



Submission for the National Housing and Homelessness Plan

Please accept this submission on behalf of Parkerville Children and Youth Care (Parkerville CYC). In providing this submission we have illustrated points with current case or practice examples. To protect the privacy of those involved we have removed identifying details and provided pseudonyms.

Acknowledgement

Parkerville CYC acknowledges the lived experiences of the children, young people and families impacted by homelessness represented in this submission, recognising multiple disadvantage – including poverty, gender inequality, family and domestic violence, and child abuse – as cause and consequence of homelessness. We recognise their individual stories of courage, hope and resilience, and that of all victim-survivors.

Parkerville CYC respectfully acknowledges Aboriginal and Torres Strait Islander peoples as Traditional Owners of this land, and we pay our respect to their Elders past and present.

Our holistic support to children, young people, and families

Parkerville CYC is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves. We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential. We have been working alongside vulnerable children, young people, and their families for 120 years, and every year, we support more than 13,000 people across WA through our therapeutic, out of home care, youth, and education services. The future of those we serve depends on what we do in the present to support them to reach their potential.



Parkerville CYC's services

Youth Services

- **Support and Community Services (SACS):** service for families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Yong Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Armadale Youth Accommodation Service (AYAS):** short-term crisis accommodation for young people experiencing/at risk of homelessness.

Education Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school system and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences and a happy, healthy home.
- **Education Employment and Training Program (EET):** For young people at extreme educational risk due to trauma, mental health, family issues.

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011) and Midland (2019). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaborative relationships and knowledge-sharing.
- **Therapeutic Services:**
 - **CSATS:** We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.
 - **PACTS:** We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Out of Home Care

- Parkerville CYC cares for 126 children and young people across foster care, family group homes (FGH) in the Metro area and in the Murchison. We also run an intensive residential program for young people aged 12-17 currently under the care of the Department of Communities (Belmont Youth Program). We are implementing an innovative, award-winning new model (Our Way Home) – radically personalised shared care: focusing on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families.

1. Family and Domestic Violence, child maltreatment, and homelessness

Recommendations

1. Increase resourcing for evidence-based, trauma-informed therapeutic responses and community-based wraparound services to children exposed to FDV and other forms of child maltreatment.
2. Increase support for victim-survivors and their children to safely stay in their homes after leaving a perpetrator of FDV, including flexible financial support and legal assistance.
3. The Commonwealth Government's increased funding for the Safe Places Emergency Accommodation Program is welcome: emphasis should be on its flexibility, to meet the diverse needs of families. This should include rental assistance, and recognise the impact of FDV on families' rental history e.g., families who have been 'blacklisted' from the rental market.
4. The policy response to FDV-related homelessness must better recognise the specific housing and support needs of adolescents and young people fleeing unsafe homes, whose needs are often overlooked by a service system focused on women and younger children. The Plan should:
 - a. Build on the recognition in The National Plan to end Violence against Women and Children 2022-2032 of children and young people as FDV victim-survivors in their own right, by acknowledging the powerful link between exposure to FDV and youth homelessness.
 - b. Meaningfully consult with young people who have fled home due to FDV exposure about their needs, including youth-centric housing and holistic services to address and recover from trauma.
 - c. Increase funding for youth-specific homelessness services, **and** specialist youth services focused on long-term recovery, to better support young people exposed to FDV and create sustainable diversion from homelessness.

In subsequent sections, we relate practice evidence and policy recommendations in direct response to the Issues Paper Focus Areas and associated questions. Below, however, we draw on our response to the Gender Equality Strategy, to highlight the fundamental link between Family and Domestic Violence (FDV) and homelessness: the extent to which it causes and shapes the experience of homelessness, or determines and/or shapes the (often ongoing) risk of homelessness, for the children, young people and families that we support.

The UN Committee on the Right of the Child has explicitly stated that 'exposure to domestic violence' is mental violence against the child under Article 19, and as the Government of Western Australia notes, 'when it occurs in a family with children, family and domestic violence is *always* child abuse' (WA Government, 2021), not least due to the way that this violence shapes their perceptions and understanding of the world, and the serious long-term negative consequences for child health and wellbeing (Commonwealth of Australia, 2022). We have long seen the profound impact of FDV on children and young people that we serve – both in their day-to-day lives and over the life course of



childhood, adolescence and into adulthood – and this is increasingly being recognised in research and policy.

