



# Engaging young people experiencing homelessness

Homelessness is a terrifying and traumatic experience for young people. Homelessness affects a young person's educational outcomes; social networks; access to housing; employment prospects and most importantly, relationships.

The longer young people experience homelessness, the greater is the risk of becoming entrenched in a homelessness subculture and subsequent impact on physical and mental health.

How we respond to each young person experiencing homelessness matters. Being developmentally responsive, trauma informed and relationally aware can improve the experiences for young people navigating homelessness services.

This resource is about good practice in engaging young people experiencing homelessness. In the future, it will complement an integrated, comprehensive youth homelessness prevention and response framework.

This resource draws on literature, research and consultations with Specialist Homelessness Services (SHS) practitioners and consumers. The practice guidance included in this resource is informed by insights into adolescent brain development and trauma and their effect on the behaviour and needs of young people experiencing homelessness.



Council to Homeless Persons, 2019

---

# Causes of youth homelessness

Every day Victorian homelessness services support 3,400 young people aged 15 to 24<sup>2</sup>. Young people present to services with a range of needs resulting from an interplay of individual circumstances, structural factors and system failures that have contributed to their homelessness.

For young people the breakdown of family relationships is a key underlying factor in their homelessness<sup>3</sup>.

Family violence and trauma is common<sup>4</sup> but, for some young people, it's a matter of what didn't happen, rather than what did.

## Systems failures

Young people transitioning from child protection, mental health and correctional services often become homeless due to failures to adequately house and support them.

The Cost of Youth Homelessness in Australia report found that 63% of young people experiencing homelessness have been in out-of-home care<sup>5</sup>.

## Individual circumstances

Early life adversity is a major risk factor for homelessness.

Research indicates that a vast majority of young people experiencing homelessness come from homes that are violent and neglectful<sup>6</sup>.

Other vulnerabilities such as drug and alcohol problems; psychological disorders; learning and/or behaviour difficulties can challenge a family's ability to cope. These challenges can be experienced by either the young people or their parents.

## Structural factors

Many young people experiencing homelessness come from families experiencing socioeconomic disadvantage.

Unemployment, poverty and lack of stable housing are factors that greatly influence homelessness. Victoria has an acute shortage of affordable private rental and social housing stock, limiting the options for both young people alone and their families.

Some populations are overrepresented within young people experiencing homelessness due to discrimination and homophobia.

Aboriginal and Torres Strait Islander People make up 25% of 15-24 year-olds who seek help despite making up less than 0.3% of the Australian population<sup>7</sup>. LGBTQI people are twice as likely as their heterosexual peers to experience homelessness and are more likely to experience homelessness at a younger age<sup>8</sup>.

# Brain under construction

Understanding how adolescent brain changes impact a young person's feelings, thoughts and behaviours can assist workers to be developmentally responsive and increase empathic understanding and connection.

Adolescence is a time of tremendous growth and change. Discoveries from brain imaging studies have revealed significant changes occurring to the structure and function of the brain.

During adolescence, the brain is remodelling to increase integration and efficiency<sup>9</sup>. Without this, we would remain childlike: incapable of the complex thinking and emotional regulation that comes with adulthood.

Lower areas of the brain are remodelled first, leaving the more rational area of the brain to consolidate last. In emotionally laden situations, emotions can arise rapidly without the calm and rationality of higher cortical regions<sup>10</sup>.

Changes to the brain help to explain why adolescents are prone to taking more risks and acting on impulse. The focus on positive rewards (hyper rationality) and the presence of peers means that potential risks and downsides are not always considered<sup>11</sup>.

Our ability to plan, empathise, perspective take, reason and regulate emotions develops as we move through adolescence and into early adulthood<sup>12</sup>.

Knowing that adolescents seek novelty, are prone to emotional outbursts, are influenced by peers and are likely to make decisions based on positive rewards means we can shape our responses and services to better assist young people experiencing homelessness.

## The developing adolescent brain



Perspective

Emotional Regulation

Empathy

Planning

Judgement

Problem solving



# Implications of trauma

Trauma early in life can be devastating and can have a lifelong impact on the physical, psychological and emotional health of a person.

Young people experiencing homelessness commonly have experienced trauma<sup>13</sup>.

Traumatic experiences can be singular events such as physical or sexual assault; fire; accident; serious illness; injury; or death of a loved one. Traumatic experiences can also be repetitive and prolonged and occur in a relational context. Complex trauma is characterised by stigma and shame. Experiences include domestic violence; neglect and abandonment; physical, sexual or emotional abuse; witnessing death or injury of others; war; torture; or extremes of deprivation and poverty<sup>14</sup>.

