

# Responding to the Health and Well-being Needs of Homeless and Marginalised Young People in NSW: Where are we going?

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The health of mainstream young people in Australia is commonly referred to as “quite good”, with statistics indicating that young Australians aged 12-24 years experience fair to good health. In contrast, the health of a homeless & marginalised young person is extremely poor & depreciates each day that they do not have a fixed or permanent address. In order to reduce youth homelessness, the NSW Association for Adolescent Health (NAAH) believes it is vital that all levels of government demonstrate their commitment to *A Way Home: Reducing Homelessness in NSW: NSW Homelessness Action Plan 2009 – 2014* through well resourced & supported specialised Youth Health Service (YHS). In order to reduce youth homelessness, it is imperative that the inter-related health, well-being & housing needs of homeless & marginalised young people are addressed simultaneously & not individually.

*The NSW Homelessness Action Plan* recognises homeless or marginalised young people as a priority group in the NSW Government’s response to homelessness. Research & anecdotal evidence indicates the following: young people are the largest group of people experiencing homelessness; experiencing homelessness

before the age of 18 years is a significant risk factor for long-term homelessness; preventing the transition from youth homelessness into adult homelessness is cost effective & saves Government monetary expenditure in the long term as well as improving the quality of life of these individuals; being homeless has significant impacts on safety, health & well-being – the longer someone is homeless the more significant these impacts become; it is difficult for a young person to address their health issues if they are homeless; & lack of priority or ability of homeless young people to address their health needs which act as barriers for accommodation service providers (for example, unstable mental health). There are many reasons why homeless or marginalised young people do not access mainstream (health) services & young people themselves have identified that they want services & programs that are tailored to meet their needs, are youth-friendly, culturally &

developmentally appropriate, accessible & respect their privacy. NAAH believes a crucial step in moving towards the goal of reducing homelessness is the execution of holistic multi-disciplinary service delivery which meets the social, health & well-being needs of homeless young people. Youth Health Services can not do this alone.

For the past twenty years (as a result of the Burdekin Report 1989) specialised ‘Youth Health Services’ (YHS), have been operating in NSW with the aim of addressing the health & well-being needs of homeless & marginalised young people aged 12-25 years. YHS are based in areas of disadvantage & offer a range of programs such as counselling, health promotion & education, primary health care clinics, alcohol & other drug services, case management, outreach & drop in health services to young people aged 12-24 years. Some services are non-government organisations & others are provided through the various Area Health Services in NSW. Specialised services provided through YHS are tailored to the needs of homeless & marginalised young people & take a social view of health, acknowledging that issues such as housing, education, employment & poverty need to be addressed

as these issues impact on the choices & subsequent health status of young people.

As well as providing free primary health care, YHS provide assistance in meeting the accommodation, education, housing & legal needs of homeless & marginalised young people. Music & visual art programs are also implemented to: help engage hard to reach young people; & keep young people engaged in multiple points of service delivery over a period of time i.e. a young person engaged in arts based programs are more likely to attend counseling services in the same building over the longer term, resulting in increased health & well-being. Despite these non-clinical programs proving, anecdotally, popular amongst clients (& effective in building resilience, problem solving skills & links with education & employment) due to a lack of published research & resources devoted to program outcomes, these crucial programs are often the first to be cut during times of economic downturn. Can we afford to stop offering such services if we are committed to reducing, & ultimately preventing, youth homelessness?

In 2006 NAAH undertook research to trial data collection tools to assess reach & effectiveness of YHS in NSW. Results from this research demonstrated that:

- specialised services & programs offered by YHS are effective in addressing the health & well-being

needs of homeless & marginalised young people;

- of the young people accessing YHS, the majority presented with social & environmental factors, including homelessness or accommodation instability, which inhibited them from accessing mainstream (health) services;
- the majority of homeless & marginalised young people accessing YHS presented with one or more health-related problems such as chronic diseases, physical/emotional/sexual safety, substance abuse, unsafe sexual health practices, mental health & primary health issues. Significant areas of concern included high risk drug & alcohol abuse (25%) & mental health issues (30%);
- YHS were effective in addressing the social & environmental challenges experienced by young people; &
- all of the young people involved in the research achieved positive improvements in regards to environmental

challenges (such as unstable accommodation) that previously inhibited them from accessing mainstream (health) services, & over half showed improvement of personal strengths & resilience (such as problem solving; living skills, sense of self & sense of purpose) that will assist them in managing their lives during difficult circumstances.

