PEER REVIEWED

FINAL REPORT NO. 459

Better futures: Supported accommodation for unaccompanied children and young people experiencing homelessness

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Publication Date April 2026
DOI 10.18408/ahuri4133801

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ISBN

978-1-923325-28-9

Series

AHURI Final Report

Number

459

ISSN

1834-7223

Publisher

Australian Housing and Urban Research Institute Limited
Melbourne, Australia

DOI

10.18408/ahuri4133801

Format

PDF, online only

URL

https://www.ahuri.edu.au/research/final-reports/459

Recommended citation

Robinson, C., Hobbs, C., Batterham, D., McGregor, J., Stone, W. (2026) *Better futures: Supported accommodation for unaccompanied children and young people experiencing homelessness,* AHURI Final Report No. 459, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/459, doi: 10.18408/ahuri4133801.

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Acknowledgements

This material was produced with funding from the Australian Government and state and territory governments. AHURI gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible.

AHURI also gratefully acknowledges the contributions, both financial and in-kind, of its university research partners who have helped make the completion of this material possible.

The authors thank National Practitioner Advisory Group members Toby Stoddart, Rebekka Gale, Michelle Ackerman, Anna Paris, Rebecca Duell, Justin Barker, Cheryl Lierton, Shaya Nettle, Charlotte England, Melinda Rendell, Jemma Wood and Amber Lee for their input and guidance; members of the Yfoundations Youth Homelessness Representative Council for their articulate and passionate advice, and John MacMillan and Simon Byrnes for supporting the Council's contribution to this project; managers of child- and youth-serving organisations across Tasmania and Victoria for graciously enabling staff and young people's participation in this research; young people and practitioners for their impactful and analytical contributions in group interviews; Trish Connolly for encouraging this project from inception; Emma MacDonald (School of Humanities and Social Sciences, University of Tasmania) and Any Flores (Housing, Homelessness and Urban Studies Research Group, Swinburne University of Technology) for research assistance; and Jamie Roberts (Mouse & Mind) for graphic design of the care continuum.

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An objective assessment of reports published in the AHURI journal series by carefully selected experts in the field ensures that material published is of the highest quality. The AHURI journal series employs a double-blind peer review of the full report, where anonymity is strictly observed between authors and referees.

This report is dedicated to children and young people known to homelessness services who have died, including during this project.

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Acronyms and abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AHURI	Australian Housing and Urban Research Institute
ARACY	Australian Research Alliance for Children and Young People
HF4Y	Housing First for Youth
HOP-C	Housing Outreach Program Collaboration (Canada)
LGBTQIA+	lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual
NHHA	National Housing and Homelessness Agreement
NASHH	National Agreement on Social Housing and Homelessness
NHIF CT	National Housing Infrastructure Facility Crisis and Transitional Housing
NSW	New South Wales
NT	Northern Territory
SA	South Australia
SARC	Social Action and Research Centre
SHS	specialist homelessness services
SHSC	Specialist Homelessness Services Collection
TAS	Tasmania
UNCRC	United Nations Convention on the Rights of the Child
VIC	Victoria
WA	Western Australia

Glossary

A list of definitions for terms commonly used by AHURI is available on the AHURI website ahuri.edu.au/glossary.

Executive summary

Key points

- Across Australia, significant numbers of children and young people are experiencing homelessness unaccompanied by a parent or guardian. They comprised 15% of all clients assisted by specialist homelessness services (SHS) in 2023–24, and 67% of all clients accessing SHS aged 12–24.
- Supported accommodation services are critical to efforts to respond to unaccompanied children and young people experiencing homelessness. However, it is unclear how effective existing services are at meeting their divergent needs.
- This project engaged 80 young people and practitioners across Tasmania and Victoria, with input from a National Practitioner Advisory Group and the Yfoundations Youth Homelessness Representative Council.
- Participants revealed that supported accommodation services do not always meet the age-related and developmental needs of unaccompanied children and young people. This is due to design and resourcing constraints.
- These design and resourcing constraints are conceptualised as a systemic problem of 'care conditionality', where limitations in the nature and duration of support and accommodation provision translate into unmet care needs and service rejections.
- Care conditionality also generates service gaps, particularly for unaccompanied children and young people with higher support needs related to young age, mental ill-health and perceived risky behaviour.

- **This report presents an adaptable, supported accommodation care continuum aligned to the contemporary care needs of unaccompanied children and young people experiencing homelessness. Its aim is to guide future service-strengthening and investment.**
- **The continuum, and the challenge to conditional care provision it presents, gives rise to four foundational policy and practice proposals:**
  - **Include unaccompanied homeless children and young people in policy, system and service design**
  - **Design and deliver age-appropriate supported accommodation services**
  - **Unconditionally match service design and resourcing to the complexity of unaccompanied children and young people's care needs**
  - **Strengthen responses to unaccompanied homeless children and young people nationally**

This project investigates how well supported accommodation service provision is matched to the currently presenting needs and priorities of unaccompanied children and young people aged 12–24 in Australia. This cohort includes children aged 12–17 and young people 18–24 who experience homelessness unaccompanied by a parent or guardian.[1]

While unaccompanied homeless children may be known to child protection services, unaccompanied child homelessness in Australia does not constitute grounds for state guardianship and out-of-home care provision. Parents retain legal responsibility for unaccompanied homeless children who are not subject to child protection orders—even if those children are not in their custody, and are not receiving effective guardianship.

It is also the case that children who are currently subject to child protection orders and who have been provided with alternative care may still experience homelessness unaccompanied. Further, up to 30% of young care leavers experience homelessness in the first year after leaving care (McDowell 2020: 42). As such, significant numbers of unaccompanied children and young people known to child protection services are accommodated and cared for in the specialist homelessness services (SHS) system.[2]

Centring on the experiences and insights of young people and practitioners, the project explores key limitations in the nature of supported accommodation commonly provided in the SHS system. It builds on the solutions that young people and practitioners propose by showcasing examples of national and international evidence-based models that have the potential to deliver the key elements of support and accommodation participants identify as most urgently needed.

1 The cohort is distinct from unaccompanied humanitarian minors resettling in Australia.
2 For discussion of unaccompanied homeless children, legal responsibility, and unaccompanied children's interface with child protection decision making in Australia, see NSW Department of Communities and Justice (2021), https://www.nsw.gov.au/departments-and-agencies/homes-nsw/social-housing-resources/shs-policy-unaccompanied-children-12-15.

The project supports policy, service and practice development, synthesising research findings to deliver an ideal service typology outlining the range of supported accommodation services required by unaccompanied children and young people. In doing so, the project foregrounds the value of conceptualising supported accommodation provision as a 'care continuum', which works to uphold the human rights of children and young people during a unique, developmentally vulnerable life stage, and in contexts of rapidly evolving high physical and mental risk.

The project was guided by the following research questions:

1. What are the diverse support and accommodation needs of unaccompanied children and young people aged 12–24 who are homeless in Australia?
2. How well do existing supported accommodation models meet the needs of unaccompanied children and young people aged 12–24?
3. How can identified gaps in supported accommodation service provision be addressed for unaccompanied children and young people aged 12–24?
4. What ideal typology of supported accommodation provision for unaccompanied children and young people aged 12–24 is indicated by research evidence? What are the implications of this typology for policy and practice development in Australia?

Key findings

The wellbeing needs of unaccompanied children and young people are developmentally intense. They require stability, including extended duration of accommodation provision and relational connection.

Interviews with young people and practitioners highlighted the foundational importance of stable, longer-term care. Such care must be responsive to developmental, housing, safety, health, learning and relational needs.

Young people and practitioners argued that short-term crisis accommodation fails to provide the time or structure necessary to build trust, address trauma, and transition into independence. This failure leaves young people cycling in and out of services.

Participants emphasised the need for extended stays in homely environments that offer shelter, along with holistic, relational care including:

- facilitated access to specialist and generalist health and mental health services
- support to participate in education and employment
- life skills training
- assistance in navigating complex welfare systems such as Centrelink, child protection and the National Disability Insurance Scheme.

Mental health support emerged as a particularly urgent need, with nearly half of the unaccompanied children and young people presenting to SHS experiencing mental health challenges.

Beyond clinical care, young people need:

- consistent, nurturing relationships with staff and peers
- opportunities for meaningful participation in supported accommodation services and beyond
- environments that welcome, celebrate, and support the development of their identities.

The absence of family support means these young people must rely on services to meet needs typically fulfilled by caregivers: emotional safety, guidance, advocacy, and material basics. Without addressing these foundational needs, efforts to support education, employment, and long-term wellbeing and independence are unlikely to succeed.

Limited resourcing and duration of support and accommodation produce 'care conditionality'. This restricts the quality and stability of care provision and translates into service gaps—particularly for unaccompanied children and young people with higher needs.

In this research, the concept of care conditionality has been developed to capture the key finding that there is a systemic limitation of care provision for unaccompanied homeless children and young people in the homelessness sector.

Limited care provision is evident through:

- short periods of support and accommodation that do not provide for stability and healing
- under-staffing of services
- significant service gaps for unaccompanied children and for those with more complex needs
- service design and practice that is non-compliant with Child Safe Organisations legislation

Conditional care provision arises from a lack of understanding and recognition of the level of care unaccompanied children and young people may need, and from the related lack of resources to fully meet their diverse care needs in a developmentally and age-appropriate way. Characteristics of conditional care are that it:

- is conditional on adherence to rules around risky behaviours and group living
- is not matched to the types and duration of need unaccompanied children and young people present
- may require unaccompanied children and young people to reach a high threshold of 'housing readiness' to access services.

Ultimately, young people and practitioners observed that care conditionality results in the exclusion of unaccompanied children and young people perceived as 'higher risk' from support and accommodation.

This is because their more intensive and wide-ranging needs—related for example to mental ill-health, complex trauma, substance use and criminal justice involvement—exceed the resourcing and capacity of existing services. This is acutely damaging for unaccompanied children and young people needing access to immediate safety and care during a developmentally critical period.

It also leaves staff exposed to high stress, ongoing moral injury and vicarious trauma—particularly those who operate in services staffed using a one-worker model. Staff burnout further disrupts the ability of services to provide continuity of care, and prompts broader concern about workforce sustainability in the child and youth homelessness sector.

A common observation from young people was the limited capacity of all supported accommodation types to provide appropriate and skilled support for mental ill-health, substance misuse and situational distress, including self-harm and suicidality.

Both young people and practitioners gave clear, corresponding accounts of how unaccompanied children and young people with these more complex needs become 'stuck' in cycles of crisis and medium-term service provision, where:

- exits home are not safe or well-supported
- exits into transitional supported accommodation services, social housing or private rental remain impossible due to young age, low income, and higher support needs.

Strengthening care provision involves increasing practitioner capability and safety through a minimum two-worker model as well as workforce development and a focus on creating home-like environments. Addressing urgent service gaps is needed, including in system entry and assessment, early intervention focused on family reunification, low-barrier supported accommodation services, and outreach.

Young people and practitioners identified confronting the current conditional nature of care provision as the key to addressing gaps in the supported accommodation service continuum. Increasing service capacity—in terms of staff-to-client ratios and staff skill levels—was seen as the primary vehicle for immediate systemic improvement. Urgent interventions to address specific service gaps included:

- family reunification—in particular for children at risk of or experiencing homelessness unaccompanied by a parent or guardian
- rapid entry into low-barrier, care-focused, medium-term and long-term services for unaccompanied children and young people unable to return home or enter existing transitional services
- long-term mobile outreach for housing stabilisation. This would enable children and young people to safely access a broader range of housing options, including returning home, and entry into social and private rental housing.

Young people also reflected on the need for much greater attention to the physical design of services and their operational rules, with a view to considering how best to implement and sustain the kinds of home-like environments they needed.

They emphasised that professionals working with children and young people should receive locally relevant training in how to identify and respond to unaccompanied child and youth homelessness. They also discussed the need for broader community education and information campaigns—including specifically for children and young people—to increase awareness of available services and how to access them.

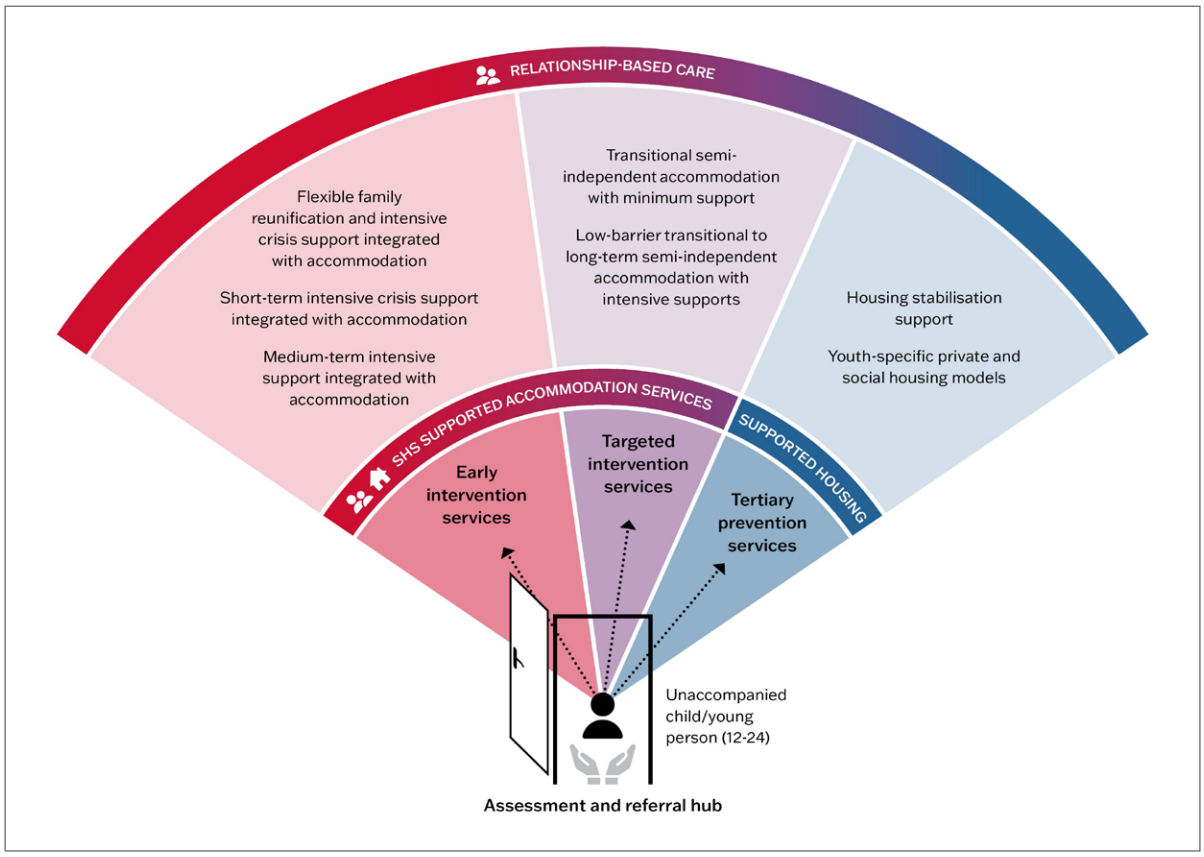
Ideal supported accommodation provision for unaccompanied children and young people aged 12–24 should focus on providing clear pathways for assessment, and on direct entry into accessible and inclusive continuum of care options matched to need.

The findings from this research, which include existing examples of supported accommodation models, are drawn together to inform an ideal supported accommodation care continuum.

The continuum sets out the basic service types needed to address the needs of unaccompanied children and young people. It identifies and addresses issues of care conditionality and service rejection across the service spectrum, including early intervention, targeted intervention and tertiary prevention.

The continuum is premised on a rights-based approach to meeting the survival and care needs of unaccompanied children and young people by providing continuity of relationship-based care and adequately staffed home-like services. Such services would enable the stable provision of care to those children and young people who most need it.

Figure 1: A supported accommodation care continuum for unaccompanied children and young people aged 12–24



Source: Authors.

Policy development options

The care continuum, and the challenge to conditional care provision it presents, gives rise to four foundational policy and practice proposals:

1. Include unaccompanied homeless children and young people in policy, system and service design.
2. Design and deliver age-appropriate supported accommodation services.
3. Unconditionally match service design and resourcing to the complexity of unaccompanied homeless children and young people's care needs.
4. Strengthen responses to unaccompanied homeless children and young people nationally.

Include unaccompanied homeless children and young people in policy, system and service design

Engagement with the perspectives of unaccompanied children and young people on what they want and need from supported accommodation services is critical.

The urgent plea from young people for increased capacity within supported accommodation services cannot be understated—including the provision of integrated care with a focus on mental health.

The commitment of the Australian Government to engage with youth advisory councils on a range of key areas of pressing public policy could usefully include dedicated, supported, appropriate inclusion of children and young people who have experienced unaccompanied homelessness, whose voices can inform ideal responses.

The experience and knowledge of unaccompanied children, young people and practitioners must also be held at the centre of research, with particular work needed to engage the perspectives of unaccompanied children under 14 years of age whose voices are rarely heard in academic or community sector research.

Young people's specific emphasis on the need for child-focused and youth-focused service advertising and community education was telling, as were their observations about the knowledge and practice limits of non-SHS professionals—particularly within the education and mental health sectors.

Among the vital, achievable objectives young participants identified were:

- training for professionals
- broad school-based and community information and education programs on identifying child and youth homelessness
- information about how to access homelessness support services.

Design and deliver age-appropriate supported accommodation services

Providing an inclusive and accessible supported accommodation care continuum for unaccompanied children and young people requires a significant shift in how supported accommodation services are imagined, designed and resourced.

At the heart of this shift is a re-centring of the rights of children and young people to survive, to be protected, and to be supported to flourish in a context in which they do not have consistent access to effective guardianship. A re-centring of basic rights to life, safety, education and access to health services forces the question: what do unaccompanied children and young people need to realise these rights, including in the physical design of residential services?

In identifying the value of an intentional and explicit conceptual and practical shift from support and accommodation to care, the ideal typology opens additional questions about replacing the provision of often nebulously described 'support' with contemporary, evidence-based models of care. Additional research is needed to specifically review practice models in child and youth SHS, in service commissioning, and in workforce training available for the SHS sector. Such research would consider:

- which models of care provision are realistic, legislatively compliant, and impactful for delivery within child and youth SHS
- how to continue to evolve a sector equipped to meet the intensity of care unaccompanied children and young people may require.

The ideal approach to supported accommodation service delivery also prompts consideration of how to more adequately skill and resource practitioners to undertake prevention and early intervention work with families. This is connected to the underpinning principle that homelessness for unaccompanied children and young people is different to adult homelessness—as it fundamentally relates to a crisis in care rather than in housing.

Unconditionally match service design and resourcing to the complexity of care unaccompanied homeless children and young people need

SHS supported accommodation services alone cannot wholly enable the realisation of rights for unaccompanied children and young people. However, they are remarkable spaces of safety and flourishing. They are key connection points enabling safety, family, social and educational re-engagement, service access and integration, and personal physical and psychological recovery and healing.

This research reveals that:

- the need for such services outstrips supply
- the two key cohorts of unaccompanied children and those with complex support needs are least likely to be able to access care.

The vulnerability of unaccompanied children and young people with complex support needs overwhelms the risk threshold, staffing capacity and capability of available youth SHS supported accommodation services.

In prompting the critical review of how supported accommodation is conceptualised and designed for unaccompanied children and young people in Australia, this project foregrounds the value of providing national policy guidance on ideal, inclusive and accessible supported accommodation service provision, including the regulation of staff-to-client ratios with a two-worker model set as a minimum national standard.

Strengthen responses to unaccompanied homeless children and young people nationally

Unaccompanied child and youth homelessness receives highly divergent policy recognition, investment and practice responses across jurisdictions in Australia. There is a clear opportunity to develop a rights-based national child and youth housing and homelessness plan which can realistically set out best practice care responses for unaccompanied children and young people. A national plan would support the consolidation and sharing of existing best practice, including from across Australia, and inform the ideally mandated implementation of national care standards for child and youth SHS, as well as standalone child and youth homelessness state and territory action plans.

Investment in the continued development of relevant data collection and reporting on unaccompanied child and youth homelessness is crucial. The Census is currently unable to report on children and young people's unaccompanied status, and until August 2025 the Australian Institute of Health and Welfare (AIHW) only reported on young people aged 15+ presenting to SHS services alone. National adoption of the term 'unaccompanied child' as specifically referring to children under 18 and not in the care of a parent or guardian is key, as are standalone AIHW reports documenting the SHS interactions of unaccompanied children and young people in policy- and practice-relevant cohorts (ages 12–15, 16–17 and 18–24).

Finally, while research has a role in instigating critical engagement with service design, current SHS supported accommodation services need access to a service innovation fund and a clearinghouse that would enable services to document, evaluate and share service design—including specific models of practice. Some larger organisations providing supported accommodation services may attract philanthropic investment for service innovation and evaluation. However, the lack of systematic, accessible and equitable engagement in service design and practice improvement is an unnecessary handbrake for the SHS sector, which could be addressed by the Australian Government.

The study

Framed by robust governance addressing safeguarding and distress management in research involving children and young people, this project was undertaken utilising a mixed-methods approach. A specially convened National Practitioner Advisory Group and the Yfoundations Youth Homelessness Representative Council provided guidance, input and critical review at key points.

Customised data from the Specialist Homelessness Services Collection (SHSC) was used to examine the range and scale of need for supported accommodation of children and young people aged 12–24 presenting unaccompanied to SHS. In-depth group interviews were used to explore how effectively current supported accommodation provision meets the needs of unaccompanied children and young people. Interviews were undertaken in Tasmania and Victoria with unaccompanied children and young people aged 14+ who were current residents of a diverse mix of supported accommodation services, and with youth outreach and SHS practitioners (frontline and managerial).

In total, 51 young people from 10 different supported accommodation services participated in resident 'dinner-table' interviews. This included participants who were current residents in five crisis services, two medium-term services, and three transitional services. Eight in-depth group interviews were held with a total of 29 SHS and youth outreach practitioners: five in Tasmania and three in Victoria. Practitioners from eight services in Tasmania and Victoria participated; these included outreach services and mixed and single gender crisis, medium-term and transitional supported accommodation services.

Data analysis was thematic; researchers collaboratively developed and applied a coding frame to draw together key themes across interview transcripts from young people and practitioners in response to research questions. Interview data analysis informed the selection and review of selected national and international evidence-based models of support and accommodation. Key learnings were then synthesised in an ideal service typology to inform system, service and practice review.

1. Introduction

- **Unaccompanied children and young people aged 12–24 years comprise 15% of all presentations to specialist homelessness services (SHS) in Australia. This has immediate and long-term negative impacts on their wellbeing.**
- **In Australia, a central response to unaccompanied child and youth homelessness is short-term supported accommodation services. These services bring together unaccompanied children and young people of different ages, ignoring their diverse developmental and practical needs.**
- **Research and evaluation have predominantly focused on the operation of single supported accommodation models. There has been little consideration of the match between the supported accommodation service system and the contemporary support and accommodation needs of unaccompanied children and young people.**
- **Informed by a National Practitioner Advisory Group and the Yfoundations Youth Homelessness Representative Council, this project brings together Specialist Homelessness Services Collection (SHSC) data and direct engagement with young people and practitioners in Tasmania and Victoria to understand in more depth the range of supported accommodation options most needed.**

1.1 Unaccompanied child and youth homelessness in Australia

Homelessness experienced by children and young people aged 12–24, in particular when unaccompanied and under the age of 16, contributes to significant lifelong negative outcomes including high rates of suicide and increased likelihood of adult homelessness (Gaetz, O'Grady et al. 2016; Scutella, Johnson et al. 2013).

Children and young people are considered a priority cohort in most state and territory responses to homelessness—yet they continue to experience high rates of homelessness in Australia. Of those homeless on Census night 2021, the most recent Australian Census, over a third (37%) were aged under 25 (Australian Bureau of Statistics [ABS] 2023). Of those accessing specialist homelessness services (SHS) across the 2023–24 financial year, around a quarter (27%) were aged under 18 (AIHW 2024a).

Of particular concern are those children and young people experiencing homelessness unaccompanied by a parent or guardian. The accompanied status of children and young people experiencing homelessness is not collected in the homelessness estimates produced by the ABS.

While the Specialist Homelessness Services Collection (SHSC) reports on unaccompanied young people, it has previously only done so from age 15 and up. Given SHS routinely accommodate from age 12+ in New South Wales and Tasmania, with other states increasingly providing for the age 12–15 cohort, customised data was requested from the AIHW for this project to enable insight into SHS access for both unaccompanied children and young people.

These data (see Table 1) revealed that nationally, 42,652 children and young people aged 12–24 were experiencing homelessness unaccompanied and received support from SHS across Australia in the 2023–24 financial year. This equates to over two-thirds (67%) of all children and young people aged 12–24 accessing SHS, and 15% of all SHS clients. This number includes 4,292 unaccompanied children aged 12–15; 7,742 unaccompanied children aged 16–17; and 30,618 young people aged 18–24.

Table 1: Number of unaccompanied children and young people accessing SHS support by age group, Australia, 2023–24

Age group	Number of unaccompanied children and young people (nationally)
12–15	4,292
16–17	7,742
18–24	30,618
Total	**42,652**

Source: Authors' calculations using Specialist Homelessness Services Collection (SHSC), 2023–24, customised request.

Since commencing this project, the AIHW has developed a method to produce estimates of unaccompanied children aged 12–17 accessing SHS support on an ongoing basis (AIHW 2025).[3]

The data, released in 2025 and using a slightly different method, reveals that 13,301 unaccompanied children aged 12–17 accessed SHS support in the 2023–24 financial year. The number of unaccompanied children by state/territory is reported in Figure 2 as vertical grey bars, along with the percentage of all children aged 12–17 who received support from an SHS who were unaccompanied, depicted as a red line.

As can be seen in Figure 2, there are unaccompanied children accessing SHS in each state/territory, with more than a third (37%) of all 12–17 year olds in Tasmania doing so unaccompanied, and over a quarter (27.4%) in New South Wales.