But further, there is broad consensus that different types of violence often occur simultaneously in the same family, and that the presence of one form of violence may be a strong predictor of the other (Tomison, 2000, Coumarelos *et al.*, 2023). That is, FDV and child maltreatment as systemic, co-occurring features of the totality of violence present in families, with FDV itself a form (indeed, as the latest ACMS has found, the most common) of child maltreatment.

Moreover, in families where children are exposed to FDV, there is a much higher chance of the child experiencing other forms of maltreatment, often because family adversity increases the risk of multi-type maltreatment and FDV (Haslam *et al.*, 2023); and children exposed to FDV experience increased levels of fear, inhibition, anxiety and depression compared to their peers, with evidence pointing to higher risk of poor health outcomes in adulthood (James, 2020). The significance of FDV impact on children is therefore highly significant, putting at risk their present and future health and wellbeing, their psychosocial and cognitive development, and their chance of forming happy, healthy relationships.

The Census estimates that 21% of Western Australian homeless people are aged 12–24 (Seivwright *et al.*, 2021), and in 2020–21, 7,102 children and young people aged 0 to 17 years presented at WA specialist homelessness services alone or with their families, the majority of whom (4,170) were under 10 years of age (AIHW, 2021). We know that FDV is the leading cause of homelessness for children (Campo, 2015, Government of Western Australia, 2022). While FDV can affect anyone, regardless of culture, gender, economic status or sexuality, research and practice show that overwhelmingly, violence perpetrated by men against women is the most common. Consequently, women and children are at greatest risk of homelessness, as women leaving the home to establish greater safety for themselves and their children; with certain groups at even greater risk, including Aboriginal and Torres Strait Islander women and their children. FDV disrupts and violates the sense of safety and belonging within the home, but making the decision to leave usually results in losing the family home permanently. This loss itself can have traumatic effects on children (Spinney, 2013).

1.1 Evidence from Parkerville CYC's Practice

FDV is the driving cause of homelessness and residential transiency for the children and families that Parkerville CYC supports; both in terms of our whole family supports, and our services supporting children and young people fleeing violent homes into homelessness. Unaffordable or insecure housing is a major barrier for victim-survivors to re-establish their lives after leaving a violent situation, and a key consideration in their decision to leave. A shortage of transitional and long-term social and affordable housing means some women and children exiting crisis accommodation are faced with a choice of returning to a violent home or becoming homeless (Commonwealth of Australia, 2022).

We see the wide-ranging and highly destabilising impact of FDV across our homelessness services:

1. Children and families

In our **Support and Community Services (SACS)** program, which supports children aged 4-14, and their families:

- Across the system as whole, and in SACS specifically, we see that women may be reluctant to disclose FDV for fear that their children could be removed from their care, that it will impact on their ability to secure housing, and in some cases, fear that there will be reprisals from family or community.
- Nevertheless, the past year has seen a notable increase in families actively fleeing violence and engaging with services to address imminent threat to themselves and their children. Indeed, in the January-June 2023 period, **100 per cent** of families reported either ongoing or historical exposure to FDV.
- SACS supports FDV victim-survivors as much as possible to remain safely in their community, and advocate for stability rather than transience and fleeing for safety. In this way, children and young people are better able to manage not only homelessness, but the underlying trauma from abuse. This can require:
 - Immediate safety plans
 - Adjustment of the program/a modified service to keep both family and SACS staff safe
 - Case worker support to protective parent to hold perpetrator to account for property damage and threat to sustaining tenancy

2. Young people

Young people should not be forced to stay in a violent home to keep a roof over their head, and yet the service system does little to recognise young people as victim-survivors of FDV in their own right, with specific needs to support their housing stability, recovery from trauma, and ongoing safety and wellbeing. In our **Moving Out, Moving On (MOMO)** program, for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience:

- **100 per cent** of young people reported that a historical or current FDV occurrence influenced their decision to leave home. Of these, over 80 per cent of young people participated in case managers' sessions regarding safety planning and referral options, demonstrating the impact of intensive case management that is non-stigmatising and built on trust.

