.au/_data/assets/pdf_file/0010/778681/HYAP-and-Youth-SHS-QA-October.pdf)

NSW Department of Education 2020, *COVID Intensive Learning Support Program*, viewed 23 November 2020, <https://www.teach.nsw.edu.au/find-teaching-jobs/covid-learning-support-program>

NSW Department of Family and Community Services 2015, *Unaccompanied children and young people 12-15 years accessing Specialist Homelessness Services policy*, viewed 18 November 2020, [https://www.housing.nsw.gov.au/\\_data/assets/file/0011/369515/Unaccompanied-Children-and-Young-People-12-15-Years-Accessing-SHS-Policy....pdf](https://www.housing.nsw.gov.au/_data/assets/file/0011/369515/Unaccompanied-Children-and-Young-People-12-15-Years-Accessing-SHS-Policy....pdf).

Robinson, C 2017a, *Too hard? Highly vulnerable teens in Tasmania*, Anglicare Tasmania, Hobart, <https://www.anglicare-tas.org.au/research/too-hard/>.

– 2017b, *Who cares? Supported accommodation for unaccompanied children*, Anglicare Tasmania, Hobart, <https://www.anglicare-tas.org.au/research/who-cares/>.

– 2018, *Outside in: How the youth sector supports the school re-engagement of vulnerable children in Tasmania*, Anglicare Tasmania, Hobart, <https://www.anglicare-tas.org.au/research/outside-in-how-the-youth-sector-supports-the-school-re-engagement-of-vulnerable-children-in-tasmania/>.

– 2020a, *#StayHome: The impact of COVID-19 on unaccompanied homeless children in Tasmania. Interim Report*, Anglicare Tasmania, Hobart, <https://www.anglicare-tas.org.au/research/stayhome-the-impact-of-COVID-19-on-unaccompanied-homeless-children-in-tasmania/>.

– 2020b, *A public health approach to end unaccompanied child homelessness in Tasmania*, Anglicare Tasmania, Hobart, <https://www.anglicare-tas.org.au/research/sarcs-social-action-series-1-a-public-health-approach-to-ending-unaccompanied-child-homelessness-in-tasmania/>.

Thulien, N, Noble, A, Daley, M, French, D, Hwang, S & Kidd, S 2020, *Pandemic-proof: Synthesizing real-world knowledge of promising mental health and substance use practices*, viewed 18 November 2020, <https://www.homelesshub.ca/resource/youth-homelessness-mental-health-and-substance-use-during-COVID-19>

Victoria State Government Department of Education and Training 2020, *Tutor Learning Program*, viewed 23 November 2020, <https://www.education.vic.gov.au/about/careers/teacher/Pages/tutors.aspx>

Yfoundations 2020, *Resources COVID-19*, viewed 23 November 2020, <http://yfoundations.org.au/our-work/resources-emergency-management/>