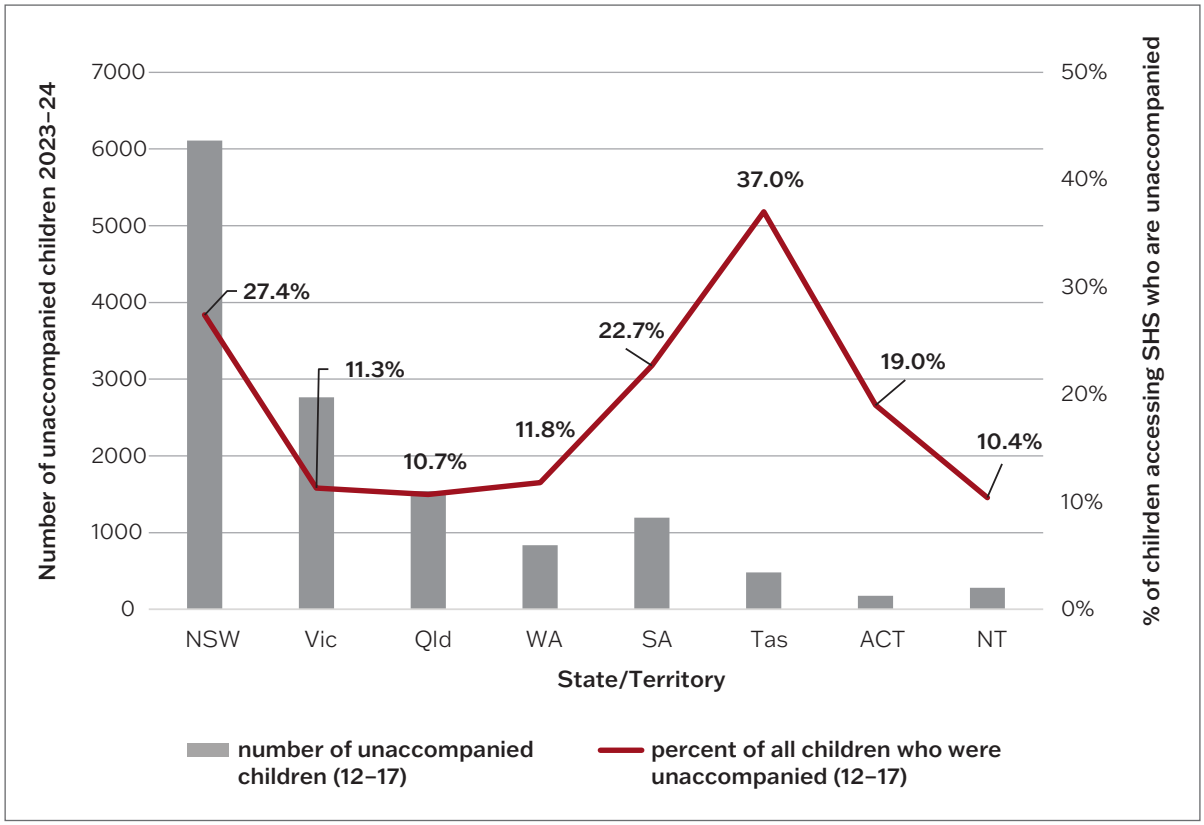
3 This outcome followed advocacy from the lead author and was informed by the research team's customised data request.

However, it is crucial to note that these numbers only reflect existing service capacity and availability for this cohort—with both Tasmania and New South Wales having a dedicated service response for unaccompanied under 16s. These figures do not capture:

- underlying demand from children and young people who may be homeless and unaccompanied but do not seek support from SHS
- children and young people who seek support from SHS, but who are turned away.

For these reasons, the actual number of children experiencing unaccompanied homelessness is expected to be much higher.

Figure 2: Number and percentage of unaccompanied children (12–17 years) accessing SHS by state/territory, 2023–24



Source: AIHW (2025) data tables: Unaccompanied children receiving specialist homelessness services, Table 1: Children receiving SHS support, by client group, states and territories, 2019–20 to 2023–24, and Table 2: Children receiving SHS support, by client group, sex and age group, states and territories, 2019–20 to 2023–24

These data can be further broken down by age group and state/territory—as shown in Table 2.

Table 2: Number of unaccompanied children and young people accessing SHS by age group (12–14 years, 15–17 years) and state/territory, 2023–24

Age group	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
12–14 years	1,279	484	68	175	316	n.p.	6	48	2,433
15–17 years	4,746	2,151	1,441	620	809	n.p.	169	220	10,497
Total (12–17 years)	6,108	2,762	1,543	835	1,195	480	178	279	13,301

Source: AIHW (2025) data tables: Unaccompanied children receiving specialist homelessness services, Table 2: Children receiving SHS support, by client group, sex and age group, states and territories, 2019–20 to 2023–24.

Note: consistent with AIHW reporting, some data for Tasmania and the ACT have been supressed (or not provided) for confidentiality reasons.

Along with data from our customised request, these numbers underscore that unaccompanied child and youth homelessness is a substantial problem in Australia across jurisdictions—and the scale is not yet fully known.

In Australia, the central response to unaccompanied child and youth homelessness occurs in the SHS, and in short-term supported accommodation services that bring together unaccompanied children and young people of different ages, with varying developmental and practical needs.[4] It encompasses services that coordinate support with accommodation for varying lengths of stay in both congregate and semi-independent accommodation settings.

Types of supported accommodation commonly include:

- crisis accommodation—up to 3 months
- medium-term accommodation—up to 12 months
- transitional housing—up to 2 years.

In Australia, transitional housing commonly includes the high-barrier Foyer model adopted from the United Kingdom (see Foyer Foundation 2024). Recently Australia has seen local emergence of the low-barrier Housing First for Youth (HF4Y) model, adopted from Canada (see Homeless Hub 2025).

The social and structural landscape in which the child and youth SHS sector deliver supported accommodation has shifted dramatically over the last decade. Supported accommodation is no longer a transitory service space on the way to 'self-reliance and independence', as it was once imagined under Section 5 of the *Supported Accommodation Assistance Act 1994*.

SHS supported accommodation options must now respond to the ongoing care and housing needs of young children aged 12+ in a broader socio-structural context of a housing crisis, in which even working adult couples can struggle to access affordable housing. In addition, a youth transition crisis also prevails, in which prolonged parental support and housing provision is a necessary embedded practical and cultural feature of contemporary Australians' transition into young adulthood. Problematically, such foundational support is not available to all (Youth Network of Tasmania 2023).

Importantly, supported accommodation options dominate service provision for children under 18 years who experience homelessness unaccompanied by a parent or guardian. Unaccompanied children experience intractable age-related and development-related barriers to accessing independent housing.

4 While 'supported accommodation' is also a term used to describe service provision in the disability and aged care sectors, it is a broadly used term in SHS supported accommodation.

The specific drivers of homelessness for children under 18—family conflict, sexual and physical abuse, experiences of family violence—are associated with complex trauma. Due to their age and developmental stage, accommodation is only one core need—along with parenting (including active legal guardianship); mentoring; and meaningful, long-term care relationships.

Alternative care options outside of SHS-managed supported accommodation services are largely limited to out-of-home care services and detention facilities, both of which exit vulnerable children and young people into SHS supported accommodation services.

To date, research and evaluation have predominantly focused on the operation of single supported accommodation interventions, with very limited consideration of the match between the overall system of available supported accommodation services and the needs unaccompanied children and young people present.

There is even less consideration of the match between supported accommodation systems and what children and young people themselves identify as support and accommodation priorities. More broadly, a deep siloing of innovation in policy development and service design between Australian states and territories is reinforced by the absence of national leadership and policy—there is little to require and guide best practice responses to unaccompanied child and youth homelessness.

This report aims to further interrogate the provision of supported accommodation in the child and youth homelessness sector in Australia. It is one component of the broader systemic response and change needed to prevent and end homelessness for children and young people. Supported accommodation services invite closer scrutiny in terms of:

- how such services are experienced by children and young people
- the extent to which existing services respond to children and young people's needs
- what a supported accommodation service continuum should look like, including from the viewpoint of children and young people themselves.

1.2 What is the ideal suite of supported accommodation services needed?

Given the large numbers of children and young people presenting unaccompanied to SHS supported accommodation services in Australia, the aim of this project is to understand whether the provision of supported accommodation services is well-matched to the currently presenting care needs and priorities of children and young people.

This project supports policy, service and practice development. It does this by providing an updated picture of the ideal supported accommodation service continuum required by unaccompanied children and young people in the Australian context, and highlighting gaps where service offerings can be strengthened.

The project also foregrounds the value of conceptualising supported accommodation provision as a 'care continuum', which works to uphold the human rights of children and young people during a developmentally vulnerable life stage, and in contexts of high physical and mental risk.

The project is guided by the following research questions:

1. What are the diverse support and accommodation needs of unaccompanied children and young people aged 12–24 who are homeless in Australia?
2. How well do existing supported accommodation models meet the needs of unaccompanied children and young people aged 12–24?
3. How can identified gaps in supported accommodation service provision be addressed for unaccompanied children and young people aged 12–24?
4. What ideal typology of supported accommodation provision for unaccompanied children and young people aged 12–24 is indicated by research evidence? What are the implications of this typology for policy and practice development in Australia?

1.3 Current policy context

The issue of child and youth homelessness has been the subject of policy debate and inquiries in Australia for many years. Landmark reports calling for urgent action notably include *Our Homeless Children* (Human Rights and Equal Opportunities Commission 1989) and *Report on Aspects of Youth Homelessness* (House of Representatives Standing Committee on Community Affairs 1995). In recent years, the unaccompanied child and youth homelessness policy context has been enlivened by the prospect of a National Housing and Homelessness Plan, and the replacement of the National Housing and Homelessness Agreement (NHHA) with the National Agreement on Social Housing and Homelessness (NASHH) in July 2024 (Commonwealth Government 2024).

During 2022–2023, significant national advocacy focused on the need to develop a standalone national child and youth homelessness plan (see for example National Coalition to end Child and Youth Homelessness 2023; Yfoundations 2023). However, the need for developmentally appropriate, tailored responses to unaccompanied child and youth homelessness was not captured in the National Housing and Homelessness Plan consultation summary (Australian Government 2024), and the designation of priority cohorts in the NHHA, including children and young people (Commonwealth of Australia 2018: 17), was removed in the subsequent NASHH.

Through bilateral agreement, each Australian state and territory is required to develop its own strategy to address homelessness and social housing needs. These strategies must align with the objectives and principles outlined in the NASHH, ideally ensuring a cohesive national approach while allowing for regional variations and specific local needs. State/territory strategies are essential for tailoring responses to the unique challenges faced by different communities. Such strategies must include detailed plans for service delivery, funding allocation and performance monitoring.

This approach ensures that states/territories can address their specific homelessness issues while contributing to the national goals. However, this flexibility for states and territories to determine their own priorities under the NASHH, including priority cohorts (with the exception of Aboriginal and Torres Strait Islander people) is a double-edged sword. It enables potential state- or territory-based leadership on child and youth homelessness, but also further obfuscation of the unique needs of children and young people in the context of homelessness.

To date, Queensland is the only state with a standalone youth homelessness policy, *Towards Ending Homelessness for Young Queenslanders 2022–2027: A policy and integrated framework of housing with support* (Queensland Government 2022). The Queensland policy complements the *Queensland Housing Strategy 2017–2027* and the *Queensland Housing and Homelessness Action Plan 2021–2025* (Queensland Government 2017; 2021).

The policy framework focuses on children and young people 12–24 years, explicitly takes the need for integrated housing and support as a starting point for an age-appropriate response, and includes commitments to expanding the supported accommodation service continuum, including:

- additional Foyers
- trauma-informed supported accommodation for young people with complex needs
- support and accommodation options for 12–15 year olds.

New South Wales and Tasmania are the only Australian states or territories to have standalone policies addressing homelessness for unaccompanied children aged 12–15:

- New South Wales: unaccompanied child homelessness is addressed in the *Unaccompanied Children 12–15 Years Accessing Specialist Homelessness Services Policy* (NSW Department of Communities and Justice 2021).
- Tasmania: unaccompanied child homelessness is addressed in *Under 16 Homelessness: A Policy Framework for Tasmania (Tasmanian Government n.d.-a) and Under 16 Homelessness: Practice Guidelines for Specialist Homelessness Services* (Tasmanian Government n.d.-b).

In New South Wales, the Homeless Youth Accommodation Program has evolved as a specialist SHS response providing statewide non-statutory care of children aged 12–15 years, with a focus on reunification and early intervention to prevent entry into the broader SHS sector. In Tasmania, a small number of Youth at Risk Response Services and one reunification service offer a mix of supported accommodation services for unaccompanied children aged 12–15 years.

In the ACT, long-held practitioner concern about unaccompanied child homelessness in the youth sector led to the collaborative development of the Safe and Connected Youth Program. The program is a coordinated response including outreach and supported accommodation for children and young people aged 8–15 years who are at risk of homelessness (ACT Community Services Directorate and the Youth Coalition of the ACT 2021). The ACT's program is a licensed version of the long-established Uniting Care Ruby's Reunification Program that originated in South Australia. (There is further reference to The Safe and Connected Youth Program model in subsection 4.2.2.)

As illustrated by the ongoing advocacy of the NSW Ombudsman (2018; 2020; 2023), Homelessness NSW and the Tasmanian Commissioner for Children and Young People (2019; 2024), the development of specific policy responses for children at risk of or experiencing homelessness unaccompanied has been difficult to achieve. It remains a problematic and underdeveloped area of policy development in all Australian jurisdictions.

In particular, the continued lack of accountability for the care of unaccompanied children remains, despite the extreme risks and poor outcomes known to exist for this cohort. Non-statutory care provision within the SHS sector reflects the realities of out-of-home care as a scarce, extremely high-threshold, last-resort response that is neither intended nor designed to meet the needs of all children and young people unable to live in homes with effective guardianship.

The licensing of the South Australian Ruby's Reunification Program across multiple jurisdictions suggests ongoing interest in and need for early intervention, non-statutory care options. Such options should be ideally placed to prevent escalation of children and young people within both the SHS and child protection systems. However, the question of how to more adequately acknowledge and approach the longstanding provision of non-statutory care for children and young people in the SHS sector remains.

More broadly, there is also considerable jurisdictional variation in the extent to which general housing and homelessness policy focuses on preventing or responding to homelessness for children and young people.

Tasmania: *The Tasmanian Housing Strategy Action Plan 2023–27* acknowledges children and young people as the cohort experiencing the biggest increase in homelessness in Tasmania. It outlines a strategic focus on implementing youth-specific housing models—especially for those exiting out-of-home care and institutional settings (Tasmanian Government 2023).

Queensland: *Homes for Queenslanders* acknowledges the particular disadvantage faced by young people experiencing homelessness and commits to the creation of an integrated Youth Support Centre with Brisbane Youth Service and eight additional youth Foyers (Queensland Government n.d.).

Western Australia: *All paths lead to a Home: Western Australia's 10 Year Strategy on Homelessness 2020–2030* includes discussion of early intervention, including increasing capacity for schools and youth services sector to identify risk of homelessness. It also showcases the Foyer Oxford program (Government of Western Australia n.d.).

New South Wales: The *NSW Homelessness Strategy 2025–2035* makes only a brief mention of young people as a priority group (Homes NSW 2025).

Northern Territory: *The Northern Territory Homelessness Strategy 2025–2030* has a brief mention of young people as a priority group (Department of Children and Families 2025). However, there has been previous acknowledgment of youth homelessness as 'a critical issue requiring a strategic response' (Northern Territory Government 2024).

South Australia: *Children and young people are largely missing from Our Housing Future 2020–2030* (Government of South Australia 2019) and there is no current homelessness strategy.

ACT: Children and young people are noted as a priority in the *ACT Housing Strategy* and subsequent implementation plan (ACT Government 2018; 2020), which also acknowledge those presenting unaccompanied to services.

Victoria: The adoption of a 'life stage approach' in the *Victorian Homelessness 2020 Strategy* (Victorian Government Department of Human Services 2010: 13) set an innovative precedent for a focus on the unique experience of homelessness for young people. However, this focus is not sustained in current policy, *Victoria's Homelessness and Rough Sleeping Action Plan* (Victorian Government Department of Health and Human Services 2018). Following the Legal and Social Issues Committee Inquiry into Homelessness in Victoria (Parliament of Victoria 2021), the Victorian Government's (2024) formal response describes initiatives to address homelessness for young people.

Recent Victorian budget (2025) commitments include a suite of child and family support and therapy initiatives to increase capacity for:

- homelessness prevention
- mobile outreach
- supported studio accommodation
- Education First Youth Foyers
- focusing on young people with complex needs and/or leaving care or institutional settings.

The Victorian commitments also include a new Housing First initiative and continuation of the Youth Dual Diagnosis Initiative.

National: Although there is no national strategic policy addressing child and youth homelessness, there has been continued investment in early intervention through the outreach program Reconnect. This program aims to reunify children and young people aged 12–18 with their families. In 2025, the Australian Government launched a new National Housing Infrastructure Facility (NHIF) program for the construction of new crisis and transitional (CT) housing facilities for:

- women and children escaping domestic violence
- young people experiencing homelessness (Housing Australia 2025a).

However, as states and territories set NHIF CT priorities locally, it is unclear to what extent this investment will materialise as youth homelessness responses. The need for integrated support and accommodation as the age-appropriate response to child and youth homelessness has been identified for a long time—but the funding to operate it has been lacking. In Tasmania, for example, young people were dismissed as a priority cohort for the NHIF CT program due to a lack of funding for needed supports (Housing Australia 2025b).

In summary, this brief policy review reveals a landscape of uneven, fragmented policy development, with limited examples of comprehensive policy frameworks or action plans addressing unaccompanied child and youth homelessness. Limited distinction is made about either:

- the needs of unaccompanied children and young people
- how these needs should translate into planned programs of diverse support and accommodation responses.

Overall, there is little policy guidance on the role of supported accommodation in responding to homelessness for 12–24 year olds, or about what continuum of supported accommodation services is ideally required to meet the needs of this cohort.

1.4 Supported accommodation services in Tasmania and Victoria

Neither Tasmania nor Victoria has a standalone strategic policy framework for responding to homelessness for unaccompanied children and young people. However, both states offer a continuum of supported accommodation options including crisis and medium-term supported accommodation and transitional housing.

1.4.1 Tasmania

Tasmania has a modest but well developed supported accommodation service continuum that includes three supported accommodation services specifically targeting 12–15 year olds—one specialising in family reunification, and two specialising in crisis accommodation. (For a detailed overview of all available supported accommodation services, see Department for Education, Children and Young People 2024.)

Tasmania also offers a Youth to Independence (Y2I) program for young people aged 16–24, which implements an Education First approach—which means young residents must be assessed as 'housing ready' and be engaged in education or training.[5]

5 For further information on the Education First Foyer model, see https://www.efyfoyers.org.au/the-model/the-model-explained.

Y2I comprises five Education First Foyers offering transitional housing with support, and a range of transitional housing in clustered shared and independent accommodation with support nearby (see Homes Tasmania n.d.). There are:

- five crisis accommodation services for unaccompanied children and young people aged 13–20
- two medium-term supported accommodation services
- two other services offering young people aged 16–24 a range of transitional housing in independent units, with support provided through outreach.

Even with these options, significant gaps remain. The Commissioner for Children and Young People Tasmania recently advocated that the Tasmanian Government urgently needs to 'develop a greater range of responsive short, medium and long-term housing, accommodation and support options across the public health continuum for children and young people in Tasmania' (2024: 6).

1.4.2 Victoria

Victoria has a range of supported accommodation options—predominantly for young people. There are approximately 20 youth refuges providing crisis accommodation across Victoria. Most services are concentrated in Greater Melbourne, along with some services in regional cities such as Bairnsdale and Morwell (Parliament of Victoria 2021: 207). Unlike in Tasmania, where crisis services accommodate from ages 12–13, Victorian refuges are targeted to those aged 16–25, with some accepting children and young people from 15 years, or close to 16. There are no dedicated SHS services in Victoria for unaccompanied children under 16.

Victoria has a transitional housing program where people experiencing homelessness on exiting crisis accommodation are given rolling three-month tenancy agreements in social housing properties and provided with outreach case-management support.

Most properties for children and young people are shared. There are six youth Foyers, including three in regional Victoria, as well as programs that are a hybrid of the transitional housing program and Foyer models (Foyer Foundation 2024). Similar to Foyers, these transitional housing models provide integrated support and accommodation for up to two years for young people aged 16–24 who are completing their education.

A unique recent service is Melbourne City Mission's (MCM) Youth Housing Initiative (YHI) pilot, which provides integrated support and housing for four years, and aims to help young people transition to adulthood and avoid re-entering homelessness (MCM 2025a).

1.5 Existing research

The main focus of research on unaccompanied child and youth homelessness documents the deprivations, ill-health and harms experienced by homeless children and young people—which are both causes and consequences of their homelessness.

Documenting deprivations is important. However, as noted in an earlier AHURI report on the service system for youth homelessness, research on appropriate and effective strategies for reducing homelessness is lacking and urgently needed (MacKenzie, Hand et al. 2020).

There is no easily identifiable academic research that documents the ideal mix or continuum of supported accommodation service types that would best respond to the needs that unaccompanied children and young people present in Australia.

Further, there is no easily identifiable research that investigates what continuum of supported accommodation services is actually wanted by unaccompanied children and young people in Australia.

There is also limited evidence about explicit models of service provision and practice within supported accommodation services (Jaman, Corrales et al. 2025). This is despite evidence that *how* support is provided has crucial impacts for the outcomes of children and young people—particularly for those with more complex needs (Barker, Humphries et al. 2012; Ellem, Smith et al. 2020; Shaw and Gamble 2023; Vale and Liddy 2021).

In general, there is minimal research literature on effective interventions for children and young people experiencing or at risk of homelessness in Australia. Where it is available, it considers a broad range of therapeutic, family-focused, outreach, accommodation and housing interventions (Barker, Humphries et al. 2012; MacKenzie, Hand et al. 2020; Toumbourou and Heerde 2021).

A recent novel contribution is a systematic review from Rambaldini-Gooding, Keevers et al. (2024), which gathers evidence on a wide range of youth homelessness interventions with particular consideration for research involving young people's perspectives on these. Rambaldini-Gooding, Keevers et al. identify:

- the centrality of positive relationships
- youth voice and participation
- the need for a 'beyond housing' approach that emphasises the central role of supports in exiting homelessness for those aged under 25.

Similarly, international research literature works to identify the broad spectrum of multi-systemic and cohort-specific youth homelessness interventions needed. This research notably includes the work of internationally leading researchers attached to the Making the Shift Youth Homelessness Social Innovation Lab[6] (see for example, Gaetz, Buchnea et al. 2024). The scope of such work can mean that:

- understanding the need for and value of supported accommodation services is harder to identify
- evaluations of newer single-program models, such as Foyer and HF4Y, are more readily accessible (see for example Coddou, Borlaggden et al. 2019; Gaetz, Bonakdar et al. 2023).

Systematic reviews of youth homelessness interventions have identified the particularly weak nature of evidence to guide the design of and investment in crisis, transitional and permanent supported accommodation options (Morton, Kugley et al. 2020; Semborski, Redline et al. 2021; Wang, Mott et al. 2019).

There is excellent system-level research evidence on what works for youth homelessness prevention and intervention in general, and some good evidence to help shape an ideal continuum of supported accommodation services within this. However, there is a lack of good evidence to support decision-making about which supported accommodation interventions might currently be most needed and therefore prioritised for investment.

The limited body of Australian academic and community sector research foregrounds that:

- effective models of supported accommodation must be appropriately designed for and target developmental age and intensity of need (Robinson 2017a; 2022)
- supported accommodation services targeting unaccompanied children and young people with complex needs are policy and practice gaps in Australia (Chowdry, Barker et al. 2018; Cooper 2018; Moore 2021; Morgan, Dobson et al. 2025).

6 See https://makingtheshiftinc.ca/.

Further, a gap in supported accommodation services has been identified for young people aged 16–24 with higher support needs—particularly those who are not engaged in employment, education or training, and who struggle to exit crisis accommodation (Youth Coalition of the ACT 2023).

Policy and advocacy work from Yfoundations—the New South Wales youth homelessness peak—has contributed over several years to increased understanding of the continuum of supported accommodation and housing options needed by young people aged 16–25 (Yfoundations 2023; 2024). Importantly, this work has included consultation with young people about what response-types are their priorities.

A similar project undertaken by Northern Territory Shelter and the Office of the Children's Commissioner Northern Territory (2023) has a central focus on the advice of children and young people on homelessness responses needed in Alice Springs, which includes a focus on the needed expansion of youth-specific supported accommodation models.

Further, the Yfoundations lived-experience advisory group, the Youth Homelessness Representative Council, has published its own standalone position papers on the housing and supported accommodation needs of young people (Brest, Soares et al. 2019; Hellier-Batholomew, Rose et al. 2024).

This body of work is characterised by young people's emphasis on the need for longer-term support and accommodation options that enable them to experience a sense of home, including dignity, control over their own living space, and time to reconnect to family and community.

More broadly, the reports foreground the importance and value of having young people's perspectives on supported accommodation system and service design. (See further discussion in Chapter 3.)

1.6 Research methods

Framed by robust governance addressing safeguarding and distress management in research involving children and young people, this project was undertaken utilising a mixed-methods approach stepped across three stages:

- Stage 1: Literature review and national data analysis
- Stage 2: Qualitative interviews with young people and practitioners
- Stage 3: Developing an ideal supported accommodation service typology.

Two research advisory groups were established at the beginning of the project to:

- ensure the project was grounded in current lived and professional experience
- facilitate rapid connection between the research team and the child/youth homelessness sector nationally.

Senior SHS and youth sector practitioners from each state and territory collaborated to provide a national perspective on, and review, the issues raised by the project through a series of online advisory group meetings across the life of the project.

Members of Yfoundations' Youth Homelessness Representative Council drew upon both professional and lived experience to provide project input during a half-day workshop in Sydney.

