

INTERIM REPORT

# #StayHome?

The impact of COVID-19 on unaccompanied  
homeless children in Tasmania



CATHERINE ROBINSON



*There's a huge safety net that was there. That has been gone for quite a long period of time and I suspect that in years to come...we'll find out that this was a time that things were particularly bad for children in really vulnerable situations because there just stopped being people who noticed things and asked questions.*

**– SUPPORT WORKER, MAY 2020**



Illustration: Beth-Emily Gregory  
Graphic design: Kelly Eijdenberg  
Copy-editing: Selina Claxton  
© Anglicare Tasmania 2020

For further information contact:

Social Action and Research Centre  
Anglicare Tasmania  
GPO Box 1620  
Hobart Tasmania 7001

Email: [SARC@anglicare-tas.org.au](mailto:SARC@anglicare-tas.org.au)

Website: [www.anglicare-tas.org.au/social-action-research-centre](http://www.anglicare-tas.org.au/social-action-research-centre)

# #StayHome?

---

## The impact of COVID-19 on unaccompanied homeless children in Tasmania

**DR CATHERINE ROBINSON,  
SOCIAL ACTION AND RESEARCH CENTRE  
ANGLICARE TASMANIA**

### Background

On March 19 2020, the Tasmanian Government declared a Public Health Emergency, and subsequently a State of Emergency, in response to the global spread of the COVID-19 virus. This State of Emergency included travel restrictions, mandatory quarantine periods and broad public health measures that enforced social distancing and required people to stay at home except for activities deemed essential. Nationally, the directive to ‘#StayHome’ became a media trend, with the hashtag even displayed by Australia’s major telecommunications company in place of its own network name (Telstra) from March to June 2020. In the housing and homelessness sectors, the economic impact of restrictions and the social impact of stay-at-home requirements triggered rapid advocacy on mortgage and rent stabilisations, proactive accommodation of rough sleepers in some Australian states, and where possible, the fast-forwarding of social housing investment.

All states and territories have notably struggled, however, to provide differentiated, cohort-specific responses. This has led to rising concern about the impacts of COVID-19 and related required distancing and isolation measures on those especially vulnerable, in particular homeless children and youth for whom no

specific support strategy has emerged (see for example, Flatau et al. 2020, p. 8). This is troubling in Tasmania, which has a disproportionate number of young people aged 15-24 who are homeless (AIHW 2020), and of particular concern for an unknown number of unaccompanied homeless children under 18, many of whom will not receive economic stimulus and social support measures because of their young age, transience and non-involvement with Child Safety Services.

The focus of this research is on the impacts of the COVID-19 public health emergency on this least visible group of unaccompanied homeless children who remain outside the child protection system. Children come to experience unaccompanied homelessness in the context of breakdowns in family relationships and effective guardianship and the broader lack of child, adolescent and family support systems that work to prevent and end child homelessness. Children who experience homelessness alone without a parent or guardian can experience abuse, neglect and ongoing cumulative trauma. They are more likely to couch surf than sleep rough or access Specialist Homeless Services (SHS), to have a range of physical and mental health support needs, to be living with little or no income, and to face challenges in both accessing and remaining engaged in school (Robinson 2017a).

In 2018-19 SHS data recorded that over 14,000 children aged 10-17 presented alone to SHS in Australia, and 410 children aged 10-17 presented alone to SHS in Tasmania (AIHW 2020). It is important to note that such figures only reflect those in contact with limited services, and is not a reflection of the *actual* population size nor of the predominant form of homelessness for this cohort, couch-surfing.

SHS data also reveals a steady increase in the number of unaccompanied children in Tasmania experiencing a 'current mental health issue' (AIHW 2020). This has risen from 170 children aged 10-17 in 2013-2014 to 256 in 2018-19.<sup>1</sup> In fact, of all states and territories in Australia, Tasmanian SHS record the highest level of mental ill health among unaccompanied children – over 60%.

---

1 Clients with a current mental health issue are identified as such in Specialist Homelessness Service data (AIHW 2018) if they provide any of the following information:

- at the beginning of support they were receiving services or assistance for their mental health issues or had in the last 12 months;
- their formal referral source to the SHS was a mental health service;
- they reported 'mental health issues' as a reason for seeking assistance;
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit;
- they had been in a psychiatric hospital or unit in the last 12 months; or
- at some stage during their support period, a need was identified for psychological services, psychiatric services or mental health services.

Despite these significant numbers, compounded risks and often being known to a range of frontline services, the conflation of child homelessness and youth homelessness in Australia has contributed to the only recent emergence of unaccompanied homeless children as an explicit focus of research in Australia (see for example, Chowdry, Barker & Watts 2018; Cooper 2018; Noble-Carr & Trew 2018; Robinson 2017a, 2017b, 2018). Traditionally homeless children have only been visible as 'accompanying dependents' in the context of family homelessness, and more broadly it is commonly but mistakenly assumed that unaccompanied children receive a response through child protection services.