The following case studies highlight the ways in which FDV creates both serious and cumulative negative psychological, emotional, and social impacts on child and young person wellbeing, but also highly destabilising and traumatic secondary effects, including unstable housing, little or no access to education, child development services, and ante/post-natal care. This is within a context in which the time around leaving a violent relationship is the most dangerous for a victim-survivor and their children. This represents a particularly critical time for families, and requires (multi-agency) support that can respond to this complexity in a flexible, holistic and trauma-informed way.

Case Study

Redacted

Case Study

Redacted

2. Focus Issue 3.1 Homelessness:

Children and Young People affected by homelessness: poverty, trauma, and system barriers

Parkerville's Youth Services

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Parkerville's Youth Services teams support children and young people experiencing homelessness through crisis accommodation, short-to-medium term supported accommodation, and outreach services working variously with children, young people (and where relevant and appropriate, their families) ranging from 4-25. Whilst the individual services vary in their eligibility criteria, age range, length of service and so on, the common factors across our work with children and young people affected by homelessness are frequently acute and complex trauma, exposure to or use of alcohol and other drugs, mental and physical health challenges (which have often gone undiagnosed or untreated due to multiple disadvantage, transience and other barriers to service engagement), and previous and/or ongoing exposure to multiple forms of violence and abuse.

We make the following recommendations in response to the consultation question 3 under Focus Area 3.1 (Homelessness), based on the evidence presented below:

Recommendations

1. Siloed services do not best help those affected by homelessness to avoid the risk again. Accommodation support services must provide access to permanent, safe, and secure housing, with strong links to mental health, community, and clinical support as required, to enable recovery and growth, and to facilitate access to the services and resources needed for children, young people, and families to live safely and independently.
 - a. This approach should be person-centred and as far as possible, keep people within their communities, if safe to do so.
2. Create priority referral pathways for children, young people and families in crisis and at risk of/experiencing homelessness, who are likely not in a position to meet rigid appointment criteria: flex the system to meet them where they are, not where the system thinks they should be.
3. Design outreach-driven service models that are agile, and willing to deliver outreach assessment and intervention to those people experiencing homelessness or other multiple and substantial barriers to service access.
 - a. Using human-centred co-designed processes with lived experience representation can support the creation of much more user-friendly models of service.
4. Children should not be viewed simply as an extension of their primary carer: they have unique safety, support and recovery needs:
Prioritise access to early education, school support, and child development services for children experiencing homelessness, given the likelihood of missed early education participation and/or disrupted schooling, resulting developmental impact, and poor provision of treatment options and support.
5. Design and resource early intervention services for children under 12 at risk of familial disconnection and homelessness, including provision of holistic psycho-educational support for parents/caregivers to manage and respond to complexity.
 - a. Include provision of on-call/helpline services: '9 to 5' services do not meet the needs of families for whom evenings and weekends can present the greatest challenge and risk.
6. Serious consideration should be given to resourcing Ruby's, or any similar evidence-based diversion models, nationwide. Young people becoming entrenched in the homelessness system is a national issue, requiring a national response.



Evidence from Parkerville CYC's Practice

We present the following evidence in response to the question:

How can the homelessness system more effectively respond to those at risk of, or already experiencing homelessness?

And sub-question:

How can the homelessness system ensure those at risk of homelessness or in crisis receive appropriate support to avoid homelessness or so they are less likely to fall back into homelessness?

We stress the need for profound systemic change to better support children, young people, and families affected by homelessness – building in housing capacity beyond crisis and transitional provision, and properly resourcing holistic, wraparound services to provide the space and security to address the factors causing/creating the risk of homelessness.

2.1 Structural barriers for children, young people and families experiencing homelessness

Lack of housing stock

We discuss below the complex and intersecting needs and challenges which are cause and consequence of homelessness for the families and young people that we support. However, we first stress that in any discussion of homelessness for vulnerable children, young people and families, the fundamental lack of housing presents an implacable barrier to, as the above question notes, ensuring that those at risk of homelessness are less likely to fall back into homelessness.