1.6.1 Stage 1: Literature review and national data analysis

The literature review explored the diverse physical, emotional, psychological and cultural needs that unaccompanied children and young people present to supported accommodation services internationally and in Australia. The literature review also included examination of national and international evidence of effective supported accommodation models for children and young people experiencing or at risk of experiencing homelessness unaccompanied. That evidence is presented in the chapters that follow.

Academic literature was obtained by using multiple keyword searches in the Scopus database. This was in addition to snowball searching from initial results and reference lists. Research from Australia, Canada, New Zealand, the United Kingdom, the United States and Europe (English language publications only) was a focus.

During our review of the academic literature, we observed that:

- 'youth homelessness' largely refers to the cohort that is unaccompanied and aged 16+ years
- 'child homelessness' tends to include accompanied and younger ages, often under 12 years
- the term 'supported accommodation' is used rarely—primarily with reference to disability housing.

Grey literature published by industry or government outside of academic journals was invaluable. It was found via searches of repositories such as the Australian Policy Observatory and the Canadian Observatory on Homelessness, along with Google searches and the websites of peak bodies. We also drew on the authors' extensive knowledge of reports published by the homelessness sector in Australia, as well as submissions and policy documents.

Customised data provided through a special request from the Specialist Homelessness Services Collection (SHSC) was used to examine the range and scale of need for supported accommodation of children and young people aged 12–24 presenting unaccompanied to SHS.

The SHSC data were provided in a series of aggregate tables by age group (12–15, 16–17, 18–24) for the 2023–24 financial year. Data items include:

- whether accommodation was received
- whether clients were new or returning
- a range of demographics
- indicators for key vulnerabilities such as care and protection orders and family violence
- support services needed.

While the SHSC data is critical in understanding people experiencing homelessness, it only reflects those experiencing homelessness who received a service from an SHS.

Further, the AIHW (2024b) cautions that children may be reported as presenting unaccompanied to an SHS agency for several reasons, other than experiencing homelessness alone. It may be that:

- a child physically presented with an adult to an agency but only the child required and received SHS assistance
- a child presented with an adult but their record might not be properly linked to their parent/guardian.

1.6.2 Stage 2: Qualitative interviews with young people and practitioners

In-depth group interviews were used to explore how effectively current supported accommodation provision meets the needs of unaccompanied children and young people. Interviews were undertaken in Tasmania and Victoria with two cohorts:

- Children and young people aged 14+ with lived experience of unaccompanied homelessness or risk of unaccompanied homelessness, and who were current residents of a diverse mix of supported accommodation services in metro and regional locations.
- Youth support and SHS practitioners (frontline and managerial) from a diverse mix of outreach and supported accommodation services in metro and regional locations.

Insights from the research advisory groups also provided broader context from other Australian states and territories.

Ethics approval for this research was provided through the University of Tasmania Human Research Ethics Committee and the Swinburne University of Technology Human Research Ethics Committee. As part of its research governance, the research team developed:

- a shared-practice approach to managing distress and safeguarding in research involving vulnerable children and young people
- a recruitment guide for SHS services that agreed to support a group interview with their young residents.

All group interviews were audio-recorded, transcribed, and thematically analysed. All participants were given the option of receiving and providing feedback on the transcript from their interview.

Nine 'dinner-table' interviews were undertaken: five in Tasmania and four in Victoria. These interviews took place in a range of supported accommodation types, including:

- crisis accommodation (>6 weeks)
- medium-term accommodation (>12 months)
- transitional accommodation (2+ years).

Drawing on youth-research participation methodologies that aim to destabilise power dynamics between young participants and adult researchers (Lohmeyer 2020; Schelbe, Chanmugam et al. 2015), dinner-table interviews involved researchers working closely with service providers to provide opt-in pizza nights with groups of young residents in-house. Over dinner, participants were engaged in a recorded group interview about supported accommodation strengths, weakness and ideals. Participants received a $50 thank-you voucher as recognition of the time and expertise offered to the project.

In total, 51 young people from 10 different supported accommodation services participated in dinner-table interviews. This included participants who were current residents in:

- 5 crisis services
- 2 medium-term services
- 3 transitional services.

Participants were aged 15–24, with an average age of 19 years. For this reason, while unaccompanied children under 18 participated, the term 'young people' is used for simplicity when reporting on the fieldwork data in subsequent chapters. While the voices of young people under 14 were not directly captured in this project, National Advisory Group members and practitioners participating in this project represented services working with 12–15 year olds, and young people described experiences of homelessness they had had when aged under 14.

Eight in-depth group interviews were held with SHS and youth outreach practitioners: five in Tasmania and three in Victoria. Outreach practitioners were included to ensure exploration of unmet need, where, for example:

- outreach practitioners were supporting unaccompanied children and young people who are couch surfing or rough sleeping
- youth housing that might deliver support through mobile outreach rather than 'live-in' support.

These interviews focused on understanding the spectrum of supported accommodation need experienced by unaccompanied children and young people, and on identifying where and why gaps in the service continuum exist.

In total, 29 practitioners participated in group interviews: 18 in Tasmania and 11 in Victoria. Practitioners were drawn from eight community service organisations, each offering multiple relevant service types, including:

- outreach services
- mixed and single gender crisis
- medium-term and transitional supported accommodation services.

These services supported young people of different age groups including 12–15 years, 13–17 years, 13-21 years, and 16–24 years, and represented metro and regional areas. Some outreach workers also had the scope to support young people in rural locations.

Thematic data analysis was conducted collaboratively by the research team. Two researchers in Tasmania and Victoria separately reviewed their data and then developed a state-relevant coding framework. This involved identifying core repeated themes from practitioners and young people in interview transcripts that related to each research question.

Themes relating to the key Australian Research Alliance for Children and Young People (ARACY) wellbeing domains were also identified in the interview data from practitioners and young people. They were used to highlight strengths and weaknesses in meeting the wellbeing needs and desires of unaccompanied children and young people. A common coding framework was then developed for use across all data, with Victorian and Tasmanian researchers coding each other's data and the lead researcher in each state cross-checking the application of codes. There was a surprisingly deep alignment of key themes across the data.

1.6.3 Stage 3: Developing an ideal supported accommodation service typology

A public health approach to system and service design was adopted for use in this project from Bromfield and Holzer's (2008) conceptualisation of a national approach to delivering child protection services. As Bromfield and Holzer (2008: 55) argue, the public health model is particularly valuable for 'strategic assessment of the service system'. As such, the model is widely used in health, social care and education settings to critically evaluate the relationship between a system's shape and the problems it aims to address, and to inform investment and reform priorities.

As summarised in the 2014 report by the Australian Institute of Family Studies (AIFS), the public health model provides a broadly applicable system design schema which emphasises the range of primary, secondary and tertiary interventions needed to both prevent and respond to key social harms. In this approach:

- Primary interventions focus on whole of community—such as increasing awareness and understanding of a particular social issue and its causes.
- Secondary or targeted interventions are early actions that aim to prevent a social harm from escalating or becoming entrenched.
- Tertiary interventions work to address the long-term impacts of social harms with a focus on preventing their reoccurrence.

When applied to the child protection system, the public health model has helped drive awareness of a problematic focus on resource-intensive tertiary interventions, along with the need for much greater investment in non-statutory child, adolescent and family supports.

The adoption of the public health model in this project is to inform development of an ideal supported accommodation typology. It also reflects the imperative for a shift in youth homelessness service investment from crisis-focused responses to prevention and early intervention in order to:

- reduce the entry of children and young people into unaccompanied homelessness
- stem related longer-term trajectories of harm involving multi-system costs (Flatau, Thielking et al. 2015; Gaetz and Dej 2017; MacKenzie, Hand et al. 2020).

Group interview data from young people and practitioners was synthesised with national and international evidence of effective program models to identify the key service types and practice principles of the typology. Workshops with the National Practitioner Advisory Group and Yfoundations Youth Homelessness Representative Council provided key opportunities for:

- input into understanding priority service types for inclusion
- critical review and improvement of early typology concepts.

1.6.4 Limitations of the study

This study is limited by the geography of its data collection. While young people and practitioners from metro and regional services were involved, the compact nature of both Tasmania and Victoria means that the distinct needs experienced in rural and remote areas are not well reflected.

While the study aimed to produce a typology rather than a list of services for inclusion in an ideal service continuum, understanding of needed service types is constrained by the experiences of participants and the nature of the service systems in each state. In particular, SHS for unaccompanied children under 16 are not available in Victoria but are well developed in Tasmania.

The study did not aim to investigate the needs of particular groups. This leaves significant scope for further research exploring the specific support and accommodation experiences and needs of Aboriginal and LGBTQI+ children and young people as a priority. Finally, while young participants aged 14+ were able to participate, appropriate funding, time and research skill to support inclusion of unaccompanied homeless children under 14 years should be considered in future research, both with and without parental approval.

1.7 Conceptualising support and accommodation needs

'The Nest' is an evidence-based wellbeing framework for understanding what will enable children and young people to flourish and eventually transition to independence.

It was developed in 2013 by the Australian Research Alliance for Children and Young People (ARACY) from extensive research and consultation with children, young people and experts. ARACY's vision for the fulfilment of child and youth wellbeing sets out six key dimensions of wellbeing:

1. being loved and safe
2. having access to material basics
3. being healthy
4. learning
5. participating
6. having a positive sense of identity and culture.

The concept of the Nest originated in comment from a young person who observed that: 'if every area is supported, we're able to be happy, healthy and fly from the nest' (ARACY 2024: 8).

Across Australia, the Nest is being drawn on to help inform the design of child and youth social service systems and individual program models, and to track client outcomes. Nationally, use of the Nest is slowly making its way into homelessness system and service development as a set of principles for service design and outcomes monitoring.

In Tasmania, the Nest has been adapted as the basis for the *Tasmanian Child and Youth Wellbeing Strategy* (Tasmanian Government 2021), which is used to map the child and youth social services sector and identify priority areas for service design and investment. Child and youth homelessness policy, service design and service approaches to outcomes measurement are aligned to the principles of the *Tasmanian Child and Youth Wellbeing Strategy.*

In Chapter 2, the Nest is applied as a conceptual framework through which to holistically explore the presenting issues and developmental needs of unaccompanied children and young people. As Gaetz, Ward et al. (2019: 75) argue:

> In terms of thinking about outcomes for young people, we need to move away from simply a consideration of what a person who is homeless needs, but rather, what are the needs of developing adolescents and young adults as a starting point.

Thinking with the Nest helps foreground the broad developmental and wellbeing needs of children and young people distinct from older cohorts, and provides the critical perspective from which to evaluate the effectiveness and relevance of current supported accommodation systems and individual services.

As further discussed in Chapter 3, it is this focus on need that exposes existing supported accommodation as a service type premised on adult notions of independence. It is ill-equipped to provide developmentally appropriate support and accommodation, and it is out of step with the prevalent experience of mental ill-health among children and young people who present unaccompanied to homelessness services.

These system gaps are viewed through the lens of 'care conditionality'.

Care conditionality connects to broader research on welfare conditionality, which has a common critical focus on the punitive governance of income support and social housing eligibility and compliance (see for example, Mendes 2020; Watts and Fitzpatrick 2018). The concept of 'conditional pathways' has also been used to frame the practice of determining 'housing readiness' for young homeless people where perceived 'readiness' for independence becomes an exclusionary threshold or conditional rite/right for the provision of housing (Stewart 2018).

The roots of thinking specifically about care conditionality lie in the work of feminist philosophers concerned about the 'infrastructural and social conditions' (Butler, Gambetti et al. 2016: 19) that determine both:

- the selected nature of care provision
- the selection of those to whom care will be provided (Butler 2004; Povinelli 2011).

Care conditionality is a term developed for use in this project to encapsulate the problematic impacts of choice-making about which cohorts of children and young people should receive care, support and accommodation—and for how long. It also captures the impacts of resourcing restrictions that result in low staff-to-client ratios, care-limiting service design and reduced scope of practice and risk tolerance (for further discussion, see Robinson 2017b; 2022). As argued by Robinson, this thinness of care provision results in a 'culture of referral' between short-term services rather than in responsive, relationship-based care that may offer better opportunity for recovery, stability and thriving (Robinson 2017b: 86).

Chapter 4 builds on the solutions identified by young people and practitioners in Chapter 3. It presents selected examples of evidence-based service models that could expand, deepen and extend care provision through the SHS supported accommodation system. These models are then captured in an ideal typology of supported accommodation services, as a simple but powerful analytical tool through which to critically review the adequacy of service offerings across different states and territories.

Chapter 4 is framed by consideration of the United Nations Convention on the Rights of the Child [UNCRC] (1989). The UNCRC offers clear guidance on children's and young people's rights to survival and special protection through the provision of alternative care. Adopting a rights-based approach helps foreground the needed confrontation of care conditionality. It also provides a clear rationale for the shift to a focus on care, rather than housing when designing homelessness prevention and responses for children and young people who lack access to effective guardianship.

Chapter 5 outlines the implications for policy of prioritising investment in addressing current gaps in supported accommodation, noting the key current opportunity for a standalone National Child and Youth Housing and Homelessness Plan through which to drive a rights-oriented and care-oriented vision for ending homelessness for unaccompanied children and young people.

2. Understanding the needs of unaccompanied children and young people experiencing homelessness

- **Specialist Homelessness Services Collection (SHSC) data reveal significant unmet accommodation need and repeat service use for children and young people aged 12–24 years presenting to homelessness services unaccompanied by a parent or guardian.**
- **Young people and practitioners focused on relational connection as the key element of effective support provision.**
- **Medium-term and long-term supported accommodation options and mental health care provision were identified as priority needs.**
- **The immediate and foundational accommodation, mental health and relational care needs of young people must be met for their learning, identity and participation needs to be addressed.**
- **Support with practical and administrative life skills was described as a need well-responded to in supported accommodation services.**
- **Developmentally appropriate responses must distinguish policy and service design for unaccompanied children and young people.**

This chapter address research question 1, mobilising the thematic framework of ARACY's Nest to explore the diverse support and accommodation needs experienced by unaccompanied children and young people in the context of homelessness.

The ARACY wellbeing domains provide a backdrop for understanding the breadth of what all children and young people need to experience wellbeing, and to flourish. In contrast, the range of challenges reflected in SHS-collected data and interview data reveal the deep vulnerability of unaccompanied children and young people, as well as their clearly expressed priorities for improved interventions that more fully meet their needs.

Customised data from the Specialist Homelessness Services Collection (SHSC) was obtained to understand the size of this cohort, as well as their support and accommodation needs. Data were provided in a series of aggregate tables by age group for the 2023–24 financial year: 12–15 years, 16–17 years, 18–24 years. The SHSC captures the 'presenting issues' that lead children and young people to seek assistance—such as housing instability, family violence, or lack of income. As such, it provides a useful starting point for identifying immediate needs and patterns of vulnerability.

Interview data from 'dinner tables' with young people and group interviews with practitioners added nuance to how young people and practitioners understand what unaccompanied children and young people need to survive homelessness, recover and, ultimately, 'fly from the nest' (ARACY 2024: 8). Such flight is ideally provided by supported accommodation services and into safe homes with chosen family, friends and partners or on their own. However, their reflections reveal that where their needs cannot be met within current supported accommodation services, additional layers of hardship and trauma accumulate—resulting in increased risk of harm and declining wellbeing.

2.1 Existing research

Most research on child and youth homelessness documents various dimensions of poor wellbeing outcomes, rather than identifying needs. This complicates our ability to draw insights into the needs requiring consideration in the design and delivery of supported accommodation.

Exacerbating this challenge is the tendency for much of the existing literature to examine children and young people's deprivations without reference to the role or response, real or potential, of homelessness services—including supported accommodation services. These limitations and gaps in the literature reinforce the importance of this project, and of seeking the perspectives of unaccompanied children and young people to inform adequate responses to their needs.

Existing research establishes that unaccompanied children and young people experiencing and at risk of unaccompanied homelessness are a heterogeneous population, with diverse backgrounds and needs. Many have complex health and social care needs stemming from experiences of violence, conflict, abuse, poverty, neglect, deprivation and marginalisation (Davies and Allen 2017).

Research highlights how involvement with public systems—including homelessness, mental health and youth justice systems—exacerbate childhood trauma (Masuda and Helm 2024), which emphasises the need for trauma-informed service delivery in child and youth homelessness services (Karabanow, Titterness et al. 2024).

Family conflict is a key reason unaccompanied children and young people leave home, with many reporting heightened conflict and limited family involvement (Roche and Barker 2017). In the absence of family support, relationships with peers and support workers become vital. While peer connections can provide survival strategies—such as shelter, protection and sharing food, they also introduce risks, including:

- substance-use initiation (Booth and Coveney 2008; Gomez, Thompson et al. 2010; Lightfoot, Wu et al. 2018)
- exposure to violence (Alschech, Taiwo-Hanna et al. 2020)
- intimate partner violence—especially for girls and young women (Hobbs 2022; Wendt, Natalier et al. 2025).

Among those engaged with services, relationships with support workers are often cited as a facilitator of service engagement and a protective factor for wellbeing and pathways out of homelessness (Gasior, Forchuk et al. 2018; Morton, Kugley et al. 2024).

Children and young people identifying as lesbian, gay, bisexual, transgender, queer/questioning, intersex or asexual (LGBTQIA+) experience homelessness at a disproportionately high rate—particularly those identifying as transgender and non-binary (Lim, Melendez-Torres et al. 2023).

Transgender children and young people report particularly severe service exclusions (Hail-Jares, Vichta-Ohlsen et al. 2021). Abuse, rejection, neglect, and lack of acceptance are reported by LGBTQIA+ young people as reasons for leaving their family home (Choi, Wilson et al. 2015; Shelton, DeChants et al. 2018).

Young people also report feeling unsupported in homelessness services because of existing heteronormative and cisnormative institutional policies, and that these policies can be harmful and distressing, requiring them to comply with policies as there are no alternatives (Côté and Blais 2019). Research has emphasised the need for LGBTQIA+ youth-affirming models of care and accommodation design, and identified the high value of outreach for this group due to the multiple access barriers to safe accommodation services (Powell, Ellasante et al. 2016).

Health disparities are also well-documented among unaccompanied homeless children and young people, including:

- higher rates of psychotic disorders (Iwundu, Chen et al. 2020)
- psychological distress (Hodgson, Shelton et al. 2013)
- physical health concerns such as oral health issues (Stormon, Pateman et al. 2019); lower immunisation rates (Tominc, Francis et al. 2023); and substance misuse (Diaz, Dusenbury et al. 2013).

Finally, homeless children and young people experience higher rates of emergency department visits and hospitalisations (Goddard, Montgomerie et al. 2023). But paradoxically they need support and advocacy to overcome the compounded barriers to accessing primary healthcare—including financial and logistical challenges, stigma, and discrimination—which exacerbate and deepen health inequalities (Brown, Rice et al. 2016; Muir-Cochrane, Oster et al. 2010).

Health, education, training and employment are particularly affected by homelessness, with unaccompanied children and young people experiencing high rates of non-participation in schooling, employment and training (Holloway, Rickwood et al. 2018). This disengagement can lead to impaired cognitive and literacy development (Herbers, DeCandia et al. 2023). Barriers to school engagement include:

- trauma
- ill-health
- family violence
- school suspensions
- exclusion (Robinson 2018; 2021).

Limited access to digital technology also restricts engagement and education (Humphry 2021; Robinson 2018; 2021). In addition, broad social stigma and exclusion significantly impacts the ability of unaccompanied children and young people to feel 'normal' and able to participate in their communities (Martin, Green et al. 2011).

By virtue of being minors and not in the custody of a parent or guardian, unaccompanied homeless children present unique needs for support and accommodation, which are different from those of young people 18+. Existing supported accommodation and housing options for people experiencing homelessness assume adult capabilities, and are not child-centred in operational or physical design.

Research foregrounds the importance of family reunification services for 12–15 year olds—but also illustrates the need for developmentally appropriate, non-statutory medium-term to long-term support and accommodation for those children unable to return home or be accepted into out-of-home care (Chowdry, Barker et al 2018; Cooper and Brooker 2020; Robinson 2017a; 2017b).

Despite being older, young people 18+ experiencing homelessness continue to need wide-ranging support. Indeed as well-documented and campaigned for in the out-of-home care sector in Australia, vulnerable young people need support until a minimum of 21 years (Mendes, Roche et al. 2025).

Recent research on the needs of people accessing crisis accommodation found that children and young people aged 15–24 presenting unaccompanied to SHS were more likely than other groups—such as adults or families—to need a range of supports. Using administrative data from SHS, this group was identified as needing:

- assistance to sustain a tenancy
- drug and alcohol counselling
- assistance to obtain a government allowance, employment assistance, financial information and advice
- material aid
- assistance with problem behaviours
- living skills
- personal development
- legal information
- transport and other specialised services (Batterham, Tually et al. 2023).

As is now discussed, a holistic exploration of the needs of unaccompanied children and young people is critical to understanding what the shape of all responding services should be—including supported accommodation services. As Gaetz, Ward et al. (2019: 75) argue, a focus on enabling long-term exits from homelessness is about 'taking the needs of developing adolescents and young people as a starting point' and, as opposed to a 'a narrow focus on whether a young person is housed or not', thinking through what full range of positive outcomes will enable them to flourish and exit homelessness long-term.

2.2 Understanding support and accommodation needs through ARACY's Nest

Utilising the framework of the six wellbeing domains of ARACY's Nest, SHSC data are brought together in this section with the reflections of young people and practitioners from Tasmania and Victoria to provide insight into the contemporary nature of supports and accommodation options most needed and wanted by unaccompanied children and young people. As ARACY's Nest outlines (2024: 7): 'to have everything they need for the best start in life, a child or young person needs to be adequately resourced in all six domains'. (The list of domains is listed in Section 1.7.)

Supported accommodation services alone are not responsible for comprehensively meeting children and young people's needs. However, given their role in providing practical custody for unaccompanied children and young people, an understanding of the diversity of their needs across all wellbeing domains is a crucial first step in considering the relevance and adequacy of service provision and how it may be improved.

2.2.1 'Stability': needing material basics

From an ARACY (2024: 16) perspective, material basics include access to essential materials and infrastructure such as shelter, clothing, nutritious food and clean water, as well as essential services such as transport and hygiene facilities. This domain also includes financial ability and economic security to meet basic needs, as well as access to essential tools for development such as technology and educational supplies.

However, in the ARACY model, material basics are explicitly seen to flow from 'family', which highlights the unique circumstance and vulnerability of unaccompanied children and young people. Indeed, the unspoken material basic in the ARACY framework is a functioning adult caregiver able to facilitate access to material basics, including housing, in an age-appropriate way.

SHSC data reveals that two-thirds (66%) of the of the 42,652 unaccompanied children and young people report a need for accommodation when presenting to SHS (in the 2023–24 financial year). However, only 31% of this group were provided with accommodation. This is likely due to the limited number of supported accommodation places available (Batterham, Tually et al. 2023), as well as the limited number of exit options to affordable rental housing for all those experiencing or at risk of homelessness (Batterham, Tually et al. 2023).

The large number of repeat presentations among this group underscores the difficulty the SHS system faces in providing accommodation and other supports to this group. More than half of this group (60%) were returning for assistance after having been previously assisted by SHS. While this percentage increased with age, of the 4,292 unaccompanied 12-15 year olds, 1,786 (42%) were returning clients—which suggests a history of homelessness earlier in their lives. As discussed in interview data below, this high-repeat service use is likely related to both inadequate service capacity and inappropriate service design.

In discussing accommodation needs and priorities during dinner-table conversations, some young people were focused on the immediate need to find shelter and a safe place to stay to avoid being forced to sleep rough:

> Young person: A place to stay is my, like, key thing. Because I didn't know where I was going to go and no family relative or anything would take me in.

> Young person: I personally came into a service like this because … I needed a roof over my head as I was going to be on the street.

However, most were focused on a search for medium-term and long-term options that could offer stability in the face of the constant uncertainty of their current homelessness, and also support their journey out of homelessness. For example, for some young people their journey out of homelessness was combined with finishing high school and Years 11 and 12, and transitioning into further study, training or looking for work:

> Young person: Technically I guess I could always try and rent a room in a College [Year 11 and 12] … But I would probably say [Education First Foyer] is what I want, because it's cheaper for me to rent. I can get rent assistance and it's still in the city, so it's close to [College] which is what I need … Hopefully by the time I get it, I should at least be able to stay until I finish College.

> Young person: I needed a roof over my head and I needed help with work at the time as well.

Stability, or lack thereof, was a source of considerable concern for young people. On top of their longer-term needs—such as completing education or securing employment—they also needed to resolve homelessness into the future. Young people were acutely aware of the time-limited nature of both support and accommodation:

> Young person: I'm literally moving in with my partner after this [transitional accommodation], and I'm more stressed about that. I'd rather stay here, because of the structure that's here and the way that it affects your mental health. And some people don't have anywhere, like they have to—they're going to have to find somewhere before they leave. Otherwise, they'll probably be homeless.

Many communicated high stress about the mismatch of more commonly available crisis or short-term accommodation and their needs for long-term support and accommodation. The supported accommodation system was described as 'crap' and as 'chucking young people from crisis to crisis to crisis to crisis without the support that helps them to their end goal'. Young people emphasised that they don't just need a safe place to stay, they need time in safe and supported accommodation to address a complex range of issues:

> Young person: Three months is really not enough time for young people in that environment to build up the rapport with the case manager, with the people there, knowing this environment where I'm staying right now and getting to access all this support and ready to [move to] the next one. Usually they have to jump from refuge to refuge and they have to restart all their cases again, rebuild relationships … It's just like this system is crap.

> Young person: Once you're on the point of becoming homeless … So many other things break down in your life or might get worse, that it's important to have support moving into it because having a bed doesn't necessarily solve all your problems. It solves a major problem of housing—but then you still have all the other issues that have happened from the breakdown: a family, relationships or whatever has led you to becoming homeless as well.