Unaccompanied homeless children, both with and without Child Protection Orders in place, have long received care within youth homelessness services. This practice has been made necessary by an absence of child protection capacity and alternative care services and has had the unintended consequence of obscuring the developmentally specific needs of this cohort. As such, unaccompanied children are largely unrecognised in legislation, policy and service design and delivery.

There is a great risk that the entrenched invisibility of the needs of unaccompanied homeless children will extend into COVID-19 infection control and recovery measures, despite the anticipated unequal health and social impacts of COVID-19 on vulnerable children, in particular those who are unaccompanied, live in low socio-economic and over-crowded households, sleep rough, experience mental ill-health and already struggle to access and engage in school (Berman 2020, p. 6; Brown et al. 2020; Buchnea, McKitterick & French 2020; National Youth Agency 2020).

In response to this, research undertaken by Dr Catherine Robinson from the Social Action and Research Centre, Anglicare Tasmania, was designed to capture the wide-ranging impacts of mandatory stay-at-home and social distancing directives on children aged 10-17 who were alone and without a stable place to stay when COVID-19 reached Tasmania. Broadly, the research aims to ensure the experiences of unaccompanied homeless children do not remain invisible and can instead be documented to support urgent, evidence-informed decision-making about how to include this highly vulnerable group in continued infection control and recovery efforts and how to systemically address the lack of care they experience.

## The project

*#Stayhome?* qualitatively tracks the social, economic and health impacts of COVID-19 on unaccompanied homeless children in Tasmania. Unaccompanied homeless children are those aged under 18 who experience homelessness alone without a parent or guardian.<sup>2</sup> This can include couch-surfing with family, friends and acquaintances, rough sleeping or accessing Specialist Homeless Services for youth, which in Tasmania offer short-term supported accommodation usually for ages 13-20.

The overarching aims of the project are:

- To investigate the economic, social and health impacts of COVID-19 on unaccompanied homeless children in Tasmania.
- To identify immediate actions needed to improve their wellbeing.
- To contribute to longer-term research which seeks to understand what infrastructure of social care is required to prevent or quickly end the homelessness of unaccompanied children in Tasmania.

Through semi-structured interviews with community-based child and youth support workers, the research captures evolving insights into how unaccompanied children's lives are being impacted by social distancing measures, lockdown, travel restrictions, changes to government and community service provision and increased income support.<sup>3</sup> All Tasmanian community-based outreach and supported accommodation services working with unaccompanied homeless children were invited to participate.

The first round of interviews focused on the time period of March-June and the immediate impacts of COVID-19. Twenty-four outreach and SHS workers from 10 different community service organisations based in all regions of Tasmania participated in telephone or online interviews. This interim report provides a brief summary of key issues emerging from these interviews.

A second round of interviews, likely to be conducted in September/October, will provide an updated perspective and focus on support workers' observations of service gaps and needs. A final report in October/November will make recommendations about responses needed to ensure the survival and wellbeing of children.

- 
- 2 Research evidence is limited, but it is understood that while children theoretically receiving child protection services do experience unaccompanied homelessness, the majority of unaccompanied homeless children are not in receipt of child protection services (although they may be the subject of multiple child protection notifications which register concern for their safety and wellbeing).
  - 3 Under normal circumstances children who experience homelessness alone would be invited to participate in this research. Due to social distancing, travel restrictions, changes in service operations and the intense face-to-face assistance required to support children's participation, this was not possible. All interviews were carried out by phone or online.

## The impact of COVID-19: A summary of key issues

As social and economic life in Tasmania is reactivated for many, it is critical that a clear picture emerges of what has happened in the lives of children experiencing homelessness over the last months. This picture will ideally inform the revised implementation of any future 'second wave' lockdowns and social distancing and isolation measures. Further, such a picture also provides a frame for conversations about recovery which include and respond to this unique group of children.

It is also the case that, as for many other vulnerable groups, the experience and impacts of COVID-19 has clearly laid bare gaps and challenges in the broader infrastructure of care ordinarily available to those who experience increased vulnerability. Care infrastructure includes access to material basics, safe and secure accommodation, effective guardianship, economic supports and access to health and education services. Thus learning from the experience and impacts of COVID-19 is vital not only in critically reviewing specific control and recovery measures, but also in addressing the long-standing infrastructure issues which shape and feed the disproportionate effects of wide-scale disasters for those with increased vulnerability.

This summary is intended as an interim overview of dominant themes from a first wave of interviews with support workers statewide. Outreach and accommodation support workers were asked to reflect on the impacts that COVID-19 control measures had had on their own practice working with children who experience homelessness alone and on key aspects of the daily lives of children, including their connection to family and peers, access to care and support services, their health and wellbeing, and their schooling and income.

The interviews show that COVID-19 has uncompromisingly laid bare the full impacts of the lack of an effective guardian on children's wellbeing. As detailed below, this fundamental absence has wholly negative impacts on children's ability to experience relational consistency, have basic material and health needs met, access safe, secure accommodation, be supported to access and engage in school, and receive guidance on managing income and personal risk.