Crisis accommodation is fundamental to establishing immediate safety for transitional periods of 3-4 months. Time and again, however, our families come up against the cliff edge beyond crisis and transitional housing: there is dangerously little housing stock for them to move on to. Where it does exist:

- **In the private rental market**
The families we support find it extremely difficult to compete both financially, and often because of poor rental history related to their experience of FDV (for example, perpetrator smashing up the house, financial abuse impacting on rent payments). In our SACS program, over 80 per cent of families reported that entering the private rental market felt like an unreachable goal; a reflection of the competitive nature of the current private rental market.
- **Priority housing assistance**
Meeting the eligibility criteria for priority housing can be highly challenging for the young people and families that we support.
 1. Often, they report being unable to reach a Housing Officer directly, or if they do, having their experiences and needs disbelieved. By contrast, our case managers do get traction when they act on families' behalf – which speaks to the immense value of case management, but can only be sustained for defined service periods and does not meet the scale of community need.



2. To be placed on the housing waiting list, young people and/or families must select a metropolitan zone, to which they are confined in consideration of housing allocation. If they need to leave the zone – for example, because they are no longer safe and must flee a perpetrator, which is often true for our young people and/or families – they must start the process again to be placed on the waiting list in another zone. And the likelihood of a perpetrator finding the young person or family, or safety being otherwise compromised or scope of need changing, is increased given that families may be on waiting lists for a year or more.

Across our homelessness services, our practitioners routinely help young people and/or families to navigate the complexities of changes to priority housing applications and zoning: again, this is a vital service given system complexity and under-resourcing, but can only be sustained for the length of service engagement.

This system does not work for families navigating safety in their community or seeking safety in an unknown community, and fundamentally, is not a trauma-informed approach able to respond to need.

As a result, we support families who have been traumatised by these systemic failures, instead opting for unsafe, overcrowded, unstable arrangements (for instance, sleeping in their cars on a relative's property), rather than engage again and again with a system that has failed them.

This perpetuates a fundamental instability for children, young people and families who have experienced homelessness, impacting their ability to address underlying needs, with profound implications for mitigating the impact of homelessness and reducing its recurrence later in life for children and young people.

2.2 Social isolation and challenges with retaining community connection

Service responses to housing – including how families are housed, and young people in crisis - can work to limit the ability of children, young people and families to address the underlying causes and consequences of homelessness. By contrast, Parkerville's practice is guided by the importance of a therapeutic and trauma-informed model, with a focus on a radically personalised and harm reduction approach, to create meaningful impact on reducing risk of homelessness and promoting positive outcomes.

Children, young people, and families may already have been affected by social isolation, with the experience/risk of homelessness exacerbating it further. For others, homelessness creates a level of social isolation by removing them from their community, culture, networks, or trusted services.

In our **SACS program**:

- The service has had an increase in referrals from culturally and linguistically diverse (CALD) families (21 per cent in January-June 2023 period). We find that social isolation presents as a particular issue for many of our families from CALD communities: navigating service systems can be particularly challenging, thereby increasing the risk of homelessness and/or housing responses that disconnect them from community supports.



In our **Young Women's Program**:

- We have found that Aboriginal clients often choose to spend more time with their family and less at the service, which can impact their engagement and meeting goals for long-term housing, and/or bring family members into the service without staff knowledge. Service criteria can impose disconnect and separation from culture, family, and community. Our program has responded to the risk that service conditions pose to family and cultural connection by:
 - Facilitating young people to spend extended nights away from the service, to build healthy relationships with family and friends and remain connected to country.
 - Building flexibility around family visitation at the service, whilst supporting clients to develop and implement appropriate boundaries.
 - Facilitating (including financial support) travel to rural/regional towns for family gatherings and funerals on country.

2.3 Holistic family response

In our Outreach services, the focus of Parkerville's work is to support the developmental and wellbeing needs of children and young people experiencing homelessness. The child is our primary client; however, we know that a child's ability – particularly the younger children that we support - to meaningfully engage with services is fundamentally dependent on their parent/caregiver experiencing stability.

Most, if not all, of the children in our **SACS program** present with unmet needs, with parents/caregivers who are overwhelmed and under intense pressure to manage immediate crisis, and without the psychosocial or financial resources to address these unmet needs. Indeed, 78 per cent of parents/caregivers reported experiencing mental health issue to a degree that impacted their ability to meet their own and their children's needs consistently. SACS endeavours to bolster the parent/caregiver's ability to meet the child's needs through brief targeted assistance, referral and linking to community networks, whilst keeping the child at the centre of the service response.

This family systems response is critical, but under-resourced at the systems-level. The policy response must be to recognise that to address the greater risk to children and young people who experience homelessness of becoming homeless later in life, parents/caregivers must be supported through a more holistic, integrated approach to meet their child's needs and help them to develop new skills, supports, capacity and resilience.