Young people identified that despite the best efforts of services, their support needs—if they were to ever to reach the goal of independence—clearly outstripped crisis accommodation time frames: commonly >3-month stay with a >12-month stay as medium-term time frame.

> Young person: So, just look at the goal. Like when you support young people, what the goal is. Like you want them to get independent. Got a place to say, lot like a stable accommodation … And a lot of systems were designed, like, to help them for this time period. It's not for … It doesn't match the purpose of what they actually need to fix.

> Young person: Six to eight weeks. That's the standard and it's not enough time. It's so hard to find accommodation that suits your need in six to eight weeks. Like, a lot of the time, it takes months to find accommodation that will suit you. And then you've got to get everything sorted for the accommodation and say, if you're going into a private rental, you've got to sort out bond, you've got to sort out like furniture, bedding; there's so much to it. And you can't do that in six to eight weeks. And a lot of the times, you've also got to sort out income and all that. It's just—six to eight weeks is not enough time, even going into different supported accommodations. It's such a long process to get into them. Like, yeah, it needs to be a longer time for people that might struggle to get housing.

> Young person: The issue I can see with transitional housing models is although they're the ideal pathway out of youth homelessness, they're only 12 months. So if you get to the end of that 12 months and you still don't have anything to do, you still don't have a pathway out or you can't afford to live on your own.

> Young person: I mean like, if they can't find a place after [medium-term supported accommodation], it's either they're going to be homeless or they're going to have to [go back to] what they were, [what] they came [here] to get away from. And it kind of like starts this awful cycle, like, 'Hey, I was getting better. Now I have no choice but to go back.'

As well as access to safe accommodation and housing matched to the realities and time frame of their support needs, young people and practitioners both described the struggle unaccompanied children and young people face when trying to access other material basics related to 'life administration' on their own, including:

- navigating income support applications
- applying for a tax file number
- accessing proof of identity documents
- setting up a bank account
- applying for a Medicare card
- registering and understanding how to vote.

> Young person: If you don't have an ID, it's so hard to get an ID, so those two things, especially in a refuge because you can't get Centrelink without an ID, you can't do anything without an ID.
>
> Young person: For young people who just get from a very unstable or unsafe environment to a refuge, they don't have any support around them. They don't have financial support. They probably don't have any school support, they basically have nothing. Some of them don't even have IDs or things like that. But all the system is so hard and so complicated, so difficult to access.

However, when asked what their top priority needs were, the answer was decisive and shared:

> Young person: Stability, someone to listen, and a way out of not having consistent accommodation.
>
> Young person 1: Better mental health support.
>
> Young person 2: Housing.
>
> Young person 1: Housing and mental health, because it's really hard to move out when you're not in the right headspace to look after yourself.

2.2.2 'Pretty heavy therapy': needing to be healthy

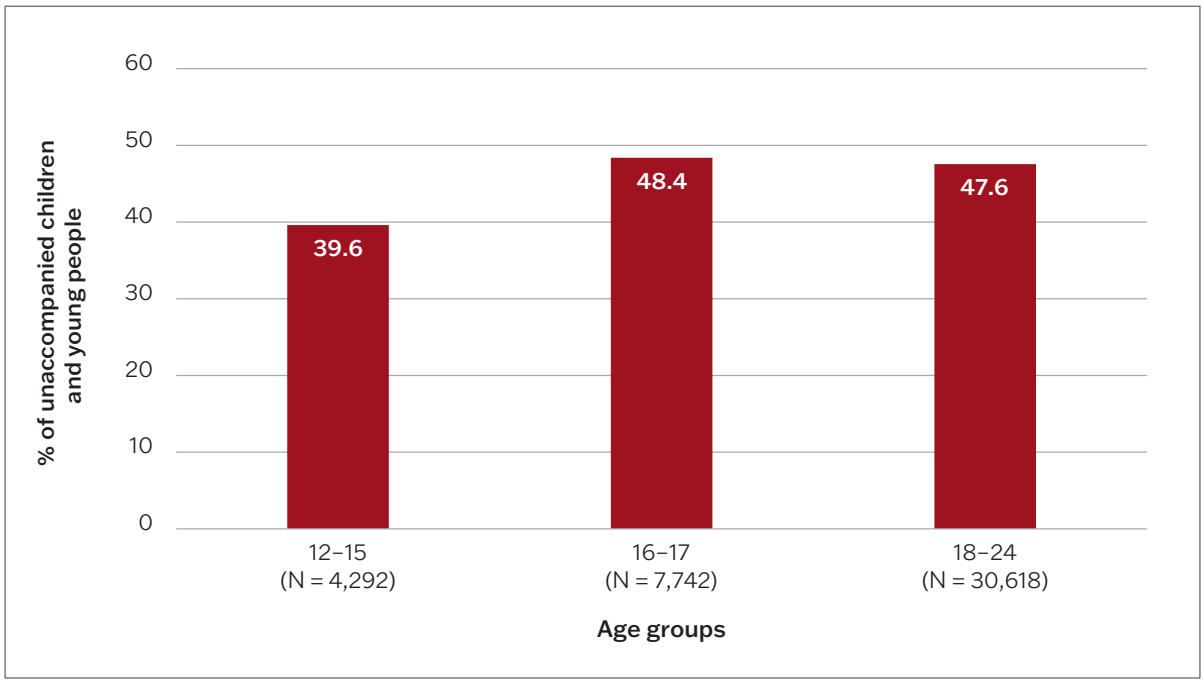
In the Nest, being healthy includes meeting children and young people's physical, mental and emotional health needs (ARACY 2024: 14). Access to health-enabling resources is a core component of this wellbeing domain, including:

- access to appropriate health services
- supports to meet developmental needs
- care to prevent the emergence of physical, emotional or mental health impairments—including immunisations.

Our customised SHSC data highlight just some of the complex health and wellbeing needs of unaccompanied children and young people aged 12–24. Almost half (46.9%) of the 42,652 unaccompanied children and young people were experiencing mental health issues upon presentation to SHS. Further, more than one in 10 (12.8%) of them were experiencing problematic use of alcohol and other drugs (Figure 4). These issues require specialist supports from trained professionals—which are not necessarily available in SHS.

Figure 3 shows these percentages by age group: 12–15 years, 16–17 years, 18–24 years. Of particular concern, over a third (39.6%) of those aged 12–15 were presenting to SHS with mental health issues. Almost a tenth (8.9%) of the 12–15 years group presented with problematic use of alcohol and other drugs (Figure 4). Percentages were higher for both mental health and problematic use of alcohol and other drugs among older age groups (Figure 3 and Figure 4).

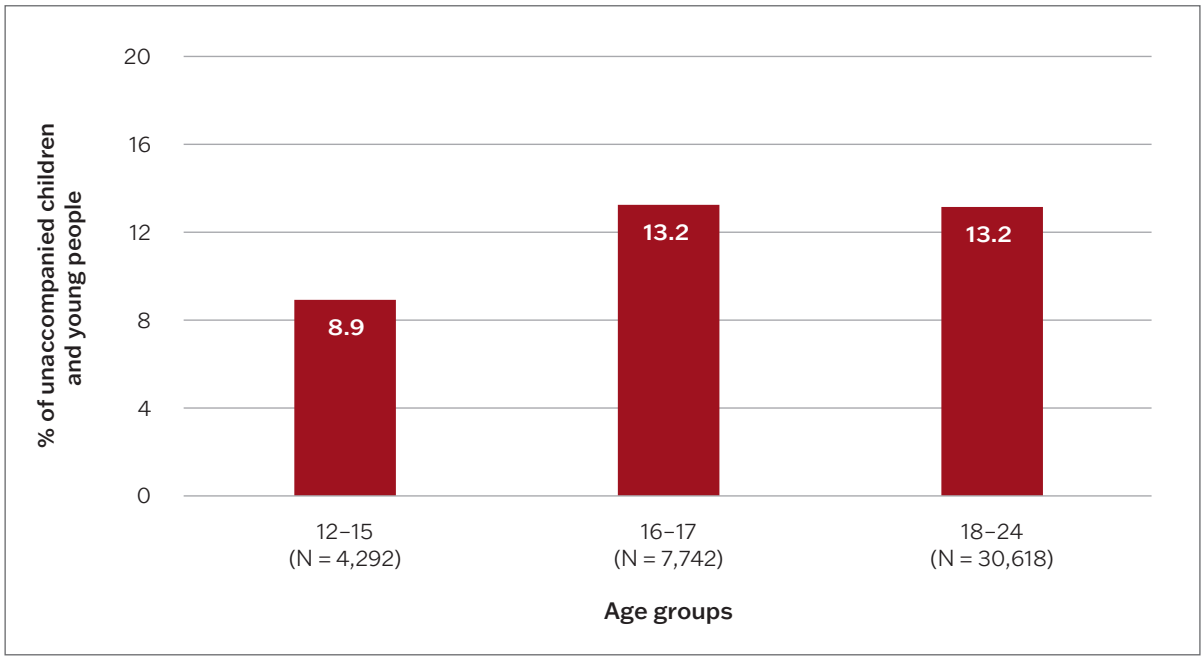
Figure 3: Unaccompanied children and young people experiencing mental health issues by age group, Australia, 2023–24



Source: Authors' calculations using Specialist Homelessness Services Collection (SHSC), 2023–24, customised request.

Note: UCYP = unaccompanied children and young people.

Figure 4: Unaccompanied children and young people experiencing problematic use of alcohol and other drugs by age group, Australia, 2023–24



Source: Authors' calculations using Specialist Homelessness Services Collection (SHSC), 2023–24, customised request.

Note: UCYP = unaccompanied children and young people.

Both young people and practitioners had a central emphasis on the mental health needs of unaccompanied children and young people, and the translation of mental health support need into the need for extended time in supported accommodation services:

> Practitioner: Because of the trauma background that you're dealing with, so there's a lot of trauma, just that lack of confidence and not the ability to connect within the community. So they don't have any community networks, they don't really have any other support. Sometimes they don't even have a friend. And yeah, the main one would be mental health. That's the biggest presenter.

> Young person: I mean, you add that layer of mental health problems and it just becomes—this [medium-term supported accommodation] is your only option right now. Yeah. It just feels sort of set up for failure, a little bit. The concoction of mixes we have with mental health and physical health and the rental market … I feel like I can't stress enough, I think if people were able to stay longer than a year … It could make a massive world of difference for some just to be able to stay longer. I'm so stressed about leaving. I'm so stressed … I'm out of youth support after this, this is my last stop in the youth support system, and now I'm an adult. So good luck.

Access to mental health support was described as extremely limited both onsite within supported accommodation services, and externally. This is despite the large proportion of unaccompanied children and young people experiencing mental health issues and young people's comprehensively expressed need for 'pretty heavy therapy'. Sadly, they revealed their clear receipt of the hurtful message that their mental health was seen as 'too much' for both supported accommodation services and mental health services:

> Young person: I think they try, but there's not enough mental health support here [medium-term supported accommodation]. And they say they're not crisis [accommodation], but I think anyone in a shelter, especially at this age, is going to need some pretty heavy therapy. And you can feel very lonely in places like this, so having those people to talk to about, when they've actually got time, the training and stuff … A lot of us need that one-on-one … someone—even if they're not onsite and they're just on call—who can come in or something, because people need it. And not just that once-a-week kind of deal.

> Young person 1: Like [mental health support service] … we get rejected because we're too much for them. And that's a common thing.

> Young person 2: They're good for people who aren't … in shelters and who don't have complex cases and stuff. Like maybe someone who's got a bit of light depression and a bit of anxiety.

> Young person 3: I hate them. I don't bother going in there.

> Young person 4: I know.

> Young person: Yeah, they [mental health support service] usually turn away a lot of people. If they have actual problems, they'll be like, 'Oh yeah. If you're feeling anxious about like school, yeah, we could help.' The first time I went to [them], I was 12 and I was going through a lot of mental stuff at that point. And they were like, 'You have too many problems for our organisation, so we just can't help you. You're going to have to do something else.' … You basically get told: 'You're too much of a problem.'

Young people and practitioners saw high priority for:

- access to mental health care relevant to the complex needs unaccompanied children and young people experienced
- support with substance-use issues.

Practitioners directly linked young people's substance abuse issues to their poor access to mental health care. Substance abuse was seen as the only accessible and affordable way to manage the impacts of both situational distress and mental illness. However, unsupported mental health and related substance-use issues were also known barriers to accessing the safety of supported accommodation services:

> Practitioner: There's a lot of services where they say, 'Unless you have worked on [your] AOD, we're not looking at [your] mental health' and vice versa. So there's that major gap where there's not a lot for young people that have been reliant on their AOD use to sustain some of living and their mental health. You know, [these] issues are impacting on their ability to seek shelter, accommodation at the end of day. But yeah, there is nothing at any level that is accessible.

> Practitioner: There are times where we [Crisis and medium-term accommodation services] can't assist young people based on them being high risk, or their needs being too high. So that is a definite gap in not being able to access in the first place … Sometimes it can be in relation to behaviours that are associated with their alcohol and other drug use. Or it's in relation to safety, in terms of we aren't able to keep that young person safe, based on where they might be at in regards to their mental health, for example. So, either it's they are unable to access our service due to that assessment, or it's they can no longer stay within our services once that assessment has been done, after they stay with us. So where do they go? There's no AOD residential services for young people in Tasmania. There's no rehabilitation.

Other health needs were also identified by children and young people and practitioners—such as the need to access basic primary health care, dentistry, immunisations and sexual and reproductive health care. However, the need for adequate support for mental health and substance abuse issues were a focus, because of how these impacted access to the most basic safety provided by supported accommodation services.

In particular, the exiting of children and young people from supported accommodation services because of their drug use foregrounded the negative impacts of multiple unmet health needs; as one young person exited for drug use argued, 'I feel like they shouldn't risk our accommodation when it's a mental health thing.'

2.2.3 'We need a hug': needing to feel valued, loved and safe

Children and young people's need to be valued, loved and safe includes:

- having nurturing relationships and trusted connections with family and friends
- feeling valued and appreciated by adults and peers
- feeling safe at home and in the community
- having confidence about the future.

As might be anticipated, unaccompanied children and young people have unmet needs related to love and safety, with interpersonal relationships cited as the main reason for seeking help—affecting over half (59%) of the 42,652 unaccompanied children and young people presenting to SHS. Many of this group have experienced a serious lack of safety prior to accessing SHS. Over a third (35%) of unaccompanied children and young people reported needing assistance with family violence. Further, 13% of the 12,034 children aged 12–17 presenting were also on care and protection orders, which suggests significant histories of abuse and neglect.

As such, it is unsurprising that both young people and practitioners noted unaccompanied children and young people's significant needs for support with managing:

- significant situational distress
- mental health issues, including complex trauma.

Loneliness was a noted experience, along with a craving, not necessarily for a 'family' environment, but for experiences of consistent connection and togetherness with staff and peer residents.

> Practitioner: You know, often that is actually a young person's biggest need, is that they don't have any safe, consistent, respectful adults in their life. And so to be able to provide that connection, yeah, it's so impactful. And I think if you asked young people what their favourite thing about the service was, it would be the relationship.
>
> Young person: The staff, they are really awesome and really kind and supportive. Yeah, we just need more of them.

Young people also specifically dwelled on their need for consistency of staff and in particular for physical touch and affection:

> Young person 1: We need consistent staff members.
>
> Young person 2: We need a hug.
>
> Young person 1: They're not allowed to hug us or touch us at all, and I think that can be a really big struggle. I've definitely struggled with it, because I'm a very touchy-feely person. And not being able to have hugs is really awful, especially if you are crying to them and they can only watch … And I think they [staff] struggle a lot too, when there are people having panic attacks and they can't hold our hands to calm us down.
>
> Young person 3: Yeah I've struggled with that.
>
> Young person 2: Just give us a hug.
>
> Young person: Say a kid came here and they were really, really worried and things like that, maybe they just really, really needed a hug … At the moment, if we were to ask for one, we would probably get, 'We would love to but we can't.' I would say maybe actually allowing them to give little bits of affection like a hug or a pat on the shoulder or back, or something like that … even if it has to be in, like, areas with the cameras just for actual evidence that there was nothing bad going on, for both our sakes.

While connection with staff was the most highly valued contribution of supported accommodation services, young people also expressed needing more support to establish connections and routines with other residents:

> Young person: I feel like having a scheduled thing [group resident activity] would be nice, that you could choose … It would be nice to be available because some people don't have families or friends or anything like that, and they've just come out of a shitty situation into a crisis support shelter and they're just expected to fix their lives themselves.

Young people also discussed their historic and current need for greater engagement and responsiveness from child protection agencies, and were wanting support for system advocacy and for navigating the complexities of social care systems:

> Young person: Better support like, for example, bringing up these issues with how systems are broken, like for example, NDIS, mental health, you know, bringing better systems. For example, from my perspective, I could tell a lot [about] where the government actually needs to change the systems to make sure they're not breaking what the system's intended for … Or at least having, like, a person that you can meet or something to voice, you know, back to the government to improve these services because I've been through the [child protection] system many times … If there was better understanding, like a person to talk to that can mention it to the government, [it] would actually be great.

Finally, young people emphasised the need to recognise their family relationships—specifically sibling relationships—raising questions about sole-service presentations as a product of historic service design, rather than of choice or a reflection of actual need.

Young people's experiences also challenge the focus of family accommodation services on parents, predominantly mothers, and their accompanying children, again foregrounding the unique and often overlooked context of children and young people experiencing homelessness without a parent or guardian. Young people expressed enormous distress at being separated from their siblings, and faced the risk of being separated across child protection and homelessness systems due to differences in age:

> Young person [accommodated with their sibling]: Separate family crisis shelters would be amazing for those complex and very dynamic situations where, like, if I wasn't 18 when I [got] put in a crisis situation, I don't know where my [sibling] would be right now. I probably wouldn't have any contact with them at all. So I think, yeah, that family crisis shelter would be very good.

> Young person [separated from their sibling]: I think there should be a place for under-18s and a place for over-18s and a place for family, because I would die to have my little [sibling] with me.

2.2.4 'Life skills': the need for learning

This wellbeing domain relates to the lifelong need to learn—which is particularly pertinent during childhood and adolescence. The domain includes the need to access both formal and informal learning experiences and facilities. At home, in the classroom, and in the community, unaccompanied children and young people need wide-ranging opportunities, encouragement and support to develop and learn.

SHSC data on unaccompanied 12–24-year-olds reveals decreasing rates of educational engagement with age. This reflects legislative requirements for school attendance for under-18s—but also a lack of expectation, support and opportunity for continued engagement in education and training pathways. It should also be noted that the SHSC does not capture the quantity or quality of time spent in education or training, merely reported enrolment. Anecdotal observations suggest a lack of both consistent attendance and engagement in education and training to be much more significant issues than the figures in Table 3 can reveal.

Table 3 shows that approximately 7% of 12–15 year olds were not enrolled in formal education or training. This percentage increases to 41% among 16–17 year olds and 80% among 18–24 year olds.

Table 3: Unaccompanied children and young people enrolled in education and training by age group, Australia, 2020–23

	12–15 years (N = 4,292)	16–17 years (N = 7,742)	18–24 years (N = 30,618)	Total (N = 42,652)
Yes, enrolled in education or training (%)	85.6	52.2	12.4	27.0
No (%)	6.6	40.6	79.5	65.1
Not stated (%)	7.7	7.2	8.0	7.8

Source: Authors' calculations using Specialist Homelessness Services Collection (SHSC), 2023–24, customised request.

Note: Formal education enrolment included: Yes, preschool student; Yes, primary school student; Yes, secondary school student; Yes, university student; Yes, vocational education and training; Yes, other education or training; Yes, not stated.

For unaccompanied children and young people in supported accommodation services that were not staffed or resourced to provide offsite support for residents, simply accessing school was a challenge:

> Young person: While I was in a refuge, I took three transports to go to school or like around two hours, which was impossible for a person who has a mental illness and struggles with waking up for school. I still needed to do that long travel and I didn't really get support on that.

However, in Education First Foyers, a different story emerged:

> Young person: The best part about moving into here was I have not—even in high school, I didn't hand in anything. I did not do one piece of work, but I actually passed a class for the first time in years, after living here.

> Young person: As soon as I lived alone, all my grades just shot up. I was way happier, and I felt like I was full of energy.

> Young person: It's like people that are experiencing youth homelessness, they're allowed in. They can get items and they've also got two different courses or systems with them. So you can do an eight-month thing where you're getting … is that the business diploma you can get? You're supported through it. You also get a job for the entirety of it. Or you can work at [Social enterprise] for 10 weeks, which just gives you a leg up into retail, pretty much. There's a lot of places that require experience.

It seemed that when young people's need for accommodation stability was met, the opportunity to engage meaningfully in education increased dramatically. However, even when engaged in education, some young people still experienced barriers. For example, some reported not being able to afford the essentials for education:

> Young person: I find that some courses and stuff you need like a laptop or different materials, and a lot of the time we can't afford that.

Another young person had a more positive experience:

> Young person: There are caseworkers here as well, who also assist us with education grants. I know one of the ex-residents here, she had a contribution to a laptop for school and she's also received assistance with her housing at her new university. They supported her all the way up, as well.

As well as needing additional support to access and remain engaged in formal educational or training environments, young people raised a range of other informal learning needs. Being unaccompanied and homeless were significant barriers to learning how to drive and being able to access 80 hours of driver supervision. There was also a shared identified need for a range of practical life skills support, as illustrated in this dinner-table conversation focused on support needs:

> Young person 1: Life skills. A lot of people here don't have the life skills that they should. Like common ones, flushing the toilet, stacking the dishwasher … Just general life skills. Before I came here, I didn't know how to mow the lawn or use a whipper-snipper, or we've got a few pressure-washing things, learn how to do things to cars, change tyres, change oil.
>
> Young person 2: I think bills, how to save money, how to keep a house tidy and kept.
>
> Young person 3: Help when you need help with budgeting.

Many young people emphasised that a consistent strength of supported accommodation services is the effort made to teach 'adulting', including cooking, cleaning, managing technology, paying bills and budgeting.

> Young person: The teaching of stuff that no one has, to be honest. Like we have 'adulting group'. School doesn't cover that, and my parents definitely didn't. No one taught me how to do bills.
>
> Young person: But that goes hand in hand with, like we mentioned earlier, like taxes and that sort of thing. Like I said, that's kind of a parents' job to teach you that, and the majority of us don't have those. So, you know, like just life skills, mortgages, bank loans; some people take out bank loans.

This effort to help children and young people develop their capacity for household management and life administration had a focus on the need to develop 'adult' skills 'that no one has'. Outside of Education First Foyers, there was less of a focus, either from young people or practitioners, on the need to attend school and engage in education and training:

> Young person: When I was in, like, a refuge, I had a really good experience. They were able to actually help with teaching me skills and they had a set of things they went through to make sure you had all these skills to go into independent living. But in terms of other things, it really depends on if they can drive you to places like medical appointments, or even just to and from school. Like that, I think, is very much needed.

2.2.5 'A movie night': the need for participation

This wellbeing domain relates to the need for participation and active involvement within families, communities and society. It includes having a voice, meaning that children and young people are enabled to speak out, express themselves and be taken seriously. It also means having a say in decisions that impact them. Participation requires the resourcing and encouragement of involvement in family, peer and community groups and activities (ARACY 2024: 20).

In some services—particularly crisis and short-term SHS—young people reported limited engagement in activities. However, they expressed a great desire for regular group events, and even tried setting up their own resident group chats to try and facilitate a sense of community and connectedness and organise group activities within their service. A common observation, though, was the lonely and isolated existence of residents:

> Young person: Having either a resident or a worker just there that you can communicate with, just all your worries and stuff. It would help a lot because a lot of refuges can be: you show up and you just go straight to your room, and you don't really get that chance to settle or form any attachments.

Young people identified they needed more opportunities to just have fun, including together with staff. In some services there was a lack of opportunities for this to occur:

> Young person 1: We don't even have, like, a movie night. There's some days where we have the dinner meeting and dinner, but there's no group activities I don't think.
>
> Young person 2: The workers control that Sunday dinner so much that none of the [residents] actually have any fun.
>
> Young person 3: Nothing really here makes anyone laugh.
>
> Young person 2: Yeah the Sunday dinner is like: 'This is all the things that are going wrong in the house.'
>
> Researcher: And so would you like activities to do? What would they look like?
>
> Young person 3: Maybe like once a week, learn how to cook. Like, from what I've seen, I cook for myself, but some of the [others] just use microwave meals. But there's no cooking session or art session or just like that because there's art supplies there. There's a whole bunch of stuff, but nobody uses it.

In other services, support for structured activities and choice and control over these was more common and appreciated:

> Young person: Recently we all got given this piece of paper where we marked what kind of groups or topics we'd be interested in. It was like a very broad thing, and each category you were like one to three, which one you're most interested, your preference. And then they're currently going to be going through and see which one is most desired, preferred.
>
> Young person: Another thing they do here as well, I think, once a week we do an activity as a household and that's not ostracised. And then when we all hang out together.

2.2.6 'My own space': needing a positive sense of identity and culture

This wellbeing domain reflects the need to have a positive sense of identity and culture. It includes having a positive self-identity, and being safe and supported to express that identity regardless of gender, sexuality, culture or language. It includes experiencing belonging and acceptance at home and in the community.

Cultural connectedness is particularly important for this wellbeing domain, as Aboriginal and Torres Strait Islander people are overrepresented among those experiencing homelessness (AIHW 2024a), and in unaccompanied child and youth homelessness. Almost a third (32%) of the 42,652 unaccompanied children and young people accessing SHS in 2023–24 identified as Aboriginal and/or Torres Strait Islander.

The need for respect—of culture, identity, their complex pasts and needs—commonly featured in young people's discussions about what they most wanted from supported accommodation services, in particular from staff. Young people consistently expressed a desire to be seen, heard and treated with dignity. Many described feeling as though they are 'too much' for adults and systems to support, and described resulting experiences of service rejection across multiple service sectors. They also described being left to advocate for themselves while navigating survival, burdened with responsibilities that should rest with adults. As one young person said: 'They don't understand what it's like to be in this position when you're young.'