Effective guardianship issues remained largely unchanged during COVID-19 and an increase in family stress and a reduction of face-to-face family support was observed. In this context, along with the unfolding global health disaster to which children were not immune, the significance of outreach and SHS workers in children's lives increased. Overwhelmingly, however, support workers described a *decrease* in face-to-face contact between children and most support services and a resulting increase in children's vulnerability.

Workers reported that during the major impact period of COVID-19 in Tasmania, unaccompanied homeless children:

- became more personally and systemically vulnerable;
- experienced a reduction in therapeutic care;
- experienced difficulty accessing and maintaining safe, secure accommodation;
- experienced decreased access to and engagement in school; and
- struggled to appropriately manage increased income during a period of high stress and isolation.

As this cohort ordinarily survives with a very thin and inconsistent layer of care, the decrease in support contact during COVID-19 was necessarily destined to dramatically impact children without effective guardians or safe and stable accommodation. There appeared to be nothing in place to mediate the impending negative trajectory and outcomes of decreased support. Likewise, there was nothing in place to *increase* support during a global health and economic crisis anticipated to negatively impact children without effective guardians or access to safe and stable accommodation.

The key findings summarised below speak to the immediate challenges posed by COVID-19 during the main period of restrictions *and* to the broader invisibility of this cohort and the haphazard mechanisms for care that currently exist for them in Tasmania.

### **THE ALREADY EXISTING VULNERABILITY OF UNACCOMPANIED HOMELESS CHILDREN WORSENERD**

With all key statutory child supports – Department of Education, Child Safety and Youth Justice – and most child and family community services working with reduced or no face-to-face contact with children and their families, workers witnessed significant unaddressed harm, mental ill-health, fewer new referrals, and an overall lack of positive progress in children’s lives. They remain worried about what issues will emerge for children long-term from this period when key supports were absent or less present.

Workers were audibly and visibly distressed about the trajectory many of their clients had travelled during the period of COVID-19 social distancing restrictions. Workers felt they had on the whole been able to effectively support the wellbeing of some children who were best positioned before COVID-19, for example those with whom they had well-established relationships that could translate to phone and text communication, those who may be living away from home but in relatively stable households, and those with some regular school attendance.

For those in more high-risk situations or who experienced multiple disruptions – such as accommodation changes or loss, a stall in school enrolment or child safety assessment, a suddenly lost employment opportunity, exposure to domestic violence or abuse at home – the absence of an engaged ‘eyes on’ network of support quickly meant children spiraled in behaviour and mood, increased their drug and alcohol use and further disengaged from services.

### **UNACCOMPANIED CHILDREN EXPERIENCED A REDUCTION IN THERAPEUTIC CARE**

Support workers emphasised the significance of face-to-face connection for this cohort, who rely on the physical presence of trusted workers to support self-regulation and positive physical and creative activities, to enable disclosure of risk and harm, to visually check health and wellbeing, and to physically transport them to meet essential needs such as health and mental health assessment and support and supported school attendance.



Support workers reported a significant reduction in face-to-face therapeutic work for the four months March to June, a situation which was ongoing at the time of interviewing. A number of programs had ceased face-to-face therapeutic outreach completely; others continued with essential-only, restricted face-to-face contact. In most cases, telephone contact could not replace the high value of physical worker presence. Workers also reported that:

- many clients had trouble accessing telephones and affording phone and data credit;
- telephone contact was difficult in the context of high mobility, overcrowded accommodation and a lack of privacy;
- there are significant barriers to children's disclosure of risk and harm and to continued trauma support via phone;
- they struggled to connect children to other specialist services – such as counselling – with phone appointments a major barrier to the quality of communication; and
- they lost contact with some clients and found initiating support with newly referred clients almost impossible.

In summary, the majority of outreach workers experienced an erosion in the quality of contact and connection with their homeless clients and an inability to provide practical assistance, to connect children with other services working remotely, and to progress therapeutic outcomes. Workers noted a decline in children's mental health and physical wellbeing, including depression, anxiety, personal hygiene challenges, weight gain, increased drug, alcohol and cigarette use and complete service disengagement.

Workers captured children's sense of nihilism and doom and resulting focus on living in the moment and engagement in high-risk behaviour and drug-use. They also argued that children routinely expected any progress made towards life goals, positive opportunities or important connections to be destroyed; what they experienced as the withdrawal of engagement confirmed their perceived worthlessness and entrenched a loss of motivation and orientation to the future.

### **UNACCOMPANIED CHILDREN EXPERIENCED DIFFICULTY ACCESSING AND MAINTAINING SAFE, SECURE ACCOMMODATION**

All workers revealed unaccompanied children's reliance on couch-surfing between family, friends, sexual partners and acquaintances. The hard lockdown in North West Tasmania and *#StayHome* directive for the state were perceived to have a number of disproportionately negative effects for unaccompanied homeless children:

- Unaccompanied children were forced to find accommodation that could support them longer-term. This often