2.4 Children experiencing homelessness: impact on social, emotional, cognitive development

An effective response for children at risk of, or experiencing, homelessness must consider how the trauma of experiencing homelessness itself, and/or the trauma and complexity that precipitated homelessness, impacts on children's safety and wellbeing. That is, for the families we support affected by homelessness, (lack of) safe housing is fundamental, but it is part of a constellation of need, trauma, and complexity that if not addressed, can increase the likelihood of homelessness later in life.

This necessitates more than a housing response. Rather than singular instances, often this trauma and complexity is deeply embedded, recurring, and inter-generational. As noted above, families experiencing and/or recovering from this level of trauma and complexity need a service response that envelops them; one equipped to respond to crisis **and** ensure that the crucial developmental needs of



children are not overlooked, but rather given special focus exactly because of the impact that crisis, trauma, and complexity can have on child development and family functioning during this crucial window, and on risk of recurrent homelessness later in life.

Educational Disadvantage and cognitive development

Many children in our **SACS program** have unmet needs related to cognitive development. We often find that children present with or come to display neurodiversity, speech impairments and other developmental conditions, alongside disrupted learning, which have not been addressed during the experience of homelessness and transiency:

- **Child development services:**
 - The near-constant process of managing previous and ongoing trauma, poverty, housing insecurity and vulnerability means that often, parents/caregivers have been unable to consider needs beyond immediate safety, much less access support without the focused and trauma-informed support of someone to navigate them through the system.
 - When families do manage to secure referrals, they find themselves on extended CDS waitlists (for instance, WA Child and Adolescent Health Service data shows a 222 per cent increase in ASD diagnostic assessment referrals in the past 5 years) (CAHS, 2023). Poverty and low financial stability make private health services impossible, and all but ensures that specialist assessment and support are not able to be completed as an early intervention or prevention option.
 - Families experiencing homelessness may be transient or moving between residences or areas. Their ability to engage with clinical services (with frequently fixed criteria and protocols, and a built-in expectation that those in need can navigate service pathways) fluctuates. This can lead to children’s developmental needs falling between the cracks, as referrals go missing and appointments missed as families try to navigate multiple services during times of heightened stress and trauma.
- **Educational engagement**
 - It is often the case that families we support in SACS go from crisis housing/a refuge, to transitional housing, to an allocated Department of Housing home, with various movements between (e.g., short stays with family and friends). With this comes an expectation that children can and will adapt and thrive amid transiency and uncertainty.

In practice, we see children struggling to adjust to new schools, in new communities, with new peer groups, in a likely context of ongoing trauma and/or trauma recovery and instability, which we know from research (for instance, Fitz-Gibbon and Meyer, 2023) and practice frequently results in anxiety and school avoidance, inability to focus, difficulty making stable friendships and in maintaining previous connections with constant moves, and disrupted learning.
 - We also note significant challenges with school acting as a protective space for those children who have been transient because of homelessness. As noted above, developmental needs have often been missed: schools act as a crucial mechanism for identification, but the children that we support often fall through the gaps due to frequent school moves or school avoidance. This is a vital missed opportunity for early intervention.



2.5 Adolescents and young people

The young people in our outreach and accommodation services come to us with a range of multiple and complex needs, and histories of trauma and being failed by services and the community. For many young people, earlier and better intervention could have diverted them from the homelessness sector, and/or created significantly better outcomes.

To do this, serious consideration must be given to the design and resourcing of models that work with children under 12, and their families:

- Working with schools and key services to identify children at risk early.
- Working holistically to upskill/support families to manage complexity: build the resilience and skills to manage conflict and crisis with children and keep them safely at home.
- Building extended family and community connection to give parents/caregivers and children a 'safety valve'.

This requires giving families practical support (transport to services or financial support to extended family for temporary stays, for example), and upskilling and building capacity in outreach programs to provide more holistic case management in this way.

Multiple and complex needs: poverty, mental health, isolation

We note the significant interplay for young people between increased financial insecurity, acute mental health difficulties, and pressure of system strain and capacity.