This need for recognition, respect and advocacy was echoed in their reflections on daily interactions with services and systems, and exemplified in the discomfort and feelings of non-belonging in supported accommodation. They argued that greater stability and autonomy in services was needed in order to make supported accommodation feel less institutional and surveilled, and more natural and home-like.

> Young people: I'd say the workers use it [the living room] more than us. Yeah, they just sit in there and then it's like, 'Oh.' And then like I was watching stuff the other day in the living room and like one of the workers was sitting next to me on TikTok and he had it turned all the way up. It's like, 'Fuck off. Go do something else.' Like, why do you have to be out here with me?

> Young person: Sometimes like I'll be outside and I'll be having a conversation with other people in the refuge, and one of the workers has to come out and start talking in with us too. And it's like, I don't speak to many of the other refuge kids, do you know what I mean? And then for the worker to come out, it's like, 'Yeah, no, I don't want to speak to you anymore. Bye-bye.' And everyone goes inside because we feel like we're being monitored the whole time. Yeah, it makes us feel uncomfortable. And then there's no conversations between the young people, because there's always someone listening.

Despite these challenges, young people also highlighted moments of connection and inclusion. They valued environments where they felt welcomed, where their identities were affirmed, and where they could participate in shaping their space. Having control over their environment—such as being able to decorate their room or cook their own meals—also helped to restore a sense of agency and dignity.

> Young person: Being able to actually have my own space, cook whatever I want, leave when I want … it's so much better than couch surfing.

> Young person: Everyone's very welcoming in here … They just say, 'Hi, how are you', like they've known you forever.

Young people expressed a strong need for inclusive and affirming staff. They noticed when workers were respectful and open-minded, and they expressed a desire for more staff who reflect their own identities—particularly in relation to gender, sexuality and culture. However, gaps remain. Some young people reported experiencing racism, exclusion or rejection based on their identity. For example, a young transwoman was denied access to a women's shelter, and culturally diverse young people described being subject to racial slurs.

Clear and respectful communication is also a clear need. Even when outcomes are uncertain, young people appreciate being kept informed and treated with civility. This extends to having workers who communicate with each other to ensure consistency of care is met for young people:

> Young person: One of my main complaints about where I'm staying at the minute is the fact that the workers don't speak to each other. If I say that I'm going to be gone for the night and I tell the person on in the morning, they don't pass it on to the [next] person, you know. Then I get a text message, 'Hey, where are you? Are you coming back?' I don't like that. Yeah, it feels like I'm being hounded and it just makes me want to run away. So that's one thing I can't stand, is the workers not communicating with each other.

2.3 Developmental needs: policy development implications

This chapter has illustrated the range of needs experienced by unaccompanied children and young people in the context of homelessness, and highlighted the value of applying a child and youth wellbeing framework to holistically explore these needs.

Good outcomes across the wellbeing domains articulated through the Nest are essential to achieving long-term health and independence for unaccompanied children and young people experiencing homelessness. Thus, the key implication for policy makers and service providers is the need for much greater recognition in policy and service design that responses to unaccompanied child and youth homelessness must—alongside addressing immediate shelter need—match and meet children and young people's developmental needs if the outcome of long-term independence and security in housing is to be achieved.

Indeed, a focus on developmental needs is what must specifically distinguish responses to child and youth homelessness from adult homelessness, which more appropriately has a focus on housing crisis.

In contrast to most adults experiencing homelessness, children and young people who are also unaccompanied experience the dual overwhelming challenges of:

- being without safe, stable accommodation
- being without adequate parental care necessitated by age and developmental stage.

It is this dual need for accommodation and parental care that underpins the diverse range of needs that unaccompanied children and young people experience in the context of homelessness.

Along with basic needs for food, clothing and shelter, young people and practitioners outline a raft of needs unique to childhood, adolescence and young adulthood. These needs include supports for most aspects of daily life, such as:

- physical and emotional love
- encouragement and guidance on schooling
- higher education, training and employment
- respect and acknowledgment of evolving identities
- attention to emerging developmental, physical and health needs
- support to broaden community connectedness, networking and participation.

It is also clear that without the foundations of stable, safe accommodation and supported mental health, the possibility of having additional needs met and increasing wellbeing overall is extremely limited. Meeting these foundational needs should be a priority in efforts to address unaccompanied child and youth homelessness.

Evidenced specifically is children and young people's minimum need for the extended duration of supported accommodation service provision to be matched to the intensity and complexity of challenges they experience. The notable absence of discussion of supports for education, training and employment is a clear example that until immediate, foundational survival needs are met, other needs do not even come into view. As such, it should be assumed that short-term services have limited value—except as a brief assessment and transition point.

Supported accommodation services have a central role in responding to these needs as temporary caregiver. The following chapters further explore the extent to which supported accommodation as a service model originating in the adult homelessness sector has been able to evolve to respond to the different support and accommodation needs that unaccompanied children and young people present. These chapters present key service gaps and outline specific resulting policy and practice proposals.

3. Confronting care conditionality

- **Perspectives of young people with lived experience of unaccompanied homelessness, and practitioners in services responding to their needs, provide critical information about how well existing support models meet the needs of unaccompanied homeless children and young people.**
- **Young people and practitioners highlight the need for:**
  - **more visible service-system entry points**
  - **increased capacity for low-barrier responses to unaccompanied children and young people with complex needs**
  - **aftercare outreach to prevent system and service re-entry.**
- **Young people characterise ideal supported accommodation services as 'home-like', but further innovation in trauma-informed, child-centred and youth-centred design is needed.**
- **Addressing care conditionality—rooted in limited practice scope and service gaps—is essential to reducing service rejection, and better meeting the support and accommodation needs of unaccompanied children and young people.**

With a focus on the perspectives of young people and practitioners, this chapter responds to research questions 2 and 3:

- How well do existing supported accommodation models meet the needs of unaccompanied children and young people aged 12–24?
- How can identified gaps in supported accommodation service provision be addressed for unaccompanied children and young people aged 12–24?

It identifies the priority gaps in the supported accommodation service continuum identified by young people and practitioners, and also considers their ideal responses to these. These participant-identified gaps and proposed solutions provide the service and system analysis that informs the review of selected evidence-based interventions and ideal typology of supported accommodation service provision presented in Chapter 4. This is an approach that centres the high value of the knowledge and experience of both young people and practitioners in service and system design.

The key overarching theme across all the group interviews was the harmful impacts of the current limited scope of practice within existing supported accommodation services, and the various 'service rejections' that occur as a result. 'Age and complexity' were two big barriers to service access, as one practitioner succinctly summarised.

Participants argued that to address care conditionality across the SHS supported accommodation continuum, changes are needed in the 'depth' of care that services can provide. This included a focus on staff-to-client ratios and the need for workforce development and clinical governance to increase capacity to respond to young people with complex needs in a safe and skilled way.

Alongside this systemic strengthening, participants identified a number of key 'stepping stones' needed to bridge gaps in the supported accommodation service continuum. These included:

- early intervention responses for unaccompanied children
- targeted responses for unaccompanied children and young people with complex unmet needs
- tertiary prevention responses to sustain exits into longer-term transitional, family or independent housing options.

Young people also highlighted the urgent need to improve initial access to supported accommodation services by ensuring children, young people, professionals and the broader community have good awareness that this service continuum even exists.

Along with reflecting on the SHS supported accommodation system, young participants also raised ideas for the ideal physical design of supported accommodation services. Young people discussed the importance of non-institutional design to support and generate experiences of feeling cared for in home-like environments, rather than in 'shelters'. With an emphasis on expanding in-house connection and activity and the positive presence of pets, they also stressed how both the physical and operational design of services could be shifted to grow the social and emotional experiences they associated with being at home.

3.1 Existing research

A recent project on responding to youth homelessness in Mparntwe (Alice Springs) observed that:

> Better decisions are made when young people's opinions are heard and listened to and that all people, regardless of their age, should be part of decisions impacting them and their community. (Northern Territory Shelter and the Office of the Children's Commissioner Northern Territory 2023: 11)

Through close consultation with young people on what is needed to better respond to youth homelessness in Mparntwe, report authors highlighted that while young people had a priority focus on increasing youth-specific accommodation options, they also emphasised that it is 'crucial to consider what other supports young people who experience homelessness need, including social, mental health, financial and integration supports' (Northern Territory Shelter and the Office of the Children's Commissioner Northern Territory 2023: 29; see also Commissioner for Children and Young People Tasmania 2024). Young people in Mparntwe also noted how invisible homelessness services are, and stressed the need for service 'education and exposure', particularly within school settings (Northern Territory Shelter and the Office of the Children's Commissioner Northern Territory 2023: 27).

Position papers authored by members of the Youth Homelessness Representative Council of Yfoundations, a lived-expertise advisory group, similarly stress the central function of support in creating *homes* rather than shelters for young people. Their work flags the problematic predominance of crisis and medium-term supported accommodation options which set 'young people up to fail' (Brest, Soares et al. 2019: 5) due to their short duration. Importantly, they emphasise that 'the availability and provision of support should not be conditional on compliance with other requirements of the accommodation or housing in which a young person resides' (Hellier-Bartholomew, Rose et al. 2024: 5).

As is discussed further in this chapter, these youth-led findings from New South Wales and the Northern Territory—despite being offered from vastly different geographic locations—strongly align with the perspectives of young people from Tasmania and Victoria reported in this study.

These findings also resonate with those of a unique research program on unaccompanied child homelessness undertaken through the Social Action and Research Centre (SARC) of Anglicare Tasmania, which had a distinctive, central focus on the voices of unaccompanied children and young people and practitioners. Over six years the SARC program documented the multi-system and service failures experienced by highly vulnerable children and young people—particularly the layered negative impacts of care conditionality which entrench lifelong cumulative trauma, schoolessness and mental ill-health in the context of unaccompanied homelessness (Robinson 2017b; 2018; 2022).

The SARC research program gave state and national exposure to the issue of unaccompanied child homelessness and the lack of developmentally appropriate care options. The SARC program:

- illustrated the powerful, positive role of long-term assertive outreach for a cohort largely rejected from or ineligible for most forms of health and social care provision
- opened the unsolved problem of how best to provide long-term for unaccompanied children who are unable to return home and struggle to access appropriate care in the SHS and child protection systems (Robinson 2017a; 2020; see also Chowdry, Barker et al. 2018; Cooper 2018).

Such collaborative work that brings together research, lived and professional knowledges seeks to challenge what counts as 'evidence' and has great potential in bringing to light previously undocumented or less-documented social harms. It also makes space for the intellectual work of children, young people and practitioners in producing critical, analytical accounts of social care systems and services that impact them everyday.

As explored in this chapter, it is this grounded, collaborative approach that has informed the foundational observation that current supported accommodation services are not resourced to cope with the high risk and complex need arising from children's young age and unaccompanied status. It is this inherent system conditionality that gives rise to key gaps in the supported accommodation service continuum but also—as set out in the observations of young people and practitioners that follow—ideal solutions.

3.2 Addressing conditionality of care

A fundamental focus for all research participants was the need to improve the quality, duration and scope of care being provided in supported accommodation services. Supported accommodation services were seen by participants as out of step with:

- the range of developmental needs of children and young people
- the intensity of care they require
- the length of time they need care for.

As one young person summarised:

> The system is kind of setting young people to fail at the very beginning … The system is so hard and so complicated, so difficult to access; it doesn't match the purpose of what they actually need to fix.

Despite some positive experiences of care provision and relational connection in supported accommodation services (as discussed in Chapter 2), young people and practitioners were all acutely aware of the impacts of what they more broadly experienced and described as conditional and limited care provision, which ultimately 'screens young people out of services':

> Practitioner: What I've experienced over the years is that the level of independence or coping or behaviour that's expected screens young people out of services … Services are funded so thinly that they don't have the depth of support needed to deal with the behaviours that come with being homeless.
>
> Young person: Support should not be conditional. So a lot of it's like: 'If you don't do your chores, and you don't do your cooking, and you don't do this, then you're kicked out and we won't help you.'

3.2.1 Duration and quality of care relationships

Practitioners emphasised the 'quality of the relationships we build' as crucial to providing a 'depth of support' in supported accommodation and the key mechanism—outside of safe accommodation itself—through which to collaboratively effect change in young people's lives. Both practitioners and residents emphasised that time is needed for both staff and residents to 'build a working relationship and get to know each other' and grow 'the solidity of that relationship'.

This need for time—both for young people's recovery and then relationship-building—sits at odds with 'the timeline that we're on, that compressed sense of urgency' to exit young people from time-limited services. This limited time frame of care provision was ultimately seen to feed recurrent homelessness:

> Practitioner: It can be a mad scramble to find them housing and especially being up against this housing market. So sort of getting young people to understand not just living in the moment and the day-to-day but also having a vision for your future self and longer-term thinking, sort of getting them to understand the importance of whether you like it or not, the rest of your life you have to vote, you have to budget you have to … There's all these things you have to factor in, and I don't think they understand sometimes the complexity and the difficulty of housing. If they don't have a clear plan … some of the, I'm not going to lie, they have returned to the homes from which they came into our service … They do end up going back to where they previously were before coming into the service. A lot of the time I've heard they'll cycle in and out of crisis accommodation, which can be heartbreaking to hear. But yeah, it's the same circumstances that created the problem. If they return to that, how are they are going to break free from that cycle? If no one's going to help them break out of it, how are they going to break out of it?

Along with time, capacity for care in terms of staff-to-client ratios was also foregrounded as crucial by both practitioners and young people. A particular focus was the impact of the 'one-worker model' that dominates supported accommodation service provision in Tasmania and Victoria. Ultimately, poor staff-to-client ratios was seen at best to translate into 'a missed opportunity to do some really intense casework' and at worst to result in:

- service rejections
- risks to child-safe practice
- reliance on emergency services
- forced temporary time-out for residents when staff members had to be offsite and were unable to keep services open.

For staff, the one-worker model translates to anxiety and burnout:

> Practitioner: It's too much to hold. As a worker, we have so many balls up in the air, the turnover of staff is just insane.

> Practitioner: The amount of anxiety I have when I'm working alone compared to when I'm working with someone else is just crazy.

For young people, the one-worker model also translates into an uncomfortable awareness of the precarity and limitations of their access to care—particularly in the context of high client-to-staff ratios:

> Young person: I feel like it's important, especially with youth, to have extra workers just in case, like someone might be in crisis. And if there's only one worker and you're in crisis and someone else needs help as well. Yeah, you can't do two at once.

> Young person: I'd say two workers, so that if anyone has—like even a doctor's appointment, like some people might want to go to the doctors, get themselves checked out, and you know, they might not want to do that alone. You need an extra pair of hands there.

> Young person: It used to be a lot better but now there's seven people [clients], they're a lot busier, so we don't get as much time. So having a staff member that we can go to and talk to, instead of just having a closed office door all the time … They helped me with my study quite a bit last time I was there, there was only three or four of us last time, so it was a lot different.

3.2.2 Widening the scope of care: time, capacity, skill

As practitioners described, key to breaking the cycle of recurrent homelessness and crisis accommodation use is 'stability with the program and the worker'. Three basic pathways for rapid service improvement that emerged in discussions with young people and practitioner were:

- addressing the 'arbitrary timelines' of services
- increasing the availability, consistency and engagement of staff by implementing a minimum two-worker model
- upskilling staff to improve capacity to respond to unaccompanied children and young people with more complex needs.

These improvements were summarised by one worker as the need to create the 'depth and ability to cope'. As described below, increased time, capacity and skill were seen to be critical in delivering positive outcomes for both clients and staff, including improved psychological safety and retention for staff, which would translate to increased consistency and quality of care for clients:

> Practitioner: I think resourcing services better is needed, and if there's ways of upskilling. So creating the depth and the ability to cope.
>
> Young person: It's hard to pinpoint it, but it's more just like willingness to help no matter what it is, kind of thing … Someone there will help you. Someone there will talk to you.
>
> Practitioner: The two months towards exits can almost revert back to the first two months of when a person's here; things fall apart. They're terrified. If they knew where they were going for an extended period of time, that would make things so much better for the worker, the person, and just the relationship.
>
> Young person: The staff they do have are really awesome and really kind and supportive. We just need more of them.
>
> Practitioner: If we were a two-worker model and there was capacity to step away if you were being really impacted by a situation, or debrief with someone and just have a bit more psychological safety, I think there would be much better staff retention. And that would mean consistency and experts in the field.

In particular, for both young people and practitioners, the need for more in-house capacity and skill to support what practitioners described as 'complex unmanaged mental health issues' was a dominant theme across all interviews. Practitioners argued that it is not the role of supported accommodation services to provide clinical mental health care, or to offset the limits of the mental health sector. Nonetheless, the struggle to meet duty of care requirements for a high-risk cohort is a central part of everyday experience in child and youth supported accommodation services:

> Practitioner: These are extremely significant issues that are every day: most young people have a trauma background and some AOD issues. They've got some sort of mental health issues going on. You know, it would be 99% of young people that are with our services would be experiencing that.
>
> Practitioner: The level of mental health complexity that we're expected to manage within the shelters is unbelievable. It's not uncommon for us to have residents who are presenting to the ED multiple times a week in suicidal distress or with [suicidal] attempts.

> Practitioner: It takes so much out of staff to constantly be engaging in systems we are not well-versed in. It's not our area of operation. I think what really influences burnout for staff [is] when we're at a point where we're obviously utilising emergency services because we cannot handle it ourselves. There's a lot of misconception in the community that workers with the shelter are like mental health qualified or AOD specialists, or that we're qualified counsellors or that we're nurses. It's actually quite concerning. And strange. Other services are always completely shocked that we're a one-worker model. And so our scope of service, like you know, 'Yes, this young person is in mental health crisis.' I am not qualified to make an assessment on whether or not they're going to be okay. They've told me that they're not okay. I need somebody else who is [in] their profession to be able to make that call.

Beyond increasing the capacity of existing mental health services to actively respond to young people, increasing the staff-to-client ratio and skill-level of staff in order to cope with the majority of clients with mental health support needs were seen as critically needed improvements.

> Practitioner: From an advocacy perspective, I think in terms of funding and where to make the system better, knowing there's going to [be] marginal extra dollars if we get extra dollars; for me, making services more inclusive and upskilling staff to deal with them better. The cohort is more complex.

Practitioners focused on the value of increased clinical governance—for example, through engaging therapeutic specialists to oversee and provide guidance on best practice and scope of practice within SHS supported accommodation services:

> Practitioner: I think for sure, two workers, but I would say some clinical governance … Because currently everything that we really have developed is so heavily reliant on internal expertise and our experience, and that's great, but there's only so much knowledge people can hold when you work in that particular sector.

Practitioners and young people also discussed the high value of additional complex mental health and trauma training for staff and for bringing additional specialist mental health professionals onsite at supported accommodation services:

> Practitioner: So, we had counsellors coming onsite around the state. They were coming onsite either fortnightly or monthly and providing that more, I suppose, cognitive behavioural therapy, that more counselling approach, look at the trauma behind it. And while, as [staff], we're aware of these things, it's not in our scope to get into that nitty-gritty of stuff for people. So when we identify trauma, for example, our main role is to support them at that time and then connect them out with services that are appropriate. And we found that the counselling service was really beneficial because it was free and they were also coming onsite … And I just think having someone that was consistent [was beneficial] …
>
> Young person: I used to have a therapist that would come and pick me up from here [Medium-term supported accommodation service], and I found that very helpful. So being able to have someone here or someone that can take us.
>
> Young person: I definitely think having trauma-informed workers. Workers that understand how to, you know, deal with young people that have struggled with trauma and may need a little bit more support. I feel like some people sometimes go into these services and they've dealt with quite a lot, and the workers have no idea how to take care of them or how to help in the slightest. Sometimes workers make it even worse. Yeah. And then you're stuck in that place with no support and you feel on your own. And it doesn't make it feel any better for yourself. So I definitely think having, like, those places for people like that, but also having the workers trained in that kind of field.

3.3 Care conditionality, service gaps and solutions

From their different perspectives, practitioners and young people identified layers of conditionality across the existing system of supported accommodation provision, and described the harm arising from systemic conditionality. This ranged from young people's distress about the inability of staff to provide physical contact—for example, by hugging them when in distress—through to the provision of 'thin' and time-limited care unmatched to the depth and length of care young people needed. This produced:

- vicarious trauma and burnout for staff
- additional load on emergency services
- precarious experiences of care.

Such conditionality could reinforce young people's homelessness and their experiences of adult-abandonment and care-lessness.

> Young person: I really wanted someone to care and listen and be there 24/7 and be available. And I think I was trying to fill the void of, like, not having your parents or whatever it was. So I think there was that natural dependency because I'm 15 and wanted someone to care.
>
> Young person: We want to be loved. Any child does.
>
> Young person We don't have our parents anymore, or our families, siblings, whoever you've lost entering the system. We're not looking for another additional family. We're not looking for another person to lecture kids. We're looking for someone to actually listen and support us. So if the workers who are paid in the system can't [do that], there is a massive problem.
>
> Young person: I feel like even in community services they're doing the work not because they actually care for these young people. But young people, we can feel like: 'Is this person actually here to care about me, to support me? Or do they just want to get this done?' Yeah, we can feel that. So that's why a lot of young people don't trust their workers, don't trust the systems, don't trust the adults because they can't feel the care [of] who's around them.

Practitioners and young people consistently observed that this *systemic* care conditionality produced specific gaps in the supported accommodation service continuum. This was especially marked for those who most needed care, due to their age and developmental stage, or the complexity of health-related and trauma-related issues they experienced.

In general terms, this was summarised as a clear and harmful service gap experienced by 'undeserving' unaccompanied children and young people with complex needs:

> Practitioner: If you had to crudely divide it, you'd probably say there'd be two types. Some young people would come in and their pathways would be quite clear, where you'd act, you'd be able to see the outcomes like a Foyer or private rental. Then you've got another type, which are the ones that are more chronically homeless. With those outcomes, they're a lot more tricky because there are a lot less options for them. And I guess with the first cohort, there are outcomes, albeit it takes a couple of months. With the second cohort, we tend to find they either exit our service and re-present to another service, and eventually come in and out of the same services until they get to 24 or 25 and then end up in the adult homelessness sector. There does seem to be a lack of support for that second group, who are the ones that are more chronically engaged in the sector, especially when traditional pathways aren't really applicable to them, like private rentals or Foyers. You're either just hoping that government housing comes into fruition or someone in their family takes them back. Often they're not necessarily viable options and that's where I feel there's a pretty big gap.

> Practitioner: Depending on the kid, depending on their behaviours, the 'deserving' or the 'undeserving' certainly exists. You know, if they're an easy kid, they'll get a lot of support. If they're challenging, if they're coming with significant trauma, if they're not fitting within that middle-class framework, quite often they'll be exited fairly quickly … To be fair, that talks to the ratio of staffing to young people; seven-to-one is setting up to fail. If shelters were considered to be more [staff ratios of one to] two or three, and there could be consideration of placement matching, maybe those issues could be managed better.

Along with improving systemic care capacity and depth in supported accommodation service provision, practitioners and young people also identified interventions to solve service continuum gaps. Addressing these gaps was seen as key to the:

- realignment of the SHS supported accommodation system with the contemporary reality of unaccompanied children and young people's needs
- prevention of recurrent homelessness.

3.3.1 'This should be common knowledge': awareness of the child and youth homelessness system

In dinner-table conversations across both states, young people consistently identified that their struggle with supported accommodation services began with not knowing they existed:

> Young person: I didn't even know these places existed at all.

> Young person: I found out by overdosing. My first time getting to mental health support, the mental health discharged me to a refuge. My first time knowing this refuge is an option for me.

> Young person: I found out by word of mouth, because one of my other friends had experienced homelessness and was living on the street. And they literally found the housing organisation purely by chance. They were just walking the streets, looked up and was like, 'Wait a second, I can go in there, I can get some help.' And purely word of mouth is how so many people I know have gotten access to it. I have multiple friends that have experienced it, who are struggling so hard whether they're living at home, rough sleeping, couch surfing, who just genuinely didn't know that there was any resources out there.

Young participants questioned the extent to which responsible adults had adequate skills and knowledge to identify a child or young person may be homeless or at risk of homelessness, and be able to make an informed referral to a help point of some kind.

> Young person: Because young people … not many of them would say, 'Oh I'm homeless right now, or I'm feeling really sad or I want to suicide.' They feel ashamed to open up with this, but they will show [it] in their behaviours. So they'll try to communicate with their certain behaviours. But these are the behaviours that make them get into trouble … They're trying to communicate with the adults around them. But the adults just don't pick up on the signs … Because young people, they only got the information from the adults around them. If adults don't have this knowledge, they can't provide them with any information about. And how are the children meant to know?

Young people argued that a broad range of professionals needed training to increase their capacity for early identification of signs a child or young person may be experiencing or be at risk of homelessness, and to increase their awareness of support and accommodation options, and how to refer children and young people to them. Importantly, they suggested that all mandatory reporters should receive compulsory training—particularly teachers and mental health workers. Finally, they argued that localised knowledge of homelessness system should not just be 'professional' knowledge but 'common knowledge':

> Young person: Anyone who is deemed a mandatory reporter should have the basic knowledge of the community service system. They also need to know their area properly.

> Young person: This knowledge is not only for someone who's like psychologists or doctors or social workers, like professional knowledge. This should be like a common knowledge to everyone in the community.

They also problematised the assumption that unaccompanied children and young people in need of help had either the independent skills or technology access—for example, a mobile phone or laptop with internet access—to search and explore help options and their locations on their own, particularly young unaccompanied children:

> Young person: A lot of 14-yea- olds don't even have a phone. So many people don't have a phone, don't have wi-fi.

To circumvent children and young people's reliance on 'adult knowledge' alone, a frequent suggestion was the need for diverse child- and youth-centred information campaigns and public advertising on public transport and in high transit spaces, such as train stations. This would ensure greater shared awareness of both:

- the issue of child and youth homelessness
- the local access point for information about available supports.

Young people's observations about the weakness of the adult knowledge on which they depend also foregrounds the potential high value of youth-specific system access points (which is discussed further in Chapter 4).