“

***Because humans are inescapably social beings, the worst catastrophes that can befall us inevitably involve relational loss***<sup>15</sup>.

”



The intensity of traumatic experiences varies from person to person, as does the effect on each individual.

Trauma occurring during childhood or adolescence, can greatly influence brain development and normal developmental progression. Young people experiencing homelessness are likely to have difficulties related to their trauma and the strategies they have developed to cope.

Bessel van der Kolk explains, “We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think<sup>16</sup>.”

---

# The impact of trauma

## Lack of safety, trust and chronic hyperarousal

Exposure to overwhelming events and the emotions that accompany them can change the central nervous system so that it takes very little stimuli to create a significant threat response. The loss of basic safety in early childhood has long-term consequences in the capacity to trust other people and keep oneself safe in the world.

## Lack of emotional management

Children become aware of their internal state by experiencing how others react to their feelings. If those feelings are acknowledged, valued and verbalized, then children develop emotional literacy. Children who experience inconsistent and frequent miss-attuned responses to the way they feel and behave have difficulty organising their internal emotional domain.

## Learning problems

Disruption to safety and emotional management in childhood can jeopardize brain development and lead to learning impairments. These difficulties can include: cognitive rigidity, limited problem-solving skills, integrating disturbing elements of memory and the ability to manage conflict.

## Failure to communicate

If children do not feel safe, cannot manage distress, and have difficulty using their cognitive capacity, their ability to use language to communicate with others and to communicate with oneself internally is likely to be impaired. We are more likely to act out in the world whatever feelings we cannot put into words.

## Abusive power relationships

If children do not feel safe and secure in the world, cannot manage distressing emotions, cannot think well, and have difficulty communicating with others, they are likely to have difficulty resolving conflict. They may model power relationships on the abusive power relationships to which they have been exposed: they may be bullied, bully others, or both.

## Injustice and narcissism

If children are treated unjustly, they may develop a skewed sense of right-and-wrong. They may remain preoccupied with crime and punishment, vengeance, and fulfilling their own needs, regardless of the consequences of this behaviour.

## Failure to grieve, foreshortened future

If children have learned that the world is a dangerous place, that other people cannot be trusted and that they can count on no one but themselves, they are likely to resist change. All change requires loss. Without emotional management, the emotions evoked by loss overwhelm the capacity to cope.

*Adapted from Sandra Bloom's Creating, destroying and restoring sanctuary within caregiving organizations<sup>17</sup>.*



## Adolescence interrupted

Young people experiencing homelessness are denied the time, support and unconditional love that most young people receive as they undertake adolescence.

Becoming homeless cuts short the space to learn, practice, take chances, make mistakes and assume responsibility.

When young people experience homelessness they are forced to support themselves, find housing, food and income; all before they have the skills, knowledge or resources to take on these responsibilities<sup>18</sup>.

They are required to plan for their future, make good decisions and develop healthy relationships before they are developmentally ready and able.

They are expected to do so at a time when they are suffering trauma and relational loss. Homelessness robs young people of a vital part of their lives<sup>19</sup>.

To develop the skills and knowledge to live well young people experiencing homelessness need to be around caring adults and services that are trauma informed, developmentally aware, empathetic and well resourced.

***Adopting a trauma informed approach can assist in reducing the incidence of re-traumatisation; re-establish trust and safety; increase choice, collaboration and connection; and increase a young person's inner resources to cope with trauma.***

---

# Practice Implications

## Theories of practice

A theoretical understanding of practice assists us to work in an informed and considered way, increasing confidence in our actions, attitudes and thoughts<sup>20</sup>.

There are many theories of practice. However, considering the complex and interrelated nature of homelessness, this resource adopts a holistic approach that includes an understanding of the impact of trauma.

## Holistic practice

Holistic practice is an approach that considers all aspects of a person's life<sup>21</sup> including the context and conditions that surround a person<sup>22</sup>.

Holistic practice doesn't mean that you are required to provide all the services to meet people's needs, rather, it means partnering with people to identify their needs and strengths and coordinating care with other services.

Holistic practice is:

- person-centred
- collaborative
- flexible
- strength-based
- focused on engagement and rapport
- respectful
- hopeful<sup>23</sup>.