Financial insecurity: Moving Out, Moving On (MOMO)

- In the 6 months to December 2022, 43 per cent of young people in MOMO engaged initially with no income.
- Young people reported having insufficient forms of ID or being sabotaged by their caregivers when attempting to apply for Centrelink. As such, more young people required emergency relief to meet their basic needs of food, hygiene, appropriate clothing, and medical support.
- We have had increasing reports from young people that their family and friend networks are increasingly unable to offer support, without external financial contribution. As a result, the MOMO program provided all young people in the program with information, transport, and referrals to Emergency Relief services. **75 per cent** of young people's support networks were also given resources to mitigate the financial burden.

Mental health:

- All young people in our **MOMO** program identified a need for mental health support, with 50 per cent presenting with severe and acute mental health (e.g., Suicidal ideations, chronic self-harm, complex Post Traumatic Stress Disorder, Borderline Personality Disorder, Eating Disorders).
- Most young people in our **AYAS** service identified some level of mental health need, including Emerging Underlying Personality Disorder, Depression, Anxiety, Bi-Polar, Complex



Post Traumatic Stress Disorder and Schizoaffective disorder. The service has seen an increase in reported suicidal ideation.

- Critically, this often makes young people ineligible for housing services, and young people reported that their social support systems would withdraw when they were open about their mental health.

Our Youth Services support young people to increase their knowledge and understanding of the systems they are engaging in, to identify safe and healthy family members and improve these relationships, and to develop safety plans, assertiveness and confidence when choosing to continue contact with abusive and unsafe family members.

Critically, our services seek avenues for young people to continue their program engagement and/or maintain their accommodation by working with their complexity, through a radically personalised and harm reduction approach.

Lack of trust in services

Much of our work with young people experiencing homelessness to address the complexity of their needs is rooted in building trust and a sense of safety for young people to talk about their experiences and make disclosures when they are ready: sitting alongside young people in parks, cafes, and cars, giving space for small conversations and proactive efforts. This is particularly important given that most have had poor or non-starting relationships with clinical and other services: our programs can be a more informal, flexible, and non-stigmatising conduit to young people engaging in more structured services.

This is critical to navigating the barriers to engagement for young people experiencing homelessness who have been excluded from services for not meeting (or not being able to meet) rigid criteria, or not feeling safe to be visible in their communities, when this has been a profoundly unsafe environment for them in the past.

Service criteria

It can appear, at times, that the housing and homelessness system sets young people up to fail, by imposing compliance criteria that young people in crisis and with complex histories of trauma can often only struggle to meet. Generally, young people are met with closed waitlists or no available beds. When our practitioners do succeed in securing somewhere for a young person - true in both our crisis accommodation and outreach services - young people can struggle to reconcile strict service requirements with community connection, and/or familial or peer relationships and responsibilities. Time and again, we find young people having to move away from their community to receive housing, resulting in a preference for couch surfing or unsafe options.

Case Snapshot

Kerry (16) was supported by **Moving Out, Moving On** to access a bed in a refuge. She had significant caring responsibilities for younger siblings, and on 3 occasions, was late returning to the service. She was evicted within 3 weeks of her stay. She reported a profound period of adjustment and guilt regarding managing her cultural family responsibility and the rigid requirements of the service.



Young People in the Department's care

Research demonstrates the extent to which care leavers are at risk of experiencing homelessness. One recent study found that more than half accessed homelessness services in the four years after leaving care, one in three had multiple homeless experiences, specialist homelessness services are commonly the first accommodation type after leaving care, and that leaving care processes are limited and leave young people ill-prepared to live independently (Martin *et al*, 2021).

We continue to support young people who are still in the care of the WA Department for Communities in our homelessness services, or have exited the Department's care into homelessness.

In our **Armada Youth Accommodation Service (AYAS)**, we have seen that:

- The numbers of referrals for young people in the Department's care has increased: in the January-June 2023 period, 45 percent were under the care of the CEO. Young people report, or staff observe, a breakdown in communication and conflict between clients and their allocated workers, with challenges around collaboration with the Department due to limited communication and response to requests for case conferences and goal planning for young people.

That young people in the Department's care are presenting to youth crisis accommodation to this extent suggests a significant, systemic issue. We see the consequences of siloed funding and responsibilities between child protection and homelessness within the Department, which creates detrimental complexity and results in young people falling between the gaps of a system already under intense strain. More collaboration and joint responsibility are essential: young people in and leaving State care need focused, systemic and holistic care, not (as it appears) a fractured and defeated response.