3.3.2 'Family, connection and safety': early intervention for children and their families

During the course of this research the homelessness and youth sectors in Tasmania mourned the death of a 14-year-old girl who had previously been an SHS client.

While a shock, the death did not come as surprise to practitioners, who discussed at length the trajectories of extraordinary high risk being encountered in the lives of unaccompanied children presenting to SHS, including:

- lifetime cumulative trauma involving physical and sexual abuse
- domestic violence exposure
- community violence
- intimate partner violence.

Practitioners discussed being ongoing, traumatised witnesses and reporters of very high levels of harm currently occurring to children, and the lack of intervention from Child Protection:

> Practitioner: Their [Child Protection] response is: 'There are no placements. There is no point taking an order. We have no guarantee this young person would be successful in a placement, if we ever were to find a placement, so we will not take an order, we will not take action.' … And if there is no capacity to have proper placement—which there is none after, say 10 [years of age]—they won't touch it. And they leave us either in there witnessing the abuse, witnessing the trauma, witnessing the harm, and then just consistently reporting it.

Practitioners also reflected on the difference between what unaccompanied children of the same age receive in out-of-home care as opposed to supported accommodation in the SHS sector:

> Practitioner 1: This is a point I just want to make quickly: the disparity of support … The young people that are homeless get next to nothing. But the other young person—maybe they came into care when they were six or seven and they [Child Protection] can't relinquish that care when they're 13, 14. And there's still a lot of behavioural issues, but the level of resources given to that young person is in my opinion, excellent. It's phenomenal, it's exactly what they need. They'll get it until they're 18, and then some. The workforce is committed, caring, compassionate. It's amazing … It doesn't solve it, it lets them have their needs met and allows them to start to try and thrive and not go backwards. Now let's look at the young people that are homeless. They get next to nothing.
>
> Practitioner 2: The youth shelter system just is so under-resourced, with a one-worker model. Versus one young person in a home with two workers, [Crisis accommodation service] is managing seven complex young people [with] one worker. It's set up to fail.
>
> Practitioner 1: It's set up to hold space. It's not set up to thrive. It's not set up to help young people make the best out of what is a very difficult start to life. We can do so much better, but we need to invest more time and resources into what the outcomes are.
>
> Practitioner: I think that the 12 to 15s require a very different response. I think that the 12 to 15s do need a residential response that isn't a lot of young people in one space. Because what happens there is we have an impacting on each other thing that happens at a developmental age and stage where we really need not to have that. So if we consider what works well in the out-of-home care space and how we would do that regardless of whether a young person is on orders or not. Because it shouldn't bloody matter. The kid either has somewhere safe to go or they don't. And any young person under the age of 16 really has the right to be able to have the same quality of care from the state as any other young person.

In the current context of a predominant absence of child protection responses, practitioners saw basic system strengthening—such as the implementation of a two-worker model—as one pathway to provide more developmentally appropriate care for unaccompanied homeless children who are unable to return home. However, their focus was also on thinking through what role SHS supported accommodation services could play in earlier intervention—particularly in family reunification work:

> Practitioner: We know, and the evidence is there, that fewer kids will end up needing those crisis [SHS] services if we put in the family reunification response. But you need to fund that.

As practitioners reflected, the history of a lack of funded, family reunification work in the SHS sector has created a workforce capability issue to solve:

> Practitioner: We are doing a lot of work in restorative practice, without the resources or probably the expert knowledge, because we're mostly self-taught. And we would love to go down the family group-conferencing phase. Just because we know a lot of young people come into crisis accommodation because of family breakdown, and where it is safe to do so, we should be drawing on Ruby's [Reunification Program], around how we can help those families reunify, because that's the best outcome. But again, we're going into territory that we need to build expertise in, and we need to build staffing capability in it.

Discussion revealed that many practitioners shared excitement about the untapped potential of family reunification services. Given their understanding of unaccompanied homeless children's high-risk pathways into youth and even adult homelessness, the value of increasing the capacity to intervene early to try to re-establish 'family, connection and safety' was seen as a 'really, really powerful' possibility and 'a huge value-add' to the system:

> Practitioner: The idea that the homelessness sector would be open [to family reunification] is very exciting, because mostly we hear the homelessness sector shout down the family thing. And what if we could have a huge value-add, if we could upskill staff.

> Practitioner: When I think about the continuum of need that young people present with, for me one of the big gaps is the engagement with family, to be able to grow family capacity and build and repair relationships. When I think about what I would like to pick out of program areas that I think work really, really well and put into the homelessness sector, I'd probably say the therapeutic specialist capacity to be able to develop safety plans and therapeutic intervention plans … To upskill staff in identifying and responding to trauma-based behaviours. And working with young people to be able to recognise feelings and emotions and being supported to come up with safety strategies, and then supporting adults to know how to respond to them in a way that's actually going to be effective and meaningful for them. And I think that, as far as the homelessness services system goes, if we had the capacity to be able to do that therapeutic work, going to the young people to be able to develop that, understanding their history and how they view things and then use that to be able inform services and adults in what they need, it'd be really, really powerful.

3.3.3 'It's not always about the bed counts': need for low-barrier supported accommodation services

Both young people and practitioners had a central focus on the lack of longer-term supported accommodation services for young people with higher support needs, although any service access could be difficult:

> Practitioner: When we [Crisis and medium-term supported accommodation] go through the sort of assessment and referral process for a young person, we do conduct a risk assessment based on the suitability and what the impacts might be for staff and for the other young people in the service. So there are times where we can't assist young people based on them being high risk or their needs being too high. So that's a definite gap in not being able to [get] access in the first place … So where do they go?

Young people who were able to access crisis and medium-term facilities described then becoming stuck without exits—which were largely restricted to either private rental or Foyer. Social housing was perceived as impossible to access at worst, or targeted mainly to young people exiting out-of-home care at best. As young people not receiving out-of-home care and routinely experiencing a range of mental health and drug and alcohol issues, there were simply no clear exit pathways from crisis or medium-term supported accommodation:

> Practitioner: So why have we got young people that are either jumping around or getting rejected from our services? It's not always about the bed counts. It's about the suitability. Those young people that had suicidal ideation, that had high drug use, [if there] were mental health and wellbeing concerns—that basically was an instant [refusal]: service providers couldn't even look at those young people. And that comes down to our staffing models, our contracts, our experiences in those areas. It's about, as a sector, being really honest about what our capacity and skill lies, and how we can better service design for young people.

> Practitioner: We need a model that can service more young people for starters, and we need a model that has capacity to [accommodate] young people with varying levels of need … Rather than just not being able to. If they can't manage the space, or they have mental health behaviours that are acute and can't be managed in the [crisis] refuge, then they can't be there. That's just the bottom line.

As a result, practitioners had a central focus on the lack of both transitional and long-term exit points for their clients with higher support needs:

> Practitioner: Not everyone needs intensive support but there's some that do. You know, that needs to be able to be an option as well, not just for the short-term.

> Practitioner: Yeah, there's just not enough long-term options. Like share housing in itself is a whole trick for someone that [has] mental health challenges or substance abuse issues. Just a client that's got complexities to them generally, it just ends up being no options. So the cycle continues …

> Practitioner: It's not very often we have that nice flow of going from medium-term to long-term or something else that gives them more stability for another 12 months. I think that's a bit of a gap for us specifically.

> Practitioner: There is no long-term. You know, it's just a continuum of short and medium-term until they, I don't know actually, until they become old. I actually don't know where they end up.

For participants in both Victoria and Tasmania, Education First Foyers were seen as one extremely positive long-term, semi-independent transitional housing solution for some young people:

> Young person: You never feel like they're working against you to try to get you out faster or anything like that. It's like they are giving you every opportunity to do well.

> Young person: You don't get used to it for about a week or two but then the relief of, 'I do not have to leave here for two years, and this is my spot, and all of my stuff is here. I'm not going to have to jam it all in the back of the car again and move it somewhere else.' It's just you've got your spot and that's that.

Despite being highly praised by both residents and practitioners, Education First Foyers were only seen as an accessible model for those deemed 'ready'. The emergence and dominance of the Education First Foyer model in Victoria and Tasmania was identified as deeply problematic for vulnerable young people specifically:

> Practitioner: I don't know who is moving into [Education First Foyers] but it must be young people leaving home because it's not young people in shelters.

> Practitioner: And the one devastating thing was that shift, and I get why they did it. I think government just wanted to fund a program that did demonstrate outcomes, but it did mean it cut off a whole cohort: the most vulnerable cohort. Yes, there would have been challenges with them being able to thrive and succeed in these kind of models. But now they have no opportunity because of those minimum requirements of engagement and education. Which there's limited opportunity for our young people to now have that chance for change. Well, with those models it is.

> Practitioner: I think our [Crisis accommodation] kids really do fall through the gaps there [Education First Foyers]. They're essentially taking these middle-class kids who've got great education, who don't have complex trauma. Having to be the ones to tell the kids is a big one for us. Because I've had kids where they haven't told them in the interview they didn't get it. And they will wait three, four weeks before telling the child, who's coming to me every single [day] like, 'Have you heard anything?' And I'm not going to break that rapport, and then constantly having to push [Education First Foyer] to tell the child, 'It's the model.'

As one group of young people in a medium-term refuge discussed, it is their life struggles, ironically, that disqualify them from the kind of security and care a long-term supported accommodation service like a Foyer could offer:

> Young person 1: And because you're struggling, they won't let you into a bunch of places.

> Young person 2: Yeah.

> Young person 3: You had the same issue as me.

> Young person 2: And the fact that I'm 16, not 18.

> Young person 1: I can't get into anything private. I need to go through [Education First Foyer] or something and then that's a 16-month wait, being younger.

> Young person 2: And with [Education First Foyer], if you've got any suicidal thoughts or—

> Young person 1: Yeah, you self-harm, you're not in there.

> Young person 4: If you smoke dope, or pretty much if you're not perfect, you can't get in.

> Young person 2: Yeah, yeah. You've got to be perfect and the people in places like this [Medium-term refuge] aren't perfect.

As such, low-barrier, transitional and long-term services specifically targeted to young people with higher care needs were identified as the most urgent service gap:

> Practitioner: When I think about the continuum of service provision for young people, the gap that remains missing is those young people with high and complex needs … It's almost like a need for that multidisciplinary team to be able to respond to that high-needs cohort that can't sustain emergency accommodation, isn't ready for cluster accommodation because of risk behaviours, and certainly is nowhere close to ready for Foyer accommodation. There does need to be a homelessness, youth justice, child safety, drug and alcohol, mental health 'collab' service delivery response.

> Practitioner: What we'd really like to see is people move on to medium-term transitional housing. Not everyone at [Crisis accommodation service] is ready to move into [an Education First Foyer]. Places like [Medium-term supported accommodation service] for people between 13 and 20 that is a bit more goal-oriented. They have more time with the young people to engage them with goals, engage them with education.

3.3.4 'It makes a world of difference': extending care through outreach

Outreach provision was identified by both practitioners and young people as a key underutilised component of supported accommodation service provision for young people with higher care needs.

As an alternative to Foyer accommodation, practitioners imagined their organisations as having their own low-barrier, transitional tenancies into which they could provide regular, assertive outreach support. This tenancy-with-assertive-outreach model was seen as a first step on a pathway to fully independent living in private rental in diverse community settings. For young participants who were currently living in supported transitional tenancies, the balance of semi-independent living with parental-level care provided through outreach was seen as positive:

> Young person: Even after we moved out of the shelter, they still gave us support. Like they still actually helped us. Like when we were together they took us shopping, and they did this and they did that. Made sure we went to the doctors and this and this.

> Young person: We are still very much getting support from the workers, [worker] especially. She [worker] comes if we need to go to a doctor's appointment or something that needs a sort of parental figure there to support you.

Having access to ongoing support through outreach also meant, from young people's perspectives, the greater possibility of making longer-term options work successfully, rather than being forced back into alternative crisis or medium-term options when their current accommodation arrangements 'expired' or broke down. Both practitioners and young people were frustrated with support predominantly being tied to only shorter-term accommodation—with the exception of Foyers, which were nonetheless seen as inaccessible by those most in need. As such, young people were 'trapped' cycling between crisis and medium-term services because, as one practitioner outlined: 'the support needs aren't available for them in whatever housing outcomes are around, which isn't many, and they're not going to be able to maintain their accommodation'.

Practitioners argued that if support was delivered through mobile outreach instead, it would contribute to solving both bed-block and repeat crisis and medium-term service presentations. With assertive support, a broader range of housing possibilities would open up, including:

- returning to families
- more successfully maintaining transitional tenancies
- entering both the private and public rental market.

> Practitioner: What if there was a key worker, someone completely external that wasn't attached to any of us [in supported accommodation services], that's advocacy-based, relationship-based and can provide continuity of care outside of the shelter. Because I think we often take that role on, but it's so tenuous because if a young person's exited suddenly, which happens all the time, it means all of their support just disappears.

> Practitioner: What I'd really like to see is that support carried over. So they go from somewhere like [Crisis] to [Medium-term] where there's staff onsite 24/7 and those staff are guiding and helping. To social housing. Sometimes what happens is they go, 'Oh well, I'm free to do whatever I want.' They bring friends over, they cause havoc, they don't pay their rent, they don't clean their home. And then, and I've seen this happen at [Crisis accommodation], they come back to [Crisis accommodation]—but they come back with a $6,000, $10,000 debt and a housing provider who says, 'We're never touching that person again, they're not coming anywhere near us.' And so then it's having to start from scratch again. So having some support across that transition might help them in maintaining that tenancy in a positive way.

> Practitioner: If we had more capacity for transitional support and outreach after a young person leaves our services [crisis and medium-term supported accommodation], then we're more likely to be able to see them not return, hopefully. And that also includes not just supports for the young person but for the families … It's within our scope to do outreach support for up to six weeks when a young person leaves our services. However, we normally don't have the capacity to really fully engage in that process. So unless they've got other supports that are out in the community to follow them, we will see young people returning back to the shelters because their outcome hasn't worked out for one reason or another. And a lot of the time … it's escalated to such a degree by the time they come back to us that it's so much harder to fix, and we're just starting that process all over again … So you really need to be doing [outreach] for the young person and for their families to be able to secure housing and for it to be an outcome that is sustainable long-term.

Young people likewise emphasised the high value of mobile outreach—especially if it could be offered regularly enough. One young person who had cycled back to a medium-term refuge for the second time explained that she felt the outreach she received was just not enough. Another described a unique experience of having a key worker successfully support her journey from crisis accommodation through to social housing over a seven-year period, emphasising the transformational potential of long-term relationship-based care and that 'one consistent worker can change things':

> Researcher: What's your top priority?

> Young person: Outreach. More checking-in and stuff. Because I've been here [Medium-term refuge] twice and the first one, the outreach was okay, but I needed a lot more support than I was given. I think there should be weekly face-to-face visits until it's deemed appropriate that they can stop. Daily check-ins would be awesome for the first week or two, and then more to two or three times a week. Yeah, just making sure that everything's okay and everyone's being supported and stuff.

> Young person: I did get referred to the refuge where I stayed for three months and then, in addition to that, I had an external case manager or support worker or whatever you want to call them, and I was involved with him for maybe about seven years. So the same worker consistently, which never happens, that can make a difference … He just thought, 'Let's ease into and I'll meet you at the refuge.' And then from there he helped me get into transitional housing for 18 months. And from there I went, he helped me again to get into public housing. So just the whole way through, the same worker. Every week we'd meet on Wednesday. It was just routine. It makes a world of difference because you have that time to build that relationship … That one youth worker can make a difference. I think that one consistent worker can change things.

3.3.5 'Somewhere solid': improving the homeliness of support accommodation services

Along with improving the inclusivity and accessibility of services, in particular for those with more complex care needs, young people participating in this research focused a lot of their conversation on the alienating nature of supported accommodation services. This alienation related to:

- a lack of connectedness with other residents
- the institutional nature of the physical design of services.

Young people discussed the terror of arriving at a supported accommodation service for the first time. They described shared experiences of not being introduced to other residents properly, and finding few opportunities to come together with residents and staff as a 'house group' for activities, meals and just to hang out. The lack of integration of new residents was hard for both new and existing residents:

> Young person: When I came in, it was like, 'You're in this house now with all these other girls. Deal with it.'
>
> Researcher: What else should a service be providing?
>
> Young person: More support when you come into the shelter. It was terrifying … It's a new environment, new girls, new people like socially [who] can't deal with people or, you know, all these other problems.
>
> Young person: I was just watching the TV. And they went past me in the kitchen and I looked over at them because I heard a voice. I heard a voice that I didn't recognise … I didn't even catch their name properly. It was like, 'Oh, they're living here now.' Okay.

Young people also described the many unsettling physical features of supported accommodation services, in particular:

- the large size of congregate care shelters
- the pervasive use of security cameras throughout shelters
- security features for individual bedrooms, such as self-closing doors
- secure key, pin, swipe-card or key-pad entry
- locked kitchen cupboards or restricted kitchen access.

Where they encountered experiences of positive welcome into services or active resident engagement, these were enthusiastically praised and highly valued. Young people's reflections revealed that feelings of safety and belonging could be created by shared positive interactions, not just the security features of the accommodation:

> Young person: When I moved in, me and [a second person] we sat down. She invited me to watch a movie. We watched The Notebook and we laughed, and then [a third person], she actually made me laugh as well because when I met her, me and [the second person] were watching the movie and then she, like, crawled past the window and just started tapping it. It was really funny. It was a good feeling. Yeah. It was like, 'Oh well, I just moved in. I'm still not comfortable, but I know that these girls have my back.' It was good, yeah.
>
> Researcher: What does it mean to be able to laugh when you're somewhere like this?
>
> Young person: I think it establishes safety, because even though [Crisis refuge] is meant to be a safe house, I still found it hard feeling safe there because it was a new environment. And just being told you're safe, you're safe, you're safe, does not make you feel safe.

Fundamentally, what young people wished for is a space that resembles 'an actual home':

> Young person: Not feeling it's a shelter, it actually feels like a house.
>
> Young person 1: It's like a home. Like, what an actual home would look like. Like, it's stocked full of everything that, like, your parents would provide you with.
>
> Young person 2: I thought that as well. Yeah.
>
> Young person 3: And, like, it's something that you always have to come back to … somewhere solid.

Young people consistently identified the presence of pets as a crucial contribution to feelings of personal safety and to making supported accommodation services feel more like home:

> Young person: You know, all the services that I've gone to, they're all like: no pets allowed. And like, sometimes that's what a person needs to make them feel safe, to make them feel like they're at home.
>
> Young person: I think a pet's important just because … you can kind of give it love without it backstabbing you, that kind of thing. And a lot of people do that to us. So animals are good in that sense. Like you can just kind of trust them with stuff you can't trust people with. And I feel, like for people in our position, that's important.
>
> Young person: They used to have a therapy dog that used to come here. It was like a therapy dog. It was very helpful, I think it was a good idea. It was. It was good. Like looking at it. I'd have my dinner and just seeing it all playful and stuff, that put a smile on my face.
>
> Young person: I know it's hard to make it happen, but I think we should at least be allowed to have like a pet that's under some kind of size. I know that they say that you're not allowed, and that also because it can be a financial struggle, but I think it would be good because it's kind of that little bit of company that I think would matter.

As also echoed in broader literature (see for example, Hoolachan 2022; Robinson 2011), what young people seemed to be searching for was an experience of what they imagined as an ideal home, with a fullness of social and spatial connection and physical provision, including carers, friends, activities, food, cooking supplies and animals to care for and live alongside. This contrasted with the loneliness, no-visitor rules, sparse catering, locked-down kitchens and unavailable, stressed or distracted carers they encountered.

In such contexts, it made sense that pets were a notable focus of young people's 'ideal supported accommodation service' discussions. Pets—in particular dogs—were imagined as a positive household addition as they have the potential to:

- intervene in resident isolation
- bring residents and staff together
- provide a source of relaxation, interaction and happiness
- enable a source of unconditional regard and relational connection for residents.

3.4 Making room for care: policy development implications

Drawing from interviews undertaken in Tasmania and Victoria, this chapter reveals that young people and practitioners consistently identified a fundamental gap in the provision of supported accommodation services for unaccompanied children and young people: sufficient care for those with multiple unmet needs.

Participants shared that the 'thin' provision of service resulted in:

- high stress for practitioners and unaccompanied children and young people
- 'service rejections' due to a limited scope of practice and capacity to manage risk
- revolving use of crisis and medium-term refuges.

They also documented the resulting negative impacts on the safety and wellbeing of a supported accommodation service system that paradoxically excluded those most in need of care. This included practitioners being at a loss to explain where unaccompanied children and young people might end up when unable to access supported accommodation services.

Young people and practitioners also drew out key policy and practice implications in their group discussion. To address the conditionality of care provision they currently experienced, they argued for a strengthened system of supported accommodation service provision in which highly vulnerable children and young people could access age-appropriate and developmentally appropriate care from a well-trained, well-resourced workforce. They envisaged a service continuum that 'made room' for unaccompanied children and young people with more complex unmet needs.

Young people's reflections connect more broadly with research on the powerful role of trauma-informed and pet-friendly spaces in enabling experiences of control, dignity, healing and recovery in the context of homelessness (see for example, Ajeen, Ajeen et al. 2023; Masuda and Helm 2024; Owen and Crane 2022; Slatter, Lloyd et al. 2012).

However, needing further exploration within research and practical application in homelessness service design (see for example Berens 2016; Donnelly 2020; Keats, Maguire et al. 2012; Light, Sperry et al. 2022) is specific consideration of the unique needs of children and young people unaccompanied by a parent, guardian or family. Given the emphasis by young participants in this research on physical design issues—including provision for companion animals—this is an area of research that, if further developed and applied, could prove immensely useful for innovation in the physical design and construction of residential services within the child and youth SHS sector in Australia (see for example Jaman, Corrales et al. 2024).

Finally, although beyond the scope of in-depth consideration in this report (as discussed in subsection 2.2.3), young participants also raised the conundrum of physical touch in homelessness services. They highlighted their craving for physical comfort, the inability of staff to provide this due to professional boundaries, and suggested that staff should at least be able to hug clients in the 'public' areas of a service under the scrutiny of surveillance cameras.

Like the issue of appropriate staff-to-client ratios in child and youth homelessness services, children and young people's need for empathetic touch points to the much broader need for urgent homelessness sector discussion and guidance on child and youth safe organisational practice. There is much to learn from out-of-home care residential service provision, including on navigating professional touch (see for example, Lynch and Garrett 2010). However, as in the out-of-home care sector, children and young people's need for physical care, intimacy and, ultimately, *love* painfully foregrounds the limits of institutional care. This highlights the utmost importance of preventing family breakdown by investing in early intervention work that emphasises family reunification or connection with chosen family and supporting children and young people in developing safe relationships with peers and adults.

4. A supported accommodation care continuum

- **This chapter synthesises learnings from young people, practitioners and international and national evidence into an ideal service typology presented as a 'supported accommodation care continuum'.**
- **This continuum addresses identified service gaps by featuring a Youth Hub entry point, well-resourced relationship-based care in accommodation services, mobile outreach and flexible family reunification, low-barrier medium-term, transitional and long-term services.**
- **To deliver localised versions of the continuum, investment in the service types addressing the key identified continuum gaps is needed. International and national examples provide insights into nuanced, tailored care responses that can feature within a supported accommodation continuum.**
- **Development and delivery of a supported accommodation care continuum will require reconsideration of the purpose and function of supported accommodation services more broadly as providing 'care first, housing second', underpinned by a rights-based approach.**

This chapter brings together learnings from young people, practitioners and international and national evidence of effective interventions to further deepen understanding of what is needed to address current supported accommodation service gaps, and to answer research question 4 by distilling these research findings into an ideal service typology.

Informed by the clear imperatives of the Convention on the Rights of the Child, the ideal typology prioritises the reframing of supported accommodation services as a continuum of care options that appropriately match the age, developmental stage and additional health, mental health and safety needs presented by unaccompanied children and young people experiencing homelessness.

The supported accommodation care continuum presented reimagines the current system, which is arguably poorly resourced and not designed for the majority of unaccompanied children and young people and their inherent age-driven care needs. The continuum employs a basic public health approach to service delivery (AIFS 2016), considering the role that early, targeted and tertiary interventions might play in improving the wellbeing of unaccompanied children and young people—and enable their successful transition to adulthood.

The chapter briefly reviews the concept of an ideal continuum of care and its underpinnings from holistic public health perspectives. It then looks at examples of supportive accommodation models that could form component parts of an ideal care continuum, and how they relate to the needs identified in Chapter 2 and Chapter 3. An ideal care continuum that draws together the necessary components of supported accommodation within a holistic, inclusive care model is then presented.

4.1 Conceptualising ideal supported accommodation provision

In recent years there have been a number of important Australian community sector contributions to conceptualising ideal supported accommodation provision for young people experiencing homelessness. Yfoundations, the New South Wales youth homelessness peak, released a background paper including 'a continuum of housing models that are needed by young people to move from homelessness to an independent life free of homelessness', which focused on the needs of young people 16–25 years of age (Yfoundations 2024: 13). This paper builds on earlier work that sought to holistically describe the multiple health, education and social-care-system failures that produce and sustain homelessness for children and young people (Yfoundations 2023). The model details both a continuum of supported accommodation options and the approach and focus of support practice within these.

Nous (2023: 2) prepared a 'fit-for-purpose youth housing model' for young people aged 15–24, in collaboration with community service organisations and peaks including the Salvation Army, Melbourne City Mission, Kids Under Cover, Council to Homeless Persons, Community Housing Industry Association and Homelessness Australia.

The Nous model focuses on tenancy types and confronts the longstanding 'open secret' about how social housing discriminates against young people. The centrepiece of the proposed model is 'subsidies for viability' of both social and private rental options (Nous 2023: 9). This is in a context in which low rental returns generated from the youth allowance make social housing allocation to young people unattractive and unsustainable—in addition to the private rental market being inaccessible for young people with low incomes.