## Trauma-Informed Care

Trauma affects the way people see themselves and relate to others, and the way they access services. Unless services understand and respond effectively to the impact of trauma, we risk reinforcing the effects of trauma and causing further harm<sup>24</sup>.

Being trauma informed means that staff place priority on each individual's safety and forming collaborative partnerships that value young people's choices while building young people's inner resources to cope with their trauma.

***Trauma-informed practice is more about the overall essence of the approach, or way of being in the relationship, than a specific treatment strategy or method<sup>25</sup>.***

# The centrality of relationships

Relationships give purpose and meaning to our lives. They make us feel valued and safe.

Kind, attentive and attuned relationships help counteract poor attachment experiences and trauma<sup>26</sup>.

Being **positive**, **non**-threatening, and having clear boundaries creates an environment that is safe and restorative.

***In truth, a response can rarely make something better, connection is what heals<sup>27</sup>.***

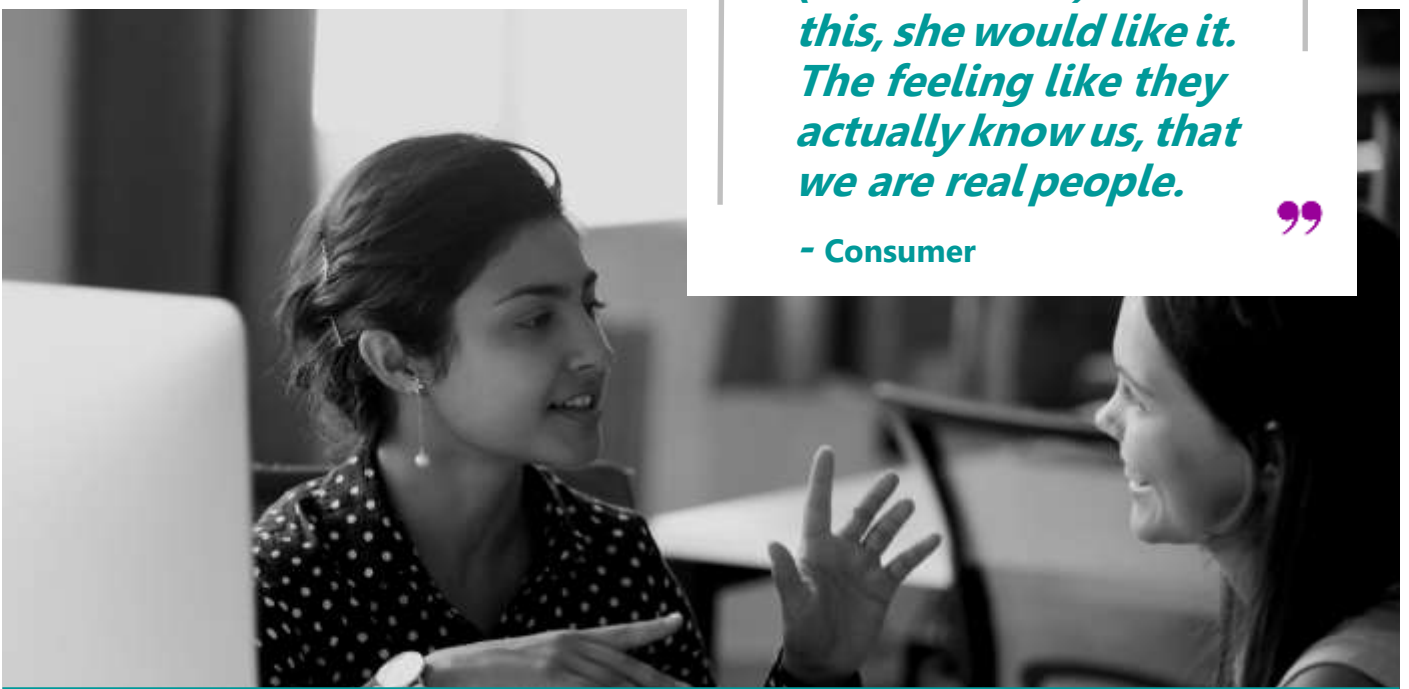
How we build rapport and engage young people who experience homelessness is fundamental to doing this work well.

Acquiring the skills and attributes needed to successfully engage young people, takes practice, reflection and feedback.

Working on our own limitations and areas for growth that may be getting in the way of engagement, is more important than trying to facilitate change in someone else.