Case Study: Ruby's program

Ruby's is a homelessness diversion program that supports children and young people aged 12-17 who are experiencing or at risk of homelessness. The program engages particularly with young people living at home with extreme conflict, or those who have made a tentative break but retained some contact with home, i.e., before a young person has claimed under UTLAH provisions. It provides intensive support for both the individual and their families, with 24-hour safe and supported accommodation for young people to stay 'part-time'. Ruby's prioritises safety and wellbeing: valuing living with family and focused on reunification where safe and possible, and reconnection where living together is not – creating hope that reunification is possible. To do this, Ruby's works with all family members through counselling, case work and consultation.

Longitudinal program outcomes data shows that the vast majority of young people who came through the service did not enter the youth homelessness sector, or connect with the Department of Justice.

Relationship to Parkerville practice

For some young people, family reconnection or reunification may never be the best outcome for their safety and wellbeing. However, the Ruby's principles and practice philosophy echo in much of Parkerville's homelessness services, both in terms of the barriers:

- Young people opting for couch surfing and unsafe environments, rather than move away from their communities and/or struggle to meet service requirements and curfews
- Friends and family reporting that they cannot afford to offer support (residential, financial, or otherwise) to the young people we support through **MOMO** and **Reconnect**; case managers utilise networks and donations to provide resources when practicable, although ad hoc given strained resources and the context of the cost-of-living crisis
- Young people in our crisis accommodation program **AYAS** encountering delays with accessing Centrelink income - which can take up to a period of 4-8 weeks, depending on access to ID, which young people may not have – impacting significantly on the personal supports that they can access (e.g., TAFE or training referrals),

And in the way that our case managers intuitively seek to facilitate young people's reconnection where safe and feasible:

- In **MOMO**, case managers supported 75 per cent of young people to repair, restore, and sustain relationships with friends and family.

A safe place to stay part-time and in their community, focused on wellbeing, healing and conflict resolution, could divert young people away from unsafe options and promote positive long-term outcomes, and build whole family resilience and psycho-social resources to keep young people safe and connected, and out of the youth homelessness sector.

We therefore highlight Ruby's as an evidence-informed response to diverting young people from a youth homelessness system that is overstretched, under-resourced, and can entrench young people in a cycle of service engagement.



2.6 LGBTQIA+ children and young people: Violence, intersecting maltreatment, and homelessness

There is growing evidence that LGBTQIA+ people are more likely to experience sexual violence and family violence, face barriers to help-seeking and/or worse outcomes (Coumarelos *et al.*, 2023), are more likely than heterosexual siblings to experience childhood verbal, physical and sexual abuse (Carman *et al.*, 2020). Further, trans and gender-diverse people aged 16 and over report experiencing sexual assault or coercion at rates that were nearly four times higher than the general Australian population (Callander *et al.*, 2019).

Experiences of family rejection have been found to have significant negative consequences on the mental health and wellbeing of LGBTQIA+ young people and, by contrast, family acceptance has both a positive impact and protective effect against negative outcomes (Carman *et al.*, 2020). We see the far-reaching impact for children and young people of family rejection, intra- and extra-familial violence and abuse, and other forms of discrimination and disadvantage perpetrated against LGBTQIA+ children and young people. Equally, we see the profound value that acceptance and unwavering support from parents/caregivers, given and chosen family, and community more widely, has for LGBTQIA+ young people, particularly in response to and recovery from trauma and abuse.

As an organisation providing services to LGBTQIA+ children and young people (and their families), and to LGBTQIA+ families, we strive to provide the best possible care, in a culturally safe, welcoming and trauma-informed way, recognising the intersecting challenges and harms. To better safeguard and champion our LGBTQIA+ children, young people, and communities, it is imperative that this is a shared community, State, and nation-wide endeavour.

Case Study

Redacted



Summary

In our work supporting vulnerable children, young people, and families, we are continually awed by the resilience they display in managing the impacts of abuse, trauma and/or other, often overlapping, challenges. Trauma-informed, person-centred care is at the heart of Parkerville’s work, and we endeavour to circumnavigate seemingly implacable systemic barriers by working with agility and flexibility, leveraging relationships, and finding workarounds to access services.