These results also demonstrate that the draft tool developed by NAAH was effective in collecting data regarding service provision with homeless & marginalised young people. Further application of this tool needs to be explored.

There is a strong research evidence base as well as policy direction (Federal Government's White Paper on Homelessness & NSW Homelessness Action Plan) that indicates:

- the longer the duration of homelessness for an individual, the more challenging it is to assist that person back into housing stability & mainstream social connectedness;
- the damaging effects of the 'homeless subculture';
- the transition from youth to adult homelessness is strongly linked to long term chronic homelessness;
- young people with complex needs benefit from secure accommodation integrated with support to maintain ties with mainstream education & employment, &

develop independent living skill;

- that young people who leave out-of-home care are at greater risk of homelessness & a range of other negative experiences, than the general population;
- there are increasing numbers of young people in the care & protection system;
- greater investment in effective responses is needed for overrepresented homeless populations, such as Aboriginal people;
- for young people, post housing support is critical for maintaining stable accommodation & beginning the process of social reintegration;
- coordination & planning prior to an institutional exit are critical to ensure that housing needs are considered & options explored;
- nationally between 2001 & 2006, there was a fall in the number of young people aged 12 to 18 who were experiencing homelessness - this may be due to the impact of early intervention & prevention programs for this age group;
- prevention & early intervention & family reconciliation programs have been effective in reducing homelessness among young people;
- coordinating government, non-government & emergency agencies in

providing housing & support;

- access to a range of longer-term supports & community-based services will increase the early intervention & recovery support options for people who are homeless with a mental illness & substance abuse disorders;
- the homelessness response needs tailored measures for young people;
- the need for integrated service hubs or 'one-stop-shops' for homeless & marginalised young people so they can access a broad range of co-located housing, health, welfare, legal, arts, financial, education & employment services that is based on social inclusion & community connectedness.
- young people are the largest group of people experiencing homelessness; &
- experiencing homelessness before the age of 18 years is a significant risk factor for long-term homelessness.

Provision of a "one-stop-shop" service & providing the opportunity for homeless &

marginalised young people to access services at one point of contact would significantly overcome many barriers reported by young people in "navigating the system". It is vital that co-location of YHS with other services which work with homeless & marginalised young people be supported by all sectors & departments of government. These services should also include prevention & early intervention, not just emergency based or clinically based services when problems are at an extreme. These services should also perform outreach services to areas where homeless & marginalised young people congregate or to other services they access (e.g. local youth services). YHS need to be working in partnership with other organisations & services, government & non-government in delivering services to homeless & marginalised young people.

In summary, NAAH believes the following are crucial in the journey towards reducing youth homelessness in NSW:

- commitment by all sectors & levels of government in providing specialised services to address the social, health & well-being needs of homeless & marginalised young people aged 12 to 24 years;
- co-location & joint outreach of YHS with other services & programs that target homeless & marginalised young people;
- YHS & other health services need to provide long term clinical care & intensive case

management to young people with a mental health issue &/or substance abuse issue;

- support & resources for NAAH data collection tool for further development & utilisation across youth health services & other youth related programs/ services;
- a commitment to homelessness prevention & early intervention when a homeless person is still a young person; &
- commitment by NSW Area Health Services to the *A Way Home: Reducing Homelessness in NSW: NSW Homelessness Action Plan 2009 – 2014* through support for co-location of service delivery to young people & increased allocation of resources to YHS in order to effectively address the health & well-being needs of homeless & marginalised young people aged 12 to 25 years in NSW.

*Note: For the purpose of this article, the term homeless and marginalised young people refers to the following groups of young people (& those at risk) who are: socio-economically disadvantaged; Aboriginal & Torres Strait Islander; culturally & linguistically diverse; refugees; gay, lesbian, bisexual & transgender; living with a disability; socially isolated; living in regional & rural areas; experiencing mental health problems; experiencing emerging or current drug & alcohol problems; experiencing a dual diagnosis; currently in or leaving out of home care; in contact with the criminal justice system; victims of crime; neglect & trauma; & experiencing family breakdown.*