



National Housing and Homelessness Plan

Submission from the Centre for Adolescent Health

October 2023



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About us

The **Centre for Adolescent Health** (<https://www.rch.org.au/cah/>) is Australia's leading academic research and capacity building centre in adolescent health and development. We are physically based in Melbourne at the Children's campus, hosted by The University of Melbourne's (UoM) Department of Paediatrics, the Royal Children's Hospital (RCH) and the Murdoch Children's Research Institute (MCRI). We are a World Health Organization (WHO) collaborating centre for adolescent health with strong links to various UN agencies (e.g., WHO, UNICEF, UNESCO, UNFPA), multilateral agencies (e.g., World Bank) and internationally based experts. We are a global leader in life course data, meaning we can address an array of questions central to child and adolescent health and development, and its progression throughout the lifespan. We are Australia's leading provider of education and training on adolescent health and host a masters/diploma/graduate certificate in adolescent health and wellbeing through the University of Melbourne and have trained many clinical professionals in adolescent medicine across the globe.

Our expertise spans the developmental years of 0-24, covers many health topics (e.g., mental health, sexual and reproductive health, substance use), different settings for interventions (e.g., health services, schools, community prevention) and appreciates the many social contexts that affect health and wellbeing (e.g., homelessness, Indigenous children and adolescents).

Based at the Centre for Adolescent Health, [REDACTED] runs a multi-disciplinary research program on the **health of Australia's homeless children and adolescents**. Funded by an NHMRC Investigator Grant (IG), [REDACTED] is examining risk and protective factors that define pathways to and out of homelessness, as well as assessing health and mortality following contact with the homelessness service system in Australia. The Centre also has a long history of providing health services to adolescents experiencing homelessness through the Young People's Health Service, based at Frontyard Youth Services (Melbourne City Mission), in Melbourne's CBD.

The Centre also hosts an NHMRC funded Centre for Research Excellence (CRE) called **Driving Global Investment in Adolescent Health**. Led by [REDACTED], the CRE unites around 40 researchers nationally and internationally to focus on the health, development, and wellbeing of 10–24-year-olds. The CRE is generating research to drive investment in neglected areas of adolescent health (mental health, non-communicable diseases (NCD) and NCD risks, injury and violence, substance use) in groups experiencing significant discrimination or disadvantage, specifically, Indigenous children and adolescents and children and adolescents in contact with the justice system. These academic projects are designed to lay some of the technical foundations to drive policy and development and establish the evidence for what strategies work for preventing and responding to these adolescent health challenges.

The Centre is also home of some of Australia's longest running studies of adolescent health and development, including two of the longest running cohort studies in our region which are now tracking third generation offspring born to original cohort participants (that is, intergenerational studies). These unique studies have tracked mental health, substance use, antisocial behaviour, and aspects of positive youth development across decades of the early life course. They have also captured major social determinants of development, including social resources that sit within families, schools, peer networks and communities. Findings from these studies are referred to in major policy documents shaping how countries invest in their young populations. These studies hold untapped opportunities to understand pathways to homelessness and housing instability, both within and across generations.

Foreword

This submission strongly supports the inclusion of adolescents as a priority group in the National Housing and Homelessness Plan.

Rather than defining adolescence as 10-19 years, this submission uses the definition of adolescence that, increasingly applied in framing social policies and service systems, conceptualises adolescence as spanning from 10 to 24 years^[1].

Adolescence is a profound period of human growth and development in which the assets and capabilities that underpin future adult health and wellbeing, social relationships, parenting, and employment are established^[1-3]. Growth and development during this time also shapes the early development of adolescents' future children through a range of intergenerational risk processes^[3]. Rather than a cost, investment in the developmental years of adolescence are seen to repay across the lifespan and into the next generation^[4]. Beyond the well appreciated value of investing in the early years, investments in adolescent health have been shown to provide a 10-fold return on every dollar spent. Adolescence stands out as a life phase that should be a priority within housing and homelessness strategic agendas and policies.