Nevertheless, for the most part our experience is that children, young people, and families are not receiving the preventative and early intervention supports needed to safeguard them from homelessness – designed and delivered to address the disadvantage, complexity and trauma that can lead to multiple poor outcomes, including homelessness. As such, more and more are accessing homelessness services that are often significantly overstretched and under-resourced, not trauma-informed, and not culturally safe.

And crucially, policy and service design rarely display the children and youth lens necessary to safeguard their wellbeing, and ensure that early experiences of homelessness do not recur into adult life. Children and young people who have been highly disadvantaged by abuse, trauma, and other adverse childhood experiences, whose often complex and multiple needs repeatedly fail to be accommodated, require, and deserve, a system that supports them at the point of need to reach their full potential, despite the challenges they have faced.

Yours sincerely,

[Redacted signature]

[Redacted contact information]

N.B. It should be noted that the case studies are real, albeit deidentified, and were developed in partnership with our exceptional team of highly experienced practitioners. Given that the case studies are real, we request that they are not published. We are more than happy for our commentary and recommendations to be part of any publicly available document or information.

Contact details

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References

Australian Institute of Health and Welfare (AIHW) (2021). *Specialist Homelessness Services annual report 2020–21, Table Clients.1: Clients and support periods, by age and sex, 2020–21*, AIHW

Callander, D., Wiggins, J., Rosenberg, S., Cornelisse, V. J., Duck-Chong, E., Holt, M., Pony, M., Vlahakis, E., MacGibbon, J., & Cook, T. (2019). *The 2018 Australian Trans and Gender Diverse Sexual Health Survey: Report of findings*. The Kirby Institute, UNSW Sydney

Campo, M. (2015). *Children's exposure to domestic and family violence: Key issues and responses*, (CFCA Paper No. 36). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies

Carman, M., Fairchild, J., Parsons, M., Farrugia, C., Power, J., and Bourne, A. (2020). *Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities*, Rainbow Health Victoria.

Child and Adolescent Health Service (CAHS) (2023). *Annual Report 2022-23*. Perth: Government of Western Australia

Commonwealth of Australia (Department of Social Services) (2022). *National Plan to End Violence against Women and Children 2022-2032*, Commonwealth of Australia

Coumarelos, C., Weeks, N., Bernstein, S., Roberts, N., Honey, N., Minter, K., & Carlisle, E. (2023). Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Summary for Australia (Research report, 03/2023). ANROWS.

Fitz-Gibbon, K. and Meyer, S. (2023). *Listen to her. Act now: The experiences and impact of child abuse on Australian girls*. Monash University and Griffith University

Government of Western Australia (2021). *Fact Sheet 7 – Impacts of family and domestic violence on children*. Accessed from [CRARMF-Fact-Sheet-7-Impacts-of-FDV-on-children.pdf \(www.wa.gov.au\)](https://www.wa.gov.au/government/fact-sheets/fact-sheet-7-impacts-of-family-and-domestic-violence-on-children)

Government of Western Australia (2022). *At Risk Youth Strategy 2022-27*, Department of Communities: WA Government

Haslam, D., Mathews, B., Pacella, R., Scott, JG., Finkelhor, D., Higgins, DJ,, Meinck, F., Erskine, HE., Thomas, HJ., Lawrence, D., Malacova, E. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report*. Australian Child Maltreatment Study, Queensland University of Technology

James, E. (2020). *Not Just Collateral Damage: The hidden impacts of domestic abuse on children*. London: Barnardo's

Martin, R., et al (2021). *Accommodating transition: improving housing outcomes for young people leaving OHC*, AHURI Final Report No. 364, Australian Housing and Urban Research Institute Limited: Melbourne

Murran, S., and Brady, E. (2022). "How does family homelessness impact on children's development? A critical review of the literature", *Child and Family Social Work* 28, 360-371



Seivwright, A., Lester, L., Fairthorne, J., Vallesi, S., Callis, Z., Flatau, P. (2021). *Ending Homelessness in Western Australia 2021*, Perth: CSI UWA

Spinney, A. (2013). "Safe from the Start? An action research project on early intervention materials for children affected by domestic and family violence." *Children and Society*, 27, 397-405.

Tomison, A. (2000). *Exploring family violence Links between child maltreatment and domestic violence*. Melbourne: Australian Institute of Family Studies