Finally, utilising a public health approach, Robinson (2020) developed a holistic response continuum for ending unaccompanied child homelessness in Australia. While not focused on supported accommodation alone, in the first iteration of this model Robinson included the tertiary provision of non-statutory 'home-first' care, pointing to the unique needs of unaccompanied children for stable, holistic and therapeutic care rather than housing (see also Robinson 2023b).

For Robinson (2020: 8), 'the rights-based provision of home-first' care will 'provide exit points from cycles of couch surfing and crisis accommodation and prevent long-term cumulative harm', in particular through the provision of integrated 'supported accommodation, care, health and advocacy services which are trauma- and attachment-informed and age-appropriate'. This includes both medium-term and long-term non-statutory care for unaccompanied children not returning home or to family, nor accepted into out-of-home care placement.

This current research both complements and builds on these existing contributions by:

- including the age range of 12–24 years
- considering how any proposed ideal continuum of supported accommodation options actually intersects with what unaccompanied children and young people want and need.

The perspectives, voices and lived experiences described by young people and practitioners in Chapter 3 are mobilised to:

- identify necessary elements of and practices within a supported accommodation care continuum that can build on existing Australian praxis
- adapt those elements and practices to the unique developmental and care needs of children and young people.

Finally, by exposing the care conditionality that underpins current pressing gaps in service provision, this project reveals how the overarching service continuum can be strengthened through a specific focus on *unconditional* or low-barrier care provision for unaccompanied children and young people with more complex unmet needs.

4.2 Identified needs and illustrative care responses

Chapters 2 and 3 identified critical accommodation and care needs of unaccompanied children and young people experiencing homelessness and specialist homelessness and support service responses, including the expression and articulation of these needs in the voices and experiences of young people themselves.

This section of the report aims to highlight select models of supported accommodation that meet aspects of the identified needs well—and which could be included within a holistic, systematic approach to continuous care, such as in the ideal care continuum developed below.

The aim of this chapter is not to present a comprehensive mapping of all service types. Rather, the aim is to illustrate the potential for existing models of supported accommodation and related service models to meet needs—including those of children aged under 18 years and young people with highly complex needs and behaviours—in ways that are appropriate to their developmental stages and needs.

Illustrative examples of the supported accommodation models are included in Table 4. These are briefly described, including their responsiveness to the needs identified earlier in this report by young people and practitioners, and the principles of a care continuum they exemplify.

Table 4: Examples of supported accommodation models consistent with meeting identified needs of children and young people

Identified elements of support and accommodation children and young people need	Illustrative models of supported accommodation responding to identified needs	Core principles as part of an ideal care continuum
Accessible, appropriate support, information and entry points for integrated care	Youth Hubs MCM Frontyard	Empowerment, inclusion and single-point triage for multiple needs
Trusted relationships of care including for familial reunification and/or supported safety	Ruby's Reunification Program Safe and Connected Youth Program	Non-conditional relational and connected continuity of care, including skilled family mediation
Inclusive models of housing support responsive to complex needs	Housing First for Youth (HF4Y)	Low-barrier access, adaptable for diverse and complex needs, as well as young people presenting with less complex behaviours and needs
Ongoing outreach and support of long-term and secure housing options	Housing stabilisation (HOP-C)	Long-term secure and supported housing pathways to support empowered, positive transitions

Source: Authors.

4.2.1 Youth Hubs

A key finding of Chapter 3 is the consistent message from young people about their lack of knowledge and understanding about where and how to access support when needed.

Youth Hubs are designed to be an accessible single point of entry and contact for young people who are experiencing a need for support—including young people experiencing multiple and complex support needs across a range of service types (Headspace 2014; Settipani, Hawke et al. 2019; YouthREX 2018).

Youth Hub models have primarily evolved to address mental health concerns. However, they have wide scope, often including homelessness assistance and other related service supports. The integrated model of support and care in the Youth Hub model provides a potentially promising way of engaging children and young people who are at risk of or experiencing homelessness and in need of a range of support types, with appropriate support services—either as an early intervention and prevention approach, or to assist young people who have been experiencing longer-term homelessness or risk of homelessness.

Youth Hubs have been operating internationally and in Australia for some time, and form an important component of many forms of youth service systems. Insights about their value have been gleaned from existing knowledge about services that primarily target youth mental health needs in the Canadian, Australian and New Zealand contexts. For example, the Canadian YouthREX Research and Evaluation Exchange has produced an evidence brief outlining a suite of key principles that underpin best practice for Youth Hub service model design and delivery.

Consistent with the need for quality of care relationships voiced by young people in the present research (see Chapter 3), these principles are:

- *taking a youth-centred approach* at all levels of the organisation
- *tailoring services to community needs,* including involving local community members and groups in the design of service models, as well as service delivery itself including tailoring service responses to demographic and local needs
- *prioritising accessibility,* including location, opening hours and welcoming features such as provision of meals and material assistance onsite
- *respect and reflection of diversity*, with an emphasis on provision of safe spaces underpinned by cultural competency among staff, including understanding of youth culture and ability to build positive relationships with young people
- *strong and collaborative partnerships,* underpinned by intentionality within fostered collaborations, rather than passive interactions
- *involvement of young people in the design of the Youth Hub space,* emphasising the needs of young people in comfort, empowerment and a sense of ownership (YouthREX 2018).

How do Youth Hubs address supported accommodation need?

In the Australian context, Frontyard Youth Services (MCM 2025b), a program developed and delivered by Melbourne City Mission, is the primary example of how a Youth Hub within a care continuum of supported accommodation can provide significant value to young people at risk of homelessness and experiencing homelessness.

Primary services offered to children and young people by the Frontyard service include:

- statewide homelessness access point
- case management
- Circuit Breaker accommodation program
- youth and community participation
- health and wellbeing services
- legal and financial services

Consistent with international practice, Frontyard Youth Services offer a highly accessible, welcoming, one-stop contact point for young people experiencing or at risk of homelessness and related challenges. There are currently no accessible public evaluations about the impact of the Frontyard model. However, Melbourne City Mission reports that in the year to May 2025, Frontyard had provided 19,000 support periods to young people, had taken over 65,000 calls and engaged in substantial community education around needs of young people, including 4,000 students educated about homelessness via the service and its communications outreach.

The role of Youth Hubs within a supported accommodation care continuum

Within a care-continuum model, Youth Hubs such as Frontyard have the capacity to play a highly significant role as a welcoming, safe and accessible first point of contact for children and young people at risk of homelessness or experiencing homelessness. To support the wellbeing of young people accessing the service, Frontyard includes assistance animals, sensory spaces, and a range of therapies onsite.

Evidence indicates that where organisational resourcing and staffing needs are well-met and Youth Hubs include the range of integrated and coordinated staffing and support types that international reviews indicate underpin the success of the hub approach, Youth Hubs have the capacity to:

- coordinate care
- triage types and extent of support needed
- act as an ongoing point of relational contact.

Being a relational contact allows children and young people to maintain service system connection as they move through developmental stages from adolescence to young adulthood and through different supported accommodation pathways.

Youth Hubs have the potential to play an important role. By offering coordinated, integrated, well-targeted and resourced continuity of care from the point of entry, they reduce the number of children and young people with particularly complex needs falling through existing system gaps.

Settipani, Hawke et al. (2019) identify the Youth Hub model as being particularly responsive at early intervention points—where young people present in early stages of need. The capacity of a centrally organised response service to identify multiple potential needs and respond to these needs in a timely, integrated way is a strength of the Youth Hub approach—and could potentially be adapted to target supported accommodation needs.

For young people seeking support for complex needs, Settipani, Hawke et al. (2019: 21) suggest that 'leveraging existing service relationships and creating new linkages may be necessary to ensure that youth receive appropriate, comprehensive, multidisciplinary services'. The danger of not integrating Youth Hub models within wider systems of support, Settipani, Hawke et al. suggest, is that Youth Hub services can potentially become overwhelmed with meeting the demands of the young people presenting with most highly complex needs, while other young people—who could benefit from early intervention and prevention responses—fall through resourcing gaps. As evidenced by Robinson (2022), and discussed by young people in Chapter 3, the alternate danger is that young people with complex needs are simply excluded and left with no pathway to support at all.

4.2.2 Family reunification

Chapters 2 and 3 identified the importance of retaining relationships with family and carers where this is possible and safe, along with the need for support for children and young people to do so. The importance of familial connections, where these are safe and supported, underpins national commitments to improve family reunification (Nous 2024) including as a key component of accommodation support. Within the supported accommodation system, one such program that places a central focus on family connectedness in the Australian context is Ruby's Reunification Program.

With a strong focus on family reunification where safe and possible, Ruby's services provide a temporary accommodation place for young people typically aged 12–16 to stay. The program includes a strong early intervention focus, recognising that family conflict is a major driver of youth homelessness (Roche and Barker 2017). The program is designed explicitly to prevent an escalation of homelessness and to reduce the burden of longer-term homelessness among young people.

Accommodation provided through Ruby's services is intentionally offered as non-permanent, with additional supports implemented to provide young people and their families or carers with a break, while underlying relationships and other problems can be identified and then addressed. Where reunification with families is considered possible, the Ruby's model offers a home-like environment for young people to stay and in which young people are supported to develop improved patterns of communication and contact with significant family members and carers. These improved patterns include establishing positive boundaries and expectations.

A process and outcome evaluation of the ACT-based Safe and Connected Youth Program, which follows the Ruby's Reunification model, was conducted in 2021. It indicated significant promise for this model of safe and connected care for children aged 8–15 years (Coe 2021). The process evaluation found that the model was implemented well, within a service network model of care. However, the major risk to its success was secure ongoing funding. A key finding was that a whole-of-family focus was valuable as an early intervention approach, supported by a therapeutic outreach model, family mediation and respite accommodation as needed (Coe 2021).

The role of family reunification within a supported accommodation care continuum

Ruby's Reunification Program is unusual within the suite of youth homelessness responses in Australia, as it delivers a combination of temporary accommodation support and an explicit emphasis on family reunification where this is deemed safe. The dual model of accommodation and family connectedness for children and young people experiencing homelessness has the potential to address some of the key needs identified in Chapter 2 and expressed by young people and service practitioners in Chapter 3.

Ruby's has a concurrent focus on provision of temporary accommodation while assessing the safety of familial/care relationships. It then supports young people and families/carers to establish more positive relationships. It also supports young people in other ways, where relationships are unsafe or inappropriate for reunification at the time. Essentially, Ruby's supports the autonomy and wellbeing of young people while providing safety and support to navigate relationship and housing pathways.

4.2.3 Housing First for Youth

An extensive body of evidence points to the potential for Housing First models to make a sustained, significant and positive contribution to the lives of people at risk of or experiencing homelessness in Australia and internationally (see for example, Roggenbuck 2022).

Underpinned by a focus on long-term, stable and secure housing rather than crisis, transitional or other forms of shorter-term accommodation models, Housing First models are intended to provide a stable foundation from which tenants can address underlying health and wellbeing, drug and alcohol, trauma and care and related complex needs. Key principles of the Housing First model include:

- provision of immediate access to permanent, independent housing geared to secure and affordable long-term housing
- an 'open door' policy—tenants are not required to demonstrate pre-existing readiness for housing or living skills
- a separation of housing provision from support services, to reduce the conditionality of accommodation support offered
- housing accompanied by support services that are intensive and flexible—but not required as a condition of tenancies
- a high degree of tenant control and decision-making over housing, support and treatment options and service engagement
- support offerings to facilitate community engagement and reintegration (Roggenbuck 2022).

In practice and delivery, there is wide variation internationally in the extent to which the Housing First principles are applied, and how they are adapted to local funding, provision and care models, and local contexts (Stadler and Collins 2021). Existing reviews of Housing First in Australia and internationally point to localised adaptation in implementation of Housing First models to local needs and system contexts (Johnson, Parkinson et al. 2012; Padgett, Henwood et al. 2015; Pleace, Baptista et al. 2019). Greenwood, Bernad et al. (2018) assess implementation of Housing First across European contexts. They caution that changes to the underlying principles of Housing First can affect the fidelity and efficacy of the program—and ultimately reduce positive tenant outcomes.

Housing First for Youth in Australian and international contexts

Housing First for Youth (HF4Y) models currently form only a small part of the response to Australian youth homelessness. In the Australian context, one of the most significant models of HF4Y has been implemented in Western Australia, focused on young people aged under 25 years (Vallesi, Quinn et al. 2021). Recent advocacy in Western Australia has called for increased targeting of HF4Y for 16–24 year olds (YACWA 2023).

Evaluations of the Western Australian HF4Y model, which is part of the broader Zero Project, show outcomes including:

- stabilisation of living arrangements enabling young people to access support services
- establishment of mentoring and peer-to-peer communities
- improved mental health and overall wellbeing
- re-engagement with education and training or employment, in some cases (Wood, Vallesi et al. 2022).

Vallesi, Quinn et al. (2021) draw together multiple data sources over multiple years to present a snapshot of the HF4Y program, young people's experiences of it, and outcomes young people have experienced. The HF4Y model in Western Australia has been adapted from Housing First principles to meet the needs of young people who are homeless 'as it is recognised that the needs of young people experiencing homelessness are distinct from those of adults experiencing homelessness'. Specifically, the program recognises 'the considerable trauma that young people frequently experience prior to and during their experiences of homelessness' (Vallesi, Quinn et al. 2021: 2).

Australian findings are broadly consistent with those from international contexts, including Canada, where HF4Y models are well-established. Moulavi (2025) summarises outcomes of HF4Y in the Canadian context around the following key themes:

- Housing stability: youth enrolled in HF4Y programs housed more rapidly and stably for longer, relative to young people receiving traditional support models. In turn, this leads to a reduction in stress, an ability to focus on building stable lives, accessing mental health services, reconnecting with family and making long-term plans for their future lives.
- Improved mental health outcomes: improved emotional and mental health compared with young people in traditional programs, with evidence indicating that housing stability directly contributes to lower stress and improved emotional regulation.
- Disrupted cycles of involvement in justice: some evidence of reduced crime rates relative to young people in other programs, and a reduced reliance on law enforcement.
- Envisioning brighter futures: young people involved in HF4Y demonstrated capacity for development of long-term aspirations and plans to achieve them, compared with a focus on day-to-day survival (Moulavi 2025).

The role of HF4Y in a supported accommodation care continuum

The accommodation support and care needs identified by young people and service providers in Chapter 2 and Chapter 3 include a clearly voiced call for low-barrier, non-conditional models of care for young people with complex needs and with limited capacity to manage engagement in education or training—at least in the short-term.

The HF4Y model has the capacity to meet the needs of these young people (who shared their experiences in this research), and who do not fit well into conditional care models. As a non-conditional, low-barrier housing model, HF4Y can potentially play a significant role within a care continuum that is explicitly inclusive of all children and young people requiring support—including those experiencing highly complex needs and behaviours. HF4Y is adaptable to a range of need types and complexities, which is critical to its ability to form a low-barrier component of a continuum of care model.

Findings are consistent with the emphasised need for low-barrier, non-conditional care identified in Chapter 2 and Chapter 3. Where accommodation support models for young people experiencing homelessness are designed and delivered in conditional ways, there is a risk that young people experiencing highly complex support needs—and who are unable to demonstrate ability to meet eligibility conditions—are unable to be supported. For example, Youth Foyer accommodation in Australia is geared to young people who are 'housing ready' and able to engage in education or training—but not necessarily appropriate for young people with hidden or more overt complex challenges (MacKenzie, Hand et al. 2020).

4.2.4 Housing stabilisation and outreach

Young people and service providers identified a need for ongoing supportive relationships and models of care to assist young people making transitions from homelessness services and supports to other forms of longer-term housing or independent living, following periods of homelessness—with the goal of long-term housing stabilisation.

Transitions from supported accommodation to more independent living represent a key risk point for a return to homelessness for young people in Australia. One approach is modelled by the Canadian Housing Outreach Program Collaboration (HOP-C). It was developed in response to the needs of young Canadian people exiting intensive homelessness services and supports—including 'long-term psychosocial challenges' young people face—and to support the transition to healthy future lives. The key goal of the program is to address 'the problem of youth not being adequately supported as they attempt to transition out of homelessness' (Homelessness Hub n.d.).

The Canadian HOP-C model is a well-established, tertiary intervention program, with a co-designed approach that features:

- a multi-practitioner approach to support
- a commitment to care continuity.

Along with a central focus on accommodation, the model typically includes:

- provision of mental health supports
- living skills support and system navigation guidance
- peer support
- community outreach
- a social inclusion focus.

The operation of the integrated team approach is organised around regular and frequent points of contact. In the Canadian model, these points of contact vary from quarterly to yearly, depending on the needs and stage of transition of young people receiving support (Homeless Hub n.d.).

Research evaluation in North America suggests the model has the capacity to be adapted to cohort and local contextual need. A key example of model adaptation is the HOP-C for Indigenous Youth in Northern Ontario (Homeless Hub 2025). Toombs, Mushquash et al. (2021) report that adaptation of the program to Indigenous Canadian young people resulted in positive outcomes such as educational engagement, employment, engagement in health services as well as reduced hospitalisations for young participants in the program.

Similarly, in a review of grey literature about related stabilisation programs across international contexts, Dada, de Pass et al. (2022) report that optimal outcomes are achieved when multiple points of care and outreach are integrated within a program of transitional support. A more recent research review (de Pass, Dada et al. 2023) reported similar positive outcomes, with the authors concluding that 'multi-component' interventions—including those within outreach programs—show the greatest promise for young people's housing stabilisation. An important conclusion of the same study is that there is limited evidence about the efficacy of the stabilisation programs for underrepresented cohorts of young people.

The role of housing stabilisation in a supported accommodation care continuum

For interventions into child and youth homelessness to be most effective, existing evidence points to the value and efficacy of care models that do not end when a particular model of accommodation ends, but remain accessible to young people as they transition into longer-term housing options.

The perspectives of young people and practitioners in Chapter 3 indicate that the transition from supported to more independent accommodation and housing is a risk factor that can be difficult for young people to navigate successfully without assistance. These perspectives are consistent with other Australian evidence, including homelessness statistics, that identify exit points from supported accommodation as a key risk point for a return to homelessness. Using a multi-modal, integrated approach to holistic, unconditional care, a model of outreach such as HOP-C is a promising model of outreach support that could meet the expressed needs of young people in diverse Australian contexts and communities.

4.3 A care continuum for unaccompanied children and young people aged 12–24

Select models have been highlighted as the types of care-continuum components that can address the needs and service gaps clearly identified in Chapters 2 and 3. These models all focus on accessibility, low-barrier accommodation support, reunification as an integrated part of supported accommodation, and long-term outreach to support transitions to more independent housing.

In this section, these selected supported accommodation models are indicated within a system response, in the form of an ideal care continuum. This is to shift from considering discrete promising supported accommodation models to conceptualising how models should be joined-up to deliver a strengthened and inclusive supported accommodation service system.

The ideal supported accommodation care continuum presented in Figure 5 resonates with the emphasis by Yfoundations (2023: 4) on the need to prioritise 'care first, housing second' in the uniquely vulnerable context of child and youth homelessness. Drawing on the concept of 'adultification' (Schmitz and Tyler 2016), Yfoundations argue that the key to a developmentally appropriate supported accommodation continuum is resisting the 'adultification' of service delivery that cannot fully meet the needs of children and young people experiencing homelessness' (Yfoundations 2023: 16).

As Robinson (2017b: 52) has also argued, care is desperately needed to offset the 'often catastrophic' outcomes of heavy adult burdens already carried by unaccompanied children and young people during 'a vital period of biographic transition'. These are burdens that create 'inordinate levels of everyday stress for young people', even if also revealing their extraordinary strength and capacity for survival (Schmitz and Tyler 2016: 21). As such, the prioritisation of the language and practice of care distinguishes child-focused and youth-focused services from adult services. This is a particularly critical distinction in the broader context of the Australian housing crisis, as the *care crisis* being endured by unaccompanied children and young people has remained largely obscured.

More broadly, the United Nations Convention on the Rights of the Child [UNCRC] (1989) provides a foundational legal, ethical and moral directive for the appropriate care of children and young people. Together with associated *Guidelines for the Alternative Care of Children* (2009) and *General comment No. 21 (2017) on children in street situations*, the UNCRC (1989) sets out the onus on state parties 'to ensure to the maximum extent possible the survival and development of the child' (Article 6.2). This includes prioritising 'in all actions … the best interests of the child' (Article 3) and ensuring that 'every child and young person should live in a supportive, protective and caring environment that promotes his/her full potential'. Also noted is that 'children with inadequate or no parental care are at special risk of being denied such a nurturing environment' (United Nations General Assembly 2009: II.A.4), and that:

> State Parties shall ensure that the institutions, services and facilities response for the care or protection of children shall conform with the standards established by competent authorities, particularly in areas of safety, health, in the number and suitability of their staff, as well as competent supervision. (Article 3.3)

Although there is not the scope to present a full account of the wide-ranging standards and principles governing care provision, there is adequate detailed guidance on what a child rights approach to care provision requires. At a service delivery level, this is well-summarised in *General comment No. 21 (2017) on children in street situations* which clarifies that:

> National child protection systems need to reach children in street situations and should incorporate fully the specific services they need. The systems need to provide a continuum of care across all relevant contexts, including prevention, early intervention, street outreach, helplines, drop-in centres, day-care centres, temporary residential care, family reunification, foster care, independent living or other short- or long-term care options. (United Nations 2017: 7)

Regardless of whether care is provided through a child protection or child and youth homelessness system, a child rights approach helps clarify what is legally expected as part of upholding children and young people's right to life, survival and development. As also observed in the Burdekin Report *Our Homeless Children* (Human Rights and Equal Opportunity Commission 1989), and in multiple reports and inquiries since, a continual return to the bedrock of child rights helps clarify the full extent to which these binding international obligations continue to be ignored in Australia.

Supported accommodation services are only one arena of care in a needed holistic multi-system child and youth homelessness response. But they are pivotal, and must provide a strategic, inclusive continuum of options.

The ideal supported accommodation continuum depicted in Figure 5 is not a linear, stepped or conditional pathway. Instead, it offers a single-system entry point opening to multiple service options directly matched to the age, developmental stage and support needs of unaccompanied children and young people. This approach reduces the system space taken up by crisis and short-term services—identified as least useful—to ideally ensure immediately triaged pathways into services resourced for family reunification or for expected medium-term to longer-term support and accommodation.

As illustrated by the problematic entries into and exits out of supported accommodation and out-of-home care, 'significant, systemically-driven support need' results from the misalignment of care services with what children and young people actually need (Field, Sen et al. 2021: 796). The failure of SHS and child protection services to match the care needs of unaccompanied children and young people:

- produces the problem of unmet need
- results in cycles of unstable housing and homelessness
- wastes resources
- drives staff attrition.

This is where comprehensive understanding of the barriers to wellbeing faced by unaccompanied children and young people at risk of or experiencing homelessness is pivotal to SHS supported accommodation system and service design. As illustrated in Chapter 2, reviewing and 'sense-checking' current approaches to SHS supported accommodation service provision against the range of needs currently being experienced by children and young people is a vital first step in-system reform, as well as individual service model evaluation.

ARACY's Nest offers a useful framework through which to holistically consider wellbeing needs and reshape service delivery to avoid systems-generated care gaps. For example, in Chapters 2 and 3, the predominant use of a one-worker model to staff supported accommodation services with anywhere between six and 10 young residents was clearly identified by research participants as a systems-generated care gap that negatively impacted both residents and the practitioners working with them.[7] Young people and practitioners identified a minimum two-worker model as a fundamental component of developmentally appropriate supported accommodation provision for unaccompanied children and young people.

A two-worker model was understood as required to appropriately respond to supported accommodation residents' foundational needs of being loved and safe, but also crucial for enabling services to:

- provide basic support for education and health service access
- engage children and young people in meaningful opportunities for activities and community engagement.

Further, a two-worker model was identified as particularly critical to enabling services to more safely accommodate residents with higher support needs, whether related to residents' younger age, or to health and safety needs related to residents' situational distress, mental ill-health, trauma-recovery and substance-use issues.

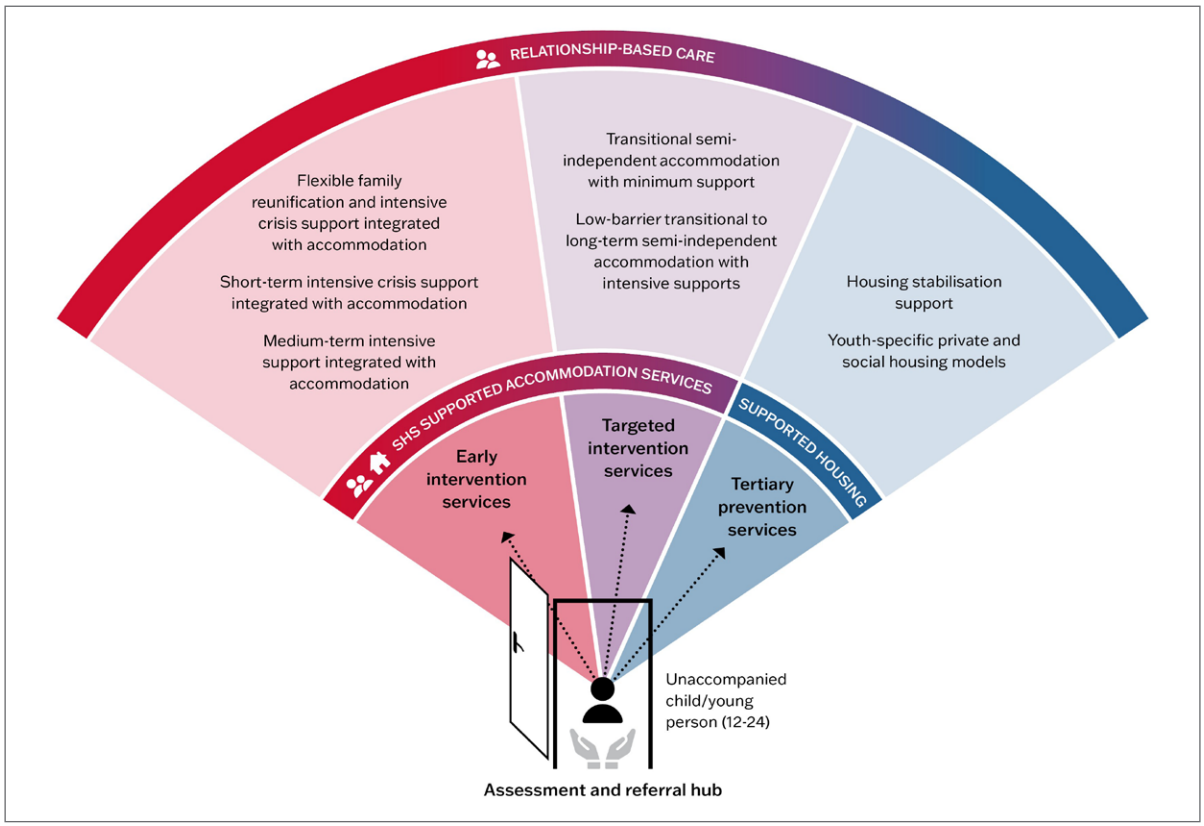
From a rights-perspective, in the context of the daily realities of supported accommodation provision, at stake in appropriate skilled and resourced staffing provision is the survivability of unaccompanied children and young people. The ideal continuum depicted in Figure 5 is a system that is not predicated on the demand for children and young people to achieve 'independence'—which is impossible and undesirable for children, young people and adults alike. Instead, the aim of the continuum is fully meeting basic rights to life and protection, and then generating the autonomy and interdependence needed for human flourishing (Fineman 2000).