Most Australian adolescents thrive, with robust health and wellbeing and an average life expectancy among the world's highest^[2]. However, one group facing major adversities during this life phase are those who are at risk of or who experience homelessness^[5].

Homelessness in adolescents is a pressing public health issue that is largely preventable. Homelessness disproportionately affects adolescents, with rates unacceptably constant in recent times. It is of major concern that over 40% of clients accessing Specialist Homelessness Services (SHS) annually from 2015–2022 were under 24 years old^[6]. More specifically, this equates to over 40,600 children 0-9 years per year, and 66,400 adolescents 10-24 years per year, being inadequately housed or having no housing. The broader predicament of insecure housing also characterises these age groups, which means that these numbers are highly likely to underestimate the size of the problem as many children and adolescents are not yet known to services^[7].

Adolescents who experience homelessness include those who are unaccompanied (i.e., those who are alone, without a parent or guardian) and/or accompanied (i.e., those with a parent or guardian, including those who are within homeless families, and those with an intimate partner)^[8]. For these adolescents, homelessness can be a one-off experience, periodic or recurring, or continuing, which means that prevention, intervention and postvention support (activities or interventions occurring after a period of homelessness) is needed at all levels.

There are important differences in the factors that contribute to the occurrence of homelessness for adolescents compared to adults. For example, homelessness among adolescents is often - but not always - precipitated by neglect, family disruption or abuse, as opposed to economic instability, addiction, or mental ill-health which are more prevalent for adults^[8]. Some adolescents will have a history of out-of-home care placement, justice involvement or have been discharged from hospital settings (e.g., substance abuse or mental health services); some are First Nations adolescents; some are infants and children born to adolescents experiencing homelessness; some are growing up within homeless families; some are without adequate finances in the transition from high school to university; some are refugees or seeking asylum; some are international students; some have had stable upbringings but have been affected by family circumstances (e.g., the death of a parent); while others have been forced out of the family home due to climate crises. These adolescents come from a range of social and economic positions and from across inner, middle, and outer suburbia as well as rural areas. They are often hidden from public view.

Adolescence stands out as a life phase that underpins many federal and state agendas^[9-11]. This is because investments at this time can reverse early-life deficits and support healthier trajectories across the life course. Yet, homelessness in adolescents (and children) is a long-neglected area of policy^[7] with years of

inattention. Despite various state and federal inquiries, policy reviews^[12-17] and modest fiscal investment, we are yet to have a national agenda that encompasses prevention of homelessness in either the 0-9 or the 10 to 24-year-old age groups or seeks to address the devastating health impacts associated with homelessness, including interpersonal violence and trauma, mental ill-health, disability, and premature death.

What is clear is the existing state of homelessness programs and services^[18] has been unsuccessful in reducing the number of adolescents who are at risk of or who experience homelessness or in responding to the health needs of these adolescents. No longer can we continue to accept that homelessness among this group is inevitable, nor can we rely on the hope that their experience of homelessness will be 'rare', 'brief' and 'non-recurring.' This approach is neglectful.

We welcome the efforts of the Australian Government to develop a National Homelessness and Housing Plan. We look forward to how this plan can provide a framework for national and state action on adolescent homelessness. We submit four recommendations, both based on our expertise and research:

Recommendation 1. *Health profiles and access to health care.* Commitment to a national plan, should include establishing critically needed information to drive greater attention to the health needs of homelessness adolescents and identify intervention points for reducing morbidity and mortality.

Recommendation 2. *Multisectoral approaches to homelessness and health.* Investments in homelessness agendas must appreciate the value of multi-sectoral efforts that meaningfully respond to the health, education and social needs of adolescents who are at risk of or who experience homelessness.

Recommendation 3. *Intergenerational experiences of homelessness.* Commitment to a national plan, should include understanding and intervening on intergenerational risks for homelessness, recognising that homelessness can persist across generations, creating entrenched cycles of disadvantage that become progressively more difficult to break.

Recommendation 4. *Data for decision making requires a national homelessness research strategy.* There needs to be investment in rigorous academic research that informs priority setting, policy, and practice; guides research priorities for researchers and for commonwealth and state funding bodies; and generates evidence for homelessness prevention across the life course.