“ **Workers remembering things about you, the little things, thinking of things, there was a worker here who saw something online that she thought I would like and thought they I’m going to tell (clients name) about this, she would like it. The feeling like they actually know us, that we are real people.** ”

- Consumer





---

# The centrality of relationships

## Attributes and skills required to build and maintain rapport

### EMPATHY

- Is the act of feeling with someone in struggle, rather than for them<sup>28</sup>
- Requires us to connect to the emotions that underpin the experience<sup>29</sup>
- Being empathic means that we can see others' perspective and stay away from judgement

### BEING GENUINE

- Is the courage to be imperfect and vulnerable
- A fundamental belief that we are all worthy of love and acceptance
- Requires transparency and honesty
- A desire to work with young people, just as they are
- Actively seeking to find out who they are, what they value

### BEING TRUSTWORTHY

- Being consistent, reliable and dependable
- Only making promises that we can keep
- Admitting mistakes and apologising
- Understanding that building trust takes time and patience
- Being honest and doing what's right

### BOUNDARIES

- We all struggle with boundaries
- Being clear about what is ok and what is not ok
- Any boundary violations are addressed with care and respect
- We model appropriate boundaries
- We recognise that boundaries keep young people safe

### ACTIVE LISTENING

- Being attentive and engaged when talking to young people
- Being curious and asking questions, seeking clarification when needed
- Listening for emotion and reflecting what you hear
- Being attuned to non-verbal communication
- Using clear and reasoned instruction when needed

### WARMTH

- Being open and approachable
- Seeking connection and being curious about young people
- Being positive, hopeful and encouraging

# The centrality of relationships

## Practical tips for engaging young people

- Don't overwhelm young people with demands the first time that you meet them
- Deliver practical services at the point of contact
- Building rapport and trust before moving to more motivational approaches
- Putting the young person's needs, wants and priorities first and tailoring responses accordingly
- Be flexible, responsive and reliable
- Be a good advocate especially in relation to access to other service<sup>30</sup>.

“

*It's one thing to study the textbooks, to learn how to deal with people like us, and there is another thing like actually having experience and relating to us, we aren't textbook studies, we are not like that, we are people, textbooks can't cover everything.*

- Consumer

”



# Seeing behaviour as communication

Challenging behaviour is often described as communicating unmet needs<sup>31</sup>. Throughout adolescence, young people are still developing their emotional literacy and learning to regulate emotions. Trauma can impact severely on emotional development.

Approaching challenging behaviour with the view that young people are trying to communicate an unmet need and seeking to find what lies behind the destructive behaviour can prevent labelling young people<sup>32</sup> and is trauma informed.

***“The initial approach to individuals should not be to convince them that they are wrong, but to approach them with a desire to understand<sup>33</sup>.”***

**TABLE 1. Possible causes and strategies for challenging behaviours**

BEHAVIOUR	POSSIBLE REASON	SUGGESTED RESPONSE	WHY THIS HELPS
Not attending appointments on time or at all	Difficulty with memory or attention	Talk to the young person and seek to find out why this is happening	Trauma informed – recognises the impact trauma may have had on the developing brain
	Difficulty prioritising, present not future oriented	Go to them	
	Difficulty controlling impulses to do something more pleasurable or influenced by peers	Provide assistance to attend the appointment: text message reminder, transport assistance, setting appointment late in the morning or early afternoon, provide incentives (i.e. coffee, lunch, vouchers).  Be flexible and mindful	Developmentally responsive – understands that the adolescent brain rewards novelty and is highly influenced by peers  Maintains an open and approachable relationship
Self-sabotaging opportunities	The new and unfamiliar feels unsafe	Talk to the young person when you first see signs of self-sabotaging behavior	Minimises frustration
	Desire for predictability, despite its negative effects	Be curious	Recognises that behaviour has a functional element

BEHAVIOUR	POSSIBLE REASON	SUGGESTED RESPONSE	WHY THIS HELPS
	Attempts to avoid rejection/ disappointment/pain by ending relationship/opportunity/ experiences before someone else does	Notice possible trauma adaptations and link them to current behaviour	Reduces blame
	Feelings of shame and worthlessness	Develop further coping strategies	
		Focus on the strengths of a young person	
		Allow time and be flexible in your approach	
Difficult to engage/ build rapport	Lacks trust	Put the young person's needs and wants first	Recognises that trust is built over time
	Difficulty expressing emotions	Be present	It often takes multiple engagement and re-engagement
	Developed self-protective behaviours	Tailor responses	
	Is service fatigued	Don't give up	Assists in building a belief in people and systems
		Celebrate achievements	
			See a young people for who they say they are
Difficulty accepting change	Young people may be 'stuck' due to constant memories of past trauma, making it difficult to move forward	Create consistent and predictable environments and relationships	Recognises that change takes time and needs support from caring adults who are consistent and reliable
	Do not trust that change will produce anything different	Inform a young people of change as early as possible	
	Self-reliant	Introduce change in small increments	Removes blame
	Exhausted and/or depressed	Continued support and encouragement	Moves away from unhelpful terms such as 'unmotivated'
		Appreciate that grief and loss is involved in letting go of old behaviours and accepting new	

