

Multi-disciplinary Approaches in the Homelessness Sector: Views from the Second-floor Balcony; a Case Study on Lived Experience Youth Homelessness

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E/ sits on his makeshift stool on his second-floor balcony. It is almost 10am. The sunrays begin to filter through the clouds as his morning coffee cools on the window ledge. Gazing across the urban sprawl from his vantage, he is in a pensive mood, as he reflects on his time within the homelessness system.

Toward the end of last year, E/ received a public housing offer and moved into his new home. Prior to this, he entered the homelessness system as a young man on the verge of 18. The difficulties of navigating an unknown, overwhelming system — compounded by the advent of the COVID-19 pandemic — meant E/ struggled to access the range of services he required at the time. Fortunately, E/ was accepted into the Hope Street in Whittlesea

Program (a Foyer-like model), where he spent almost two years living throughout the pandemic. He attests that the supports afforded by the program have been crucial to where he's 'ended up' — in affordable, long-term housing, engaged in study and part-time work, and forming new social networks and connections in his new area/community.

E/'s journey is a story laden with positive outcomes, particularly when viewed from the perspective of his growth, maturity, and achievements. But in hindsight, he reflects he has endured a less than smooth transition into long-term housing. In each case for young people experiencing homelessness, varying and compounding issues can impact their journey.

For young people with children, as with many other young people entering the homelessness service system, a range of multiple and complex issues are identified along with their housing needs during an Initial Assessment Phase (IAP). Their crisis is assessed as a need for housing, and this is hence prioritised over other presenting factors such as ongoing mental health issues, family and domestic violence, and substance abuse. Taking a holistic approach to identifying each young person's needs and creating links to specialised services facilitated through referrals to local and accessible services is crucial in the case management process to ensure the young person's needs are addressed.

These practices align with 'multi-disciplinary' and 'wrap-around' responses, ensuring access to and provision of tailored services that meet the young person's current needs as identified and planned by the young person and case manager together. In principle, this appears to be best practice, as it enables the young person to develop recovery-based goals with their case manager, who would link them into relevant services for mental health or Alcohol and Other Drugs (AOD) support, for instance.

Yet, the suite of services available lacks a cohesive or integrated response; experiences which E/ can attest to. Engagement periods with mental health professionals — when able to be facilitated — were brief, unproductive, and siloed, failing to address external factors beyond his mental health diagnosis and treatment for said diagnosis. E/'s struggle with addiction — as E/ himself asserts — is strongly linked to his mental health, however there lacked a service providing assistance



for both AOD and mental health. The outcome was that E/ naturally disengaged from mental health and AOD services, citing an overly convoluted and disjointed system.

The prospect of reoccurring homelessness increases as a result as, whilst short-term housing is addressed in the interim, there is a failure to adequately address other complex issues occurring for the young person. These are the very factors that entrench young people in homelessness — a cyclical pattern of stability in accessing short-term housing, followed by wrap-around approaches that fall short of a young person's immediate needs and capacity. The outcome of this response is a failure to engage with such services, the young person's needs being unaddressed, and a replication of events wherein the young person is again in need of homelessness support, effectively re-entering the system.

This very prospect veered on becoming reality, as E/ recalls the last few weeks of his tenancy in a Hope Street property. Despite receiving his housing offer at a critical time toward his exit date, his initial reception to public housing was contempt, given E/'s strong political and ethical beliefs, coupled with the familiarity of residing at a Hope Street. E/ contemplated voluntary homelessness as a viable option, before electing to accept his public housing offer.

Having secured public housing and thrived in independent living, E/'s story represents a positive outcome of a young person within the homelessness system. His journey to his current situation is a testament to his ongoing dedication to improving his circumstances and breaking the cycle of homelessness. It highlights a number of the gaps with the homelessness system and the lack of streamlined and timely access to allied services — factors which contribute to entrenching a young person in a cycle of homelessness.

More streamlined, localised, 'multi-disciplinary' youth hubs offering a broad range of health, psychiatric, and family focused services could provide an adequate, multi-disciplinary response within a

Hub-like environment, enabling young people to be triaged to relevant services within reach. An example of this is through the Homelessness Youth Dual Diagnosis Initiative (HYDDI) model which currently operates at Hope Street in partnership with Melbourne Health. As such, the homelessness system does not operate in isolation from other health and welfare-based systems. Integrating such a localised, accessible response within the homelessness sector would likely enhance its efficacy and provide a much more seamless approach to navigating the range of services. The HYDDI model aims to build on the capacity of practitioners and programs to better respond to the needs of young people as well as assist with securing a favourable triage response from the mental health, drug and alcohol sectors.

This service is co-located in a handful of youth refuges and provides outreach to other youth refuges and youth homelessness services such as transitional housing programs. The initiative fosters ongoing partnerships between mental health, drug and alcohol and youth homelessness services and provides:

- primary consultation offering a confidential specialist mental health and substance use assessment, with the case manager present to promote capacity building
- secondary consultation advising case managers on brief interventions and strategies, information on referral for specialist treatment, services coordination and clinical problem solving
- individual and group support for case managers on working with clients with a dual diagnosis
- short term co-case management of clients with an emerging or current complex needs or dual diagnosis
- training and development.

Lack of engagement by young people with healthcare, mental health and AOD services represents a unique and ongoing challenge. Therefore, accessing an early

intervention triage response for chronic mental health issues and/or issues with drugs and alcohol is important for young people at risk of experiencing homelessness. The reasons for lower engagement vary broadly. It is possible to hypothesise many answers to client engagement, however the uniting theme is a desire for change — an intrinsic motivation to achieve set goals and aspirations. The task rests upon case managers to harness these motivators for change and reduce the barriers preventing them.

In E/'s circumstance, his desire was fueled by his motivation to become more financially independent, gain social skills, and meet new people. This materialised over two years, over periods of non-engagement, mental health episodes, and health issues. The notion of regressing — 'going backwards', as E/ describes — was an ever-present factor. The intrinsic motivation for change remains the same however, only the barriers to inspire change increase. A persistent and consistent case management approach enabled E/ to seek assistance when needed, facilitate important linkages to specialist services, and ensure referrals are appropriate and sustained.

In his reflections, E/ contends he is very fortunate to have permanent housing, but equally, is manifestly aware his circumstances could have been drastically different. The risk of homelessness is a prevailing, ever-present notion, given E/'s past experiences. However, E/ is adamant his combined experiences in the homelessness system, together with the support he received throughout, has enabled him to establish a sense of 'ownership' of his new property.

The impact and significance of stable and consistent support for a young person experiencing homelessness is life changing. As such, it is through seamless access to youth homelessness service providers, alongside stable affordable housing options and the provision of individually tailored support services, that enable a young person to achieve their goals and is vital to changing young lives for a brighter future.