As identified by young people and practitioners, the basic starting point for adequate care provision is adequate staffing by suitably qualified, trained and supported practitioners, with a minimum of two staff on duty at all times. Such skill and capacity not only promises to improve care provision in general, but is also a fundamental requirement for the expansion of service offerings to those currently being rejected as out of scope for care provision—ironically because of their acute need for care. It is also such skill and capacity that enables workers to facilitate service integration, as there is scope to support the fuller engagement of unaccompanied children and young people in supports, services, activities and networks outside the immediate physical confines of an individual supported residence.

Building on established approaches to care and accommodation support, and underpinned by the wellbeing principles of ARACY's Nest and the rights of the child, the ideal continuum articulates core components of supported accommodation care provision with imagined implementation that can be adapted to the localised need of diverse cohorts.

7 For further discussion of the limits of the current SHS supported accommodation one-worker model, risks posed to unaccompanied children, young people and staff and the inability of organisations to meet requirements under Child and Youth Safe Organisations legislation and policy, see the 2025–2026 budget priority statement submissions from Home Base (2024) and Shelter Tasmania (2024).

Figure 5: A supported accommodation care continuum for unaccompanied children and young people aged 12–24



Source: Authors.

Key principles of the model are outlined in the following paragraphs.

A continuity of care, underpinned by a relational approach: The continuum is ideally underpinned by the well-resourced provision of relationship-based care through both:

- a two-worker minimum staffing model in congregate care services
- assertive outreach.

The continuum includes the provision of early diversionary services, as well as medium- and long-term care that can be flexibly matched to the intensity and duration of support assessed as appropriate for each unaccompanied child or young person. It is framed by a universal system entry point. For that entry point to be universal, it needs to be visible to children and young people, as well as to the adult professionals and broader community members who may interact with them. It also includes key worker assertive outreach, with capacity to deliver long-term, relationship-based care outside of accommodation service delivery to facilitate holistic care and integrate multi-system engagement.

A focus on early intervention: With a strong focus on early intervention, the continuum provides scope for dually working with a child/young person and their family or carers, through service models such as the longstanding Uniting Care Ruby's Reunification Program (which is licensed in the ACT as the Safe and Connected Youth Program). The continuum ideal provides immediate entry points into crisis care where bed space always remains available. Crisis beds remain available because of the provision of effective reunification services and rapid entry into medium-term early intervention services, offering options for those assessed as unlikely to return home or be able to exit into transitional options in the short-term. Immediate entry into a medium-term service straight from triage in a Youth Hub:

- prevents traumatic-crisis-service churn
- provides time and space for child protection assessment, other referrals and service integration to occur.

An inclusive, low-barrier model of care for all: For unaccompanied children and young people who are not returning home nor accepted into out-of-home care, targeted, transitional care attached to self-contained accommodation is possible for those whose care needs are both limited and intensive.

For those with limited care needs, Education First or other Foyer types are an evidenced example of successful service provision, and were also positively endorsed by current residents and practitioners participating in this research.

For those with intensive care needs, the Housing First for Youth model—which is largely missing from the current continuum of SHS supported accommodation provision in Australia—offers a crucial alternative to high-barrier Foyer models.

Entry into transitional care for unaccompanied children and young people with intensive care needs prevents them from being stuck without exits and endlessly cycling between crisis and medium-term options while accumulating additional trauma. It provides a low-barrier avenue for their realisation of increasing autonomy but in a context in which their higher risk of harm can be adequately supported.

Ongoing care, beyond supported accommodation: Extended provision of outreach is crucial to support transitions within the care continuum, as well as exits from SHS supported accommodation. To enable exits, the continuum includes youth-specific, subsidised social and private rental housing. It also includes housing stabilisation through outreach such as the HOP-C program, focused on tenancy support and enabling access to a broader range of housing options assessed as safe and appropriate, including:

- returning home
- living with other family or friends
- staying in informal 'host home' arrangements in which unaccompanied children and young people are invited to live longer-term with community members (see Persons and Edwards 2024).

4.4 Accessible, inclusive, homely care: policy development implications

This chapter has presented a vision of what an inclusive and accessible supported accommodation care continuum could look like. The care continuum addresses key gaps identified by young people and practitioners with the inclusion of:

- a youth-facing system 'front door'
- early intervention services focused on reconnecting unaccompanied children and families
- medium-term and long-term residential and outreach services appropriately resourced to hold rather than reject unaccompanied children and young people whose needs for care may be prolonged or intensive.

As discussed earlier and in Chapter 3, there is clear opportunity to build on the strengths of existing services to implement this ideal approach for unaccompanied children and young people.

The four intervention models outlined in Section 4.2 provide some starting points for strengthening the ideal system with a clear focus on addressing the issue of care conditionality which characterises current provision. This is particularly so where outreach and relationality underpin a joined-up, continuum of care approach, in which respective models of care provision are situated.

The highlighted interventions strengthen the continuum for those unaccompanied children and young people who need more intensive support. They also aim to promote both more rapid entry into and out of supported accommodation services by ensuring early visibility of services through a youth-focused 'front door' and broadening exit options through intensive mobile housing support. Low-barrier service additions for children and young people with intensive support needs:

- complement those services that demand forms of 'housing readiness'
- contribute to a mature system that acknowledges children's and young people's inherent but divergent needs for care.

To deliver localised versions of this continuum, investment in the service types addressing the key identified continuum gaps is needed. This will require reconsideration of the purpose and function of supported accommodation services more broadly; their fundamental reconceptualisation as providing 'care first, housing second' offers the starting point for shifting to ideal service provision that is developmentally and age-appropriate. This is to engage with the range and acuity of needs unaccompanied children and young people present, and to critically evaluate the local 'match' between these needs and existing supported accommodation service responses. Consistent with Canadian approaches to Youth Hubs, localised responses can be geared toward the needs of First Nations young people, culturally diverse communities, and to cohorts and populations of children and young people with particular as well as generic or complex needs.

Strategic, jurisdictional review of supported accommodation service provision to inform future investment and guide the selection of service types and locations is needed. Further, clear policy providing for consistent and regulated staff-to-client ratios in services providing care and accommodation for unaccompanied children and young people is urgently needed. It is clear that services operating with a one-worker model cannot provide care and are unable to support the realisation of basic child rights on behalf of the state. Policy that mandates a minimum two-worker staffing model and standardises staff-to-client ratios offers an immediate pathway to centre on developmentally and age-appropriate care provision, and ensure greater consistency of care within and across jurisdictions. Increasing staff-to-client ratios would likely positively impact staff retention and professionalisation, leading to a further deepening of the quality and continuity of care experienced by unaccompanied children and young people.

Finally, an important future consideration identified in this research is for adequate resourcing for information and resource sharing between service providers, key stakeholders, research and evaluation professionals, and lived experience experts and communities. International examples of cross-sector information and knowledge sharing to support enhanced service responsiveness via clearinghouse models, including for child and youth homelessness, include the Canadian Observatory on Homelessness, its flagship Homelessness Hub and the Toronto Centre of Excellence on Youth Homelessness Prevention.[8] An information-sharing model of this type, effectively providing a highly accessible library-style database of housing models and associated research, would be likely to support improved child and youth homelessness responses in the Australian context.

8 See https://atlas.affordablehousingactivation.org/ficha/canadian-observatory-on-homelessness/ and https://makingtheshiftinc.ca/toronto-centre-of-excellence-on-youth-homelessness-prevention/.

5. Policy development options

In Australia during 2023–24, 12,034 children aged 12–17 years, and 30,618 young people aged 18–24 years, presented to specialist homelessness services (SHS) unaccompanied by a parent or guardian. Unaccompanied children and young people aged 12–24 are a significant cohort experiencing homelessness in Australia—making up 15% of all presentations to SHS. Yet to date they are barely mentioned in current national policy development, and feature in uneven ways in state and territory housing and homelessness policies. In turn, policy to guide the strategic commissioning and implementation of age-appropriate and developmentally supported accommodation solutions to unaccompanied child and youth homelessness is limited.

Supported accommodation is a traditional SHS service type used across Australia to prevent and respond to homelessness across the life course. However, adolescence and young adulthood are clearly distinct life stages that are arguably made additionally vulnerable and pressured in the current socio-historical period. Transitions to adulthood have changed, take longer, and are fundamentally dependent on parents and broader networks of support.

It is also the case that child and youth homelessness has different drivers and solutions than adult homelessness. Child and youth homelessness for those aged 12–24 is not predominantly about lack of access to affordable housing—it is about lack of access to guardianship and care. As a result, responses need to include a focus on the medium-term and long-term support needed to bridge young people into adulthood and into positive family and community connections that will continue to sustain life outside of service provision.

What unaccompanied children and young people need from supported accommodation services—as one key component of a broader approach to preventing and ending their homelessness—is developmentally different to what single adults and families experiencing homelessness or housing stress most often need. Supported accommodation responses for children and young people must take into account the unique context of:

- limited guardianship
- physical, mental and emotional growth and learning
- limited legal and financial capacity.

Such a context distinguishes and intensifies the needs and extreme vulnerability of this cohort.

Despite the large numbers of unaccompanied children and young people presenting to homelessness services and the critical intervening role supported accommodation can play in supporting children and young people to flourish, there is limited critical engagement with how appropriate and effective current supported accommodation service delivery is.

With no clear picture of the extent to which the current supported accommodation options respond to the needs of unaccompanied children and young people, there is a limited evidence-base for informed decision-making about future system and service strengthening. This research has aimed to address this critical gap, and provide insights into how a more adequate, age-appropriate and tailored system of care and accommodation for unaccompanied children and young people can evolve.

5.1 Investigating ideal supported accommodation

Bringing together insight from young people, practitioners and national and international intervention evidence, this report unpacks the needs of unaccompanied children and young people at risk of and experiencing homelessness. The project investigates the extent to which current supported accommodation services respond to these needs, and how key service gaps can be addressed. Core findings from these investigations are synthesised into an ideal typology of supported accommodation services to inform future inclusive and accessible system and service design for unaccompanied children and young people.

Fieldwork for this project was conducted with 80 young people and practitioners in Tasmania and Victoria. While there are inherent limitations in the focus on experiences of supported accommodation models local to these states, the research was informed by a National Practitioner Advisory Group comprising senior youth sector and SHS managers from all states and territories, and the Yfoundations Youth Homelessness Representative Council, with members drawn from across New South Wales.

Alignment between the fieldwork and perspectives of the project advisory groups was strong, with core observations about the conditionality of service provision for unaccompanied children and young people with more complex needs a particularly troubling, foundational, shared observation. Similarly, observation about the invisibility of the homelessness service system and limited knowledge of the existence of supported accommodation options was a key shared focus.

What are the diverse support and accommodation needs of unaccompanied children and young people aged 12–24 who are homeless in Australia?

By mobilising the ARACY child and youth wellbeing framework of the Nest, it was revealed that unaccompanied children and young people face a complex web of support and accommodation needs that extend far beyond the provision of shelter. The Specialist Homelessness Services Collection (SHSC) data and lived experience of young people and practitioners highlight the foundational importance of stable, longer-term support and accommodation that is responsive to developmental, material, health, learning and relational needs.

Many young people and practitioners expressed the view that short-term crisis housing fails to provide the time or structure necessary to:

- build trust
- address trauma
- transition into independence.

This failure leaves young people cycling in and out of crisis services. Needed are extended stays in supported environments that not only offer shelter but also provide:

- deep relational care and facilitated access to specialist and generalist health and mental health services
- support to participate in education and employment
- life skills training
- assistance in navigating bureaucratic systems such as Centrelink, child protection and the NDIS.

Mental health support emerged as a particularly urgent need, with nearly half of unaccompanied children and young people experiencing mental health challenges—often compounded by the misuse of alcohol and other drugs as a coping mechanism. However, mental health and homelessness services are not resourced to provide the level of support young people need, which leads to their exclusion from safe accommodation and mental health care.

Beyond clinical care, young people need consistent, nurturing relationships with staff and peers, opportunities for meaningful participation, and environments that welcome, celebrate, and support the development of their identities. The absence of family support means these young people must rely on services to meet needs typically fulfilled by caregivers—emotional safety, guidance, advocacy, and material basics. Without addressing these foundational needs, efforts to support education, employment and long-term wellbeing are unlikely to succeed.

The evidence underscores the necessity of reimagining and resourcing supported accommodation services to more effectively contribute to meeting all needs, as outlined in the Nest. Ultimately, as well as meeting their housing needs, it is investment in unaccompanied children and young people's wellbeing that will enable them to flourish into independent futures without homelessness.

How well do existing supported accommodation models meet the needs of unaccompanied children and young people aged 12–24?

Research participants identified a range of limits in the capacity of supported accommodation services to meet the specific needs of unaccompanied children and young people.

Young people in all supported accommodation types were extremely positive about their relationships with staff, but young people in crisis and medium-term services reported feeling lonely and craving additional interaction and time with staff. The one-worker model was identified by both young people and practitioners as:

- hindering relationship-building
- negatively impacting service capacity to support children and young people safely and holistically with broader service system engagement and connection to family, community and education.

Those in transitional services praised the ongoing support they were able to access, but they desired more group activities to reduce the risk of isolation in their solo semi-independent tenancies.

Young people's focus on the dissonance between service capacity and the endemic nature of mental ill-health, suicidality and distress for unaccompanied children and young people experiencing homelessness, was striking. Both young people and practitioners gave clear, corresponding accounts of how unaccompanied children and young people with more complex support needs become 'stuck' in cycles of crisis and medium-term service provision. Their exits home are not safe or well-supported, while exits into transitional supported accommodation services, social housing or private rental remain limited; this is due to their young age, low income, personal safety and tenancy risks, and the poor provision of ongoing, intensive outreach support.

How can identified gaps in supported accommodation service provision be addressed for unaccompanied children and young people aged 12–24?

Increased understanding of the range of challenges to wellbeing that this cohort faces is a critical first step in reviewing the relevance of current SHS-provided support and accommodation services. ARACY's Nest provides one evidence-based framework through which to:

- understand what is needed for child and youth wellbeing
- consider how supported accommodation services may actively contribute to the full range of wellbeing domains for unaccompanied children and young people.

However, what compels action towards addressing identified gaps in supported accommodation provision is the mobilisation of a rights-based approach to service investment and commissioning. In particular, the recognition of children and young people's right to life, special protection and care in the context of being at risk of or experiencing homelessness without consistent, effective guardianship. A re-centring on the obvious, unique developmental and age-related needs of children and young people brings into clear focus the need for services designed to provide this care in ways that are safe for residents and staff.

Young people and practitioners identified confronting current care conditionality as the key to addressing gaps in the supported accommodation service continuum. Increasing service capacity—in terms of staff-to-client ratios and staff skill levels—was seen as the primary vehicle for an immediate improvement of needed care provision within supported accommodation services. This was seen to have particular benefit for unaccompanied children and young people with mental health and substance issues, whose needs and risks are defined as 'out of scope' of both the practice and practical capacity of the majority of supported accommodation services.

Responses to specific supported accommodation service gaps proposed by young people and practitioners focused on increased service capacity for:

- early family-focused working and reunification, in particular for children at risk of or experiencing homelessness unaccompanied by a parent or guardian
- rapid entry into low-barrier, care-focused, medium-term and long-term services for unaccompanied children and young people unable to return home or enter transitional services in the short-term
- long-term, mobile outreach for housing stabilisation enabling a broader range of tenancy options to be safely accessed by children and young people, including returns home and entry into social and private rental housing.

Additionally, young people emphasised the importance of adequate training in the early identification of risk and experiences of homelessness, and appropriate homelessness service connection for all professionals working with children and young people. In particular, it was suggested that training on child and youth homelessness and locally relevant service access points be compulsory for all professionals with mandatory child-safety reporting responsibilities.

The service gaps and solutions identified by young people and practitioners were complemented by a targeted national and international search for corresponding evidenced, effective service models. Chapter 4 presented a select illustration of four promising, existing models relevant to meeting the needs of children and young people identified in this research. These are outlined below.

A Youth Hub 'open door' approach

A Youth Hub 'open door' approach provides highly accessible, welcoming service hubs of integrated care. Through Youth Hubs, young people can be immediately connected with support, before being directed to the most appropriate services and accommodation for their needs and circumstances. Canadian Youth Hub models provide insights into effective ways hubs can be mobilised to address support needs, and how hubs can be tailored to local, contextual conditions.

In the Australian context, Frontyard Youth Service operated by Melbourne City Mission has established an Australian model for Youth Hub provision.

Care that provides temporary accommodation and family reunification support

An essential focus on early intervention to prevent longer-term homelessness requires care providing both:

- temporary accommodation, and
- family reunification support (where appropriate).

Suitable dual-goal models are currently operating in some Australian jurisdictions.

Low-barrier, inclusive approaches to secure accommodation

Providing low-barrier, inclusive approaches to secure accommodation, as exemplified by Housing First for Youth (HF4Y) services, is critical. HF4Y models support young people who are education- or work-ready, as well as those with complex needs and behaviours who would otherwise fall through service gaps.

Outreach support to assist young people transition from supported accommodation to longer-term housing arrangements

Models of outreach support that assist young people transition from supported accommodation to longer-term housing arrangements can enable them to successfully exit the homelessness system and move into better futures. In the Canadian context, the Housing Outreach Program Collaboration (HOP-C) illustrates the long-term value of outreach for young people into early adulthood. Such outreach:

- reduces harm to young people
- interrupts pathways from childhood and youth precarity into risk of adult homelessness.

5.2 An ideal supported accommodation care continuum for policy and practice development

This report presents an ideal typology of supported accommodation provision that focuses on the delivery of care for unaccompanied children and young people, as distinct from the provision of temporary accommodation and support to adults in housing crisis. It sets out the basic service types needed to confront current issues of conditionality and service rejection across the service continuum, from prevention and early intervention to tertiary prevention.

In doing so, the typology assumes:

- place-based and specific cohort-focused adaptations of service types, matched to locally present demand
- a rights-based approach to meeting the survival and care needs of unaccompanied children and young people—especially the adequate and skilled staffing of home-like services.

The typology offers a basic framework for considering where:

- the strengths and gaps of current service provision lie
- to build-out thin care continuums in response to local need.

The care continuum developed within this research is intended to be applied and built upon. It is presented as the basis for developing a care-centred, care-first approach to supporting the wellbeing and housing needs of unaccompanied children and young people, rather than being a final or fixed model.

The continuum, and the challenge to conditional care provision it presents, gives rise to four foundational policy and practice proposals:

1. Include unaccompanied homeless children and young people in policy, system and service design.
2. Design and deliver age-appropriate supported accommodation services.
3. Unconditionally match service design and resourcing to the complexity of unaccompanied homeless children and young people's care needs.
4. Strengthen responses to unaccompanied homeless children and young people nationally.

These proposals are discussed in detail below.

Include unaccompanied children and young people in policy, system and service design

Engagement with the perspectives of unaccompanied children and young people on what they want and need from supported accommodation services is critical. The urgency of the plea from young people for increased capacity within supported accommodation service—including the provision of integrated care with a focus on mental health—cannot be understated.

The commitment of the Australian Government to engage with youth advisory councils on a range of key areas of pressing public policy could usefully include dedicated, supported and appropriate inclusion of children and young people who have experienced unaccompanied homelessness, whose voices can inform ideal responses.

The experience and knowledge of unaccompanied children, young people and practitioners must also be held at the centre of research—with particular work needed to engage the perspectives of unaccompanied children under 14 years of age, whose voices are rarely heard in academic or community sector research.

Young people's emphasis on the need for child and youth-focused service advertising and community education was telling, as were their observations about the knowledge and practice limits of non-SHS professionals—particularly within the education and mental health sectors. Vital yet rapidly achievable objectives included:

- training for professionals
- broad school-based and community information and education programs on:
  - identifying child and youth homelessness
  - how to access homelessness support services.

Design and deliver age-appropriate supported accommodation services

Providing an inclusive and accessible supported accommodation care continuum for unaccompanied children and young people requires a significant shift in how supported accommodation services are imagined, designed and resourced.

At the heart of this shift is a re-centring of the rights of children and young people to survive, be protected, and be supported to flourish in a context in which they do not have consistent access to effective guardianship.

A re-centring of basic rights to life, safety, education and health service access forces the question of what unaccompanied children and young people need to realise these rights, including in the physical design of residential services.

In identifying the value of an intentional and explicit conceptual and practical shift from support and accommodation to care, the ideal typology opens additional questions about replacing the provision of 'support' with evidence-based models of care. Additional research is needed to review practice models in:

- child and youth SHS
- service commissioning
- workforce training available for the SHS sector.

This research would consider what models of care provision are realistic and impactful for delivery within child and youth SHS, and continue to evolve a sector equipped to meet the needs of the presenting children and young people.

In particular, the ideal approach to supported accommodation service delivery outlined prompts specific consideration about how to more adequately skill and resource practitioners to undertake prevention and early intervention work with families. This is connected to the underpinning principle that homelessness for unaccompanied children and young people is different to adult homelessness—and fundamentally relates to a crisis in care rather than in housing.

Unconditionally match service design and resourcing to the complexity of care unaccompanied homeless children and young people need

SHS supported accommodation services alone cannot wholly enable the realisation of rights for unaccompanied children and young people. However, they are remarkable spaces of safety and flourishing and key connection points that enable:

- safety
- family, social and educational re-engagement
- service access and integration
- personal physical and psychological recovery and healing.

However, in Australia the need for such services outstrips supply. The two key cohorts of unaccompanied children and those with complex support needs are least likely to be able to access care. This is because their vulnerability overwhelms the risk threshold, staffing capacity and capability of more commonly available youth SHS supported accommodation services.

In prompting the critical review of how supported accommodation is conceptualised and designed for unaccompanied children and young people, this project foregrounds the high value of providing national policy guidance on ideal, inclusive and accessible service provision, including the regulation of staff-to-client ratios with a two-worker model set as a minimum national standard.

Strengthen responses to unaccompanied homeless children and young people nationally

There remains an opportunity to develop a rights-based national child and youth housing and homelessness plan that can realistically set out best practice responses to the needs for care that unaccompanied children and young people present. A national plan would:

- support the consolidation and sharing of existing best practice, including from across Australia
- inform the ideally mandated implementation of national care standards for child and youth SHS.

In addition, standalone state and territory action plans likewise require development given the extremely uneven nature of policy and practice responses to unaccompanied child and youth homelessness across jurisdictions.

Investment in the continued improvement of relevant data collection and reporting on unaccompanied child and youth homelessness is crucial. This is because:

- the Census is currently unable to report on children and young people's unaccompanied status
- the Australian Institute of Health and Welfare (AIHW) (until August 2025) only reported on young people aged 15+ presenting to SHS services alone.

There are two key requirements:

1. national adoption of the term 'unaccompanied child' as specifically referring to children under 18 not in the care of a parent or guardian
2. standalone AIHW reports documenting the SHS interactions of unaccompanied children and young people in policy and practice-relevant age groups: 12-15, 16-17, 18-24.

Finally, while research has a role in instigating critical engagement with service design, it is also the case that current SHS supported accommodation services need access to a service innovation fund and clearinghouse designated for enabling services to document, evaluate and share service design, including specific models of practice.

While some larger organisations providing supported accommodation services may attract philanthropic investment for service innovation and evaluation, the lack of opportunity for systematic, accessible and equitable engagement in service design and practice improvement is an unnecessary handbrake for the SHS sector—which the Australian Government is well-placed to address.

5.3 Final remarks

Addressing care conditionality through a strengthened continuum of supported accommodation services relies on a commitment to do more to protect children's and young people's basic rights to life and to access alternative care environments that enable them not just to survive but to flourish.

This is a commitment that relies on improved co-design of SHS supported accommodation services. It also relies on the provision of child, adolescent and youth services sectors resourced to, and held accountable for, properly responding to the needs of unaccompanied children and young people through prevention and through suites of early, targeted and tertiary interventions (for example, see Robinson 2023).

This report clearly reveals that review of child and youth supported accommodation systems—alongside individual services—is needed to better understand where unaccompanied children and young people are being left out.

The ideal care continuum offers a simple, locally applicable tool for supported accommodation system review. Ultimately, it also offers a challenge to more broadly consider the drivers and impacts of care conditionality.

This is to confront the ways in which incomplete supported accommodation provision can generate financial cost for society, including vicarious trauma and burnout for practitioners and harm for those unaccompanied children and young people who must bear the burden of being rejected by family, community and the service system set up to support them.

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