BEHAVIOUR	POSSIBLE REASON	SUGGESTED RESPONSE	WHY THIS HELPS
Easily distracted	Hypervigilant	Create safe, calm and inviting environments and relationships	Assists with emotional regulation
	Poor learning experiences		
	Short attention span	Redirect with care and support	Helps to build trust and connection
	Consumed by novelty and peers	Get to know a young person's interests and passions	
	Past traumatic memories intrude		
		Engage in playful, stress free activities	
Provides misleading and false information	Misunderstanding the question	Probe with curiosity and withhold assumptions and judgement	Removes terms such as manipulative
	Attempting to provide the 'right' answers; the ones they think you want to hear	Seek to clarify understanding or ask for feedback	See behaviour as a function of their experiences
	Consumed by the feeling that there isn't enough (scarcity) therefore providing information that is misleading to obtain what they need	Use clear and simple language	
	Fragmented memory		
Being defensive when challenged	Difficulty regulating emotions	Be calm, clear and don't use Jargon	Recognises the impact of early childhood adversity
	Limited emotional literacy		
	Hypervigilant: already in an anxious, stressed state	Present in a non-threatening way, consider your body language	Respects a young person's developmental progression
	Difficulty with self-reflection	Notice and manage any reactivity in yourself	
		Allow a young person to respond and be heard	Focuses on aspects in your control: your own behaviour and responses
		Return to the conversation later if it becomes too much for a young person	

---

# Working with distress



## See challenging behaviour as communicating unmet needs

- All behaviour has a functional element
- Remain open and curious
- Seek to understand what lies behind this behaviour



## Remain calm

- To successfully manage the situation you must remain calm yourself
- You need to maintain perspective while managing your own emotional reactivity<sup>34</sup>
- One way to improve your capacity to do this, is to notice and control your breathing. Before responding verbally, try:
  - Breathing in for four
  - Hold for four
  - Breathing out for four
  - Hold for four



## Listen and watch

- What is this young person trying to communicate?
- Notice the young person's body language
- Ensure the young person is heard
- Engage other staff if necessary



## Connect and communicate

- During times of distress people enter into fight, flight or freeze states which can result in the more mature and decision making part of the brain shutting down
- The aim is to move from reactivity to receptivity
- What you say is important but equally important is how you say it. Keep your voice calm and avoid talking too much.
- Connect and communicate feelings such as 'I see that you are angry', 'I can hear that you are upset'
- Validate feelings not actions "its ok to feel angry" (feeling)... "It's not ok to scream" (behaviour)



## Mobilise

- When safe to do so, and as long as you are not the target of aggression, move the young person into a less stimulating and more calming environment
- Taking a walk with young people can be helpful
- Get them breathing, moving and start the calming down process



## Follow up

- After the situation has been resolved and the young person has returned to a state of calm then follow up work can commence. This might be a few hours later or the following day.
- Follow up provides opportunity for young people to develop emotional literacy, process events and increase their coping skills.