Justification for Recommendations

Recommendation 1. *Health profiles and access to health care.* Commitment to a national plan, should include establishing critically needed information to drive greater attention to the health needs of homelessness adolescents and identify intervention points for reducing morbidity and mortality.

We continue to fail to address the health of adolescents experiencing homelessness. A lack of investment means that we have failed to acknowledge the health status and needs of this group. Their need for health care and health services remains largely unmet. With the number adolescents experiencing homelessness remaining unacceptably high over the last decade, there is likely a growing burden that will result in significant costs to the health care and welfare systems and to the economy for years to come. With current policy disproportionately focussed on structural factors (for example, social, economic drivers, housing supply) we are missing important opportunities for health intervention and prevention.

The health and mortality burden of homelessness on Australian adolescents is not known. There is a small international literature suggesting homelessness can be both a contributor to, and a consequence of, poor health, with many adolescents who experience homelessness having or developing health conditions because of their homelessness^[5, 8]. These health conditions are complex and frequently interrelating, including substance use, mental ill-health, injuries, and infectious diseases.

Adolescents who are at risk of or who experience homelessness are a priority population in Australia's National Action Plan for the Health of Children and Young People^[10], yet they typically lack regular health care, despite often experiencing a recognised need for treatment or care^[5]. The health consequences for later life, including early death, are likely to be profound and necessitate a targeted, public health response.

One model to consider is the Young People's Health Service (YPHS)^[19]. The YPHS was established in 1991 following recommendations in the 1989 Burdekin Report. It has been a program of the Royal Children's Hospital for over 25 years. Based in the CBD within Frontyard a co-located homelessness precinct run by Melbourne City Mission, it provides primary health care and strategic health interventions to adolescents (12-24 years) who are experiencing, or at risk of homelessness.

A striking example of health risk comes from incomplete coverage of routine childhood vaccines, which is common in adolescents accessing homelessness services. Despite this, people experiencing homelessness are not recognised as an "at-risk" group in the National Immunisation Strategy^[20]. In 2019, the YPHS received funding from the Victorian Government for a pilot project which embedded a specialist immunisation nurse within the health service^[21].

Prior to the program, only 6% of adolescents accessing the service were up to date with routine vaccinations. The program was highly successful in increasing the rate of complete immunisation from 6.0% to 39%^[21]. Yet it also highlights the difficulty of following up this population, as 61% were still not fully vaccinated due to the highly mobile nature of the cohort. Given the costs to the community of measles, whooping cough, and cervical cancer (vaccine preventable), a 6-fold increase in routine vaccination is money that is extremely well spent.

We suggest that data like these reinforce the importance of national health strategies and action plans recognising that adolescents who are at risk of or experiencing homelessness are a priority group. This should be supported by the implementation of evidence-based interventions that improve access to health care services among this group.

Pathways of care for adolescents experiencing homelessness should include the safe and supported transition from adolescent to adult health services, as well as coordinated care across emergency, primary, secondary, and tertiary health care settings.

Recommendation 2. *Multisectoral approaches to homelessness.* Investments in homelessness agendas must appreciate the value of multi-sectoral efforts that meaningfully respond to the health, education and social needs of adolescents who are at risk of or who experience homelessness.

Responding to the complex challenges of adolescent homelessness must be based on the capacity to adopt multisectoral approaches. This includes, for example, working at the interfaces of homelessness, health, education, and justice settings. Multisectoral approaches can bring together and leverage knowledge, expertise, and resources to jointly achieve a co-ordinated approach that addresses the intersections of homelessness with other health and social systems, identifies pathways of care, and can potentially benefit all adolescents who are at risk of or who experience homelessness.

Education

Schools are an important setting within a multisectoral approach, given their influence on adolescent's health and development, and not just their educational attainment. Beyond their benefits for learning, schools are settings in which adolescents can be kept physically safe, and which provide a supportive social environment, as well as specific supports and resources that are critical to wellbeing (e.g., school meals)^[22].

The disruptive effects of homelessness on education start early, with gaps in educational outcomes widening over time. Recent national data reports that 12% of children 5-14 years of age, and 69% of

adolescents 15-24 years accessing specialist homelessness services (SHS) in 2021–22 were not enrolled in school or education/training^[6]. Yet, school-based responses to homelessness have been historically neglected.

The Centre for Adolescent Health led the development of the new Global Standards for Health Promoting Schools that were recently published by UNESCO and WHO^[23, 24]. Health-promoting Schools are schools that 'intentionally strengthen their capacity as healthy settings for living, learning, and working' through a whole-school systems approach^[23, 25]. This approach brings together healthy school policies, curriculum, physical and social environments, the community, and health services to support health and wellbeing^[24].

We suggest that our response to adolescent homelessness can be strengthened using a Health Promoting Schools approach as it encompasses the spectrum of responses that range from promotion, prevention, and acute responses to ongoing needs including behavioural and welfare support as well as access to health services^[22].

Justice Settings

Recent national estimates suggest that 9,000 Australians left prison and received support from SHS in 2021-22; of these, 17% were adolescents aged 10 to 24 years old^[6]. These adolescents experience substantial health inequity. Their very poor health outcomes, including disproportionate rates of self-harm, suicide, and premature mortality^[26, 27], necessitate targeted, evidence-informed multisectoral responses.

Despite consensus that better coordination of care is needed across the criminal justice, health, and homelessness systems, reform has been slow and piecemeal. Adolescents who have experienced both homelessness and justice involvement have seldom been the focus of research.

Our homelessness team at the Centre for Adolescent Health is leading two unique projects of the health of adolescents at the interface of homelessness and justice involvement. We anticipate that these studies will significantly advance preliminary understandings of the health of these adolescents, and in doing so, provide invaluable information to build the case for investing in multi-sectoral collaboration and in an evidence-based and data-driven approach to responding to the complex relationship between justice involvement and homelessness in adolescents.

Recommendation 3. *Intergenerational experiences of homelessness.* Commitment to a national plan, should include understanding and intervening on intergenerational risks for homelessness, recognising that homelessness can persist across generations, creating entrenched cycles of disadvantage that become progressively more difficult to break.

Left unattended, adolescents who experience homelessness will develop into young adults who experience homelessness and will likely then transit into young parents who experience homeless, but who are also trying to raise next generation offspring^[28, 29]. This is where the problem compounds and becomes increasingly difficult to retract, and entrenched patterns of disadvantage 'cement' children into pathways that likewise offer little way out of homelessness.

This is further compounded by the fact that the impact of homelessness on children aged 0-9 years has received little research or policy interest in Australia. Nor have the intergenerational risk processes that define pathways to and out of homelessness for families, raising children, received sufficient attention. There are likely to be important differences in the factors that contribute to the occurrence of homelessness for children compared to adolescents. These likely relate to economic, structural and health factors that often precipitate family and adult homelessness, such as intimate partner and family violence, economic instability, addiction, or mental ill-health^[30].

Like adolescents, children within families experiencing homelessness do not have a safe and stable place within which to grow and develop. The impact of homelessness on children (in their own right) and as

members of homeless families, requires attention given its severe threat to immediate and future wellbeing. International research highlights the significant challenges and vulnerabilities facing homeless children^[30-32]. At its core, homelessness places children in highly chaotic and unstable environments. They may experience broken or disrupted relationships with parents and extended family members and significant confusion driven by a lack of understanding about why they are homeless. The impacts of homelessness are likely to include, but are not limited to, loss of a child's sense of security (including familiar environments, personal possessions, toys, and pets), loss of relationships with extended family members and peers, developmental delays, mood and behavioural disorders, inhibited physical growth and health status, and disrupted educational experiences^[30-32].

Tackling the impact of homelessness on children is likely to require a difference response to homelessness among adolescents. Yet, most of the existing literature was published between the 1980s and early 2000s, meaning that its applicability for the health and social sectors is dated. Further, it originates from the United States meaning the importance of understanding pathways to and out of homelessness for families, raising children, including intergenerational risks for homelessness, for Australia children is paramount.

Recommendation 4. *Data for decision making requires a national homelessness research strategy.* There needs to be investment in rigorous academic research that informs priority setting, policy, and practice; guides research priorities for researchers and for commonwealth and state funding bodies; and generates evidence for homelessness prevention across the life-course.

Adolescents have been largely invisible in Australian homelessness prevention and public health research^[7]. It is necessary to understand those factors that increase risk for or protect against homelessness beyond structural approaches (for example, social, economic drivers, housing supply), in addition to understanding the health impact of homelessness.

Currently, we do not have the evidence for effective prevention approaches^[18, 33] that are sequenced to meet the unique demands of child and adolescent developmental stages. These substantial knowledge gaps remain a major challenge and hinder system-wide capacity to develop targeted, evidenced-based preventive approaches for reducing homelessness, as well as morbidity and mortality in this group^[34].

The need for action on generating data to support decision making is now pressing. In the past three decades, various public and parliamentary inquiries have helped draw attention to adolescents' experience of homelessness^[12-15, 17], yet meaningful and enduring reform has not occurred. Population-wide and universal prevention strategies are rarely discussed or funded. Reliance on siloed, crisis-driven, and short-term reactionary approaches to respond to homelessness has not stemmed the flow of adolescents into homelessness. Nor has such approaches addressed the adverse health and social consequences of homelessness.

We suggest that from its outset, the new National Housing and Homelessness Plan adopt a strategic long-term approach to generating evidence through data systems and building capacity to analyse them. This will require collaboration with those having expertise in child and adolescent health and development, child and adolescent homelessness, and adolescent health services. It also requires collaboration with survivors of homelessness and the expansion of peer-led homelessness research capacity.

Although homelessness research priorities that focus on population-based research and longitudinal studies have been recommended by various Inquiries^[12, 13, 17], the challenge faced by researchers interested in child and adolescent homelessness is engaging and retaining this group in traditional cohort or intervention studies. As such, data monitoring systems that build capabilities in *multi-sectoral data linkage* and *multi-cohort life course approaches* are paramount.

The Centre for Adolescent Health is leading the development of both approaches through our National Health and Medical Research Council funded studies^[7]. While mortality data is a key aspect of health

monitoring for homeless adolescents, we are also assessing the non-fatal burden including health conditions, and access to and utilisation of health services. We must first establish the health needs of this group, pathways through service systems, and health and social outcomes, at a national level, to provide the impetus for whole-of-government evidence-based policy reform. Our team also has unique access to a suite of *high-quality population-based longitudinal cohort studies* and *intergenerational studies* through which we are working to define pathways to and out of homelessness, from childhood through to adulthood. Our preliminary findings indicate that it is possible to identify these pathways as feasible targets for prevention^[35-37].

The aim of a national homelessness research strategy should be to not only reduce rates of homelessness but also reduce the related inequities, health and social problems that extend across the life course. A failure to generate this information will preclude an evidence-based response to reducing homelessness and supporting the health and wellbeing of Australia's children and adolescents and the next generation.

Concluding remarks

In conclusion, our submission underscores the critical need to prioritise adolescents, and the health and development of the next generation, within the National Housing and Homelessness Plan. While most Australian adolescents thrive, homelessness poses a grave and largely preventable challenge. Over 110,000 young individuals experience inadequate housing or homelessness annually, often hidden from public view. Our recommendations stem from a wealth of expertise and research. We advocate for comprehensive health profiles and improved access to health care, acknowledging the unique health needs of homeless adolescents, who often lack regular care. We emphasise the value of multisectoral approaches that address the intersections of homelessness with health, education, and justice systems. Schools, in particular, should be recognised as vital settings for supporting the wellbeing of children and adolescents who are at risk of or who experience homelessness. Additionally, a national homelessness research strategy is imperative, enabling us to gather critical data, understand pathways to and out of homelessness, and develop evidence-based prevention and intervention strategies. It's time to address adolescent homelessness comprehensively, ensuring their health and wellbeing, and that of the next generation, for a brighter future.

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