---

# References

1. Johnson, G., and Chamberlain, C., 2008, *From Youth to Adult Homelessness*, Australian Journal of Social Issues, volume 43, issue 4, pp. 563-582.
2. Australian Institute of Health and Welfare, 2018, *Specialist Homelessness Services Collection 2016-17*.
3. Gaetz, S., O'Grady, B., Kidd, S., and Schwan, K., 2016, *Without a Home: The National Youth Homelessness Survey*. Toronto: Canadian Observatory on Homelessness Press, p. 41.
4. Martin, C., and Sharpe, L., 2006, *Pathways to youth homelessness*. Social Sciences and Medicine, volume 62, pp. 1-12.
5. MacKenzie, D., Flatau, P., Steen, A., & Thielking, M., 2016, *The cost of youth homelessness in Australia research briefing*, Australian Policy online.
6. Martin, C., and Sharpe, L., 2006, *Pathways to youth homelessness*. Social Sciences and Medicine, volume 62, pp. 1-12.
7. Council to Homeless Persons, 2019, Fact Sheet (Victorian) Aboriginal and Torres Strait Islander, Victoria, viewed 17 June 2019 <http://chp.org.au/wp-content/uploads/2019/05/2019-Indigenous-homelessness-in-Victoria-Fact-Sheet.pdf>
8. McNair, R., Andrews, C., Parkinson, S., and Dempsey, D., 2017, *LGBTI Homelessness: Preliminary findings on risks, service needs and use*, GALFA, Melbourne Australia, p. 20
9. Konrad, K., Firk, C., and Uhlhaas, P.J., 2013, *Brain development during adolescence: neuroscientific insights into the developmental period*, Dtsch Arztebl Int, volume 110, Issue 25, pp. 425-31.
10. Siegel, D., 2013, *Brainstorm: The power and purpose of the teenage brain*, Penguin Group, New York
11. *ibid*
12. Gillespie, D., 2019, *Teen Brain*, Macmillan, NSW Australia, pp.18-21.
13. Martin, C., and Sharpe, L., 2006, *Pathways to youth homelessness*. Social Sciences and Medicine, volume 62, pp. 1-12
14. Cash, R., O'Donnell, M., Varker, T., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., and Phelps, A., 2014, *The Trauma and Homelessness Service Framework*. Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria
15. Perry, B. D., and Szalavitz, M., 2008, *The boy who was raised as a dog: And other stories from child psychiatrist's notebook: what traumatized children can teach us about loss, love and healing*, Basic Books, New York pp. 232
16. Van der Kolk, B. A., 2014, *The body keeps the score: Brain, mind, and body in the healing of trauma*, Viking, New York, pp. 28
17. Bloom, S. L., in press, *Creating, destroying and restoring sanctuary within caregiving organizations. From Broken Attachments to Earned Security: The Role of Empathy in Therapeutic Change*, K. White and A. Odgers, London, Karnac
18. Gaetz, S., 2014, *Coming of Age: Reimagining the Response to Youth Homelessness in Canada*, The Canadian Observatory on Homelessness Press, Toronto, p. 8-9
19. *ibid*
20. Barton, S., Gonzalez, R., and Tomlinson, P, 2012, *Therapeutic residential Care for Children and Young People: An attachment and Trauma-Informed Model for Practice*, Jessica Kingsley, London, p.34
21. Network of Alcohol and Drug Agencies (NADA), 2013, *Complex Needs Capable: A Practice Resource for Drug and Alcohol Services*, NADA, Sydney Australia, p. 4
22. Barker, J., Humphries, P., McArthur, M., and Thomson, L., 2012, *Reconnect: working with young people who are homelessness or at risk of homelessness*, Australian Government Department of Families, Community Services and Indigenous Affairs, Canberra
23. *ibid*
24. Mental Health Coordinating Council, 2012, *Understanding and responding to Trauma: Trauma Informed care and community-based services resource book*, Rozelle, NSW p. 5
25. Urquhart, C., and Jasiura, F., 2013, *Trauma-Informed Practice Guide*, BC Provincial Mental Health and Substance Use Planning Council, British Columbia, pp. 12
26. Perry, B. D., and Szalavitz, M., 2008, *The boy who was raised as a dog: And other stories from child psychiatrist's notebook: what traumatized children can teach us about loss, love and healing*, Basic Books, New York
27. Brown, B. 2018, *Dear to Lead: Brave Work. Tough Conversations*. Whole Hearts, Random House, New York, p. 142.
28. *Ibid*, p.153.
29. *ibid*
30. Council to Homeless Persons, 2019, *Assertive Outreach Resource*, CHP, Melbourne Australia, pp. 4-5
31. Network of Alcohol and Drug Agencies (NADA), 2013, *Complex Needs Capable: A Practice Resource for Drug and Alcohol Services*, NADA, Sydney Australia, p.31
32. *ibid*
33. Hishida, J., 2016, *Engaging Youth Experiencing Homelessness: Core Practices & Services*, National Health Care for the Homeless Council, Nashville TN, p. 14
34. Brown, B. 2018, *Dear to Lead: Brave Work. Tough Conversations*. Whole Hearts, Random House, New York, p. 256

# Acknowledgments

CHP would like to thank the Specialist Homelessness Services and the young people with lived experience of homelessness for their contribution to the development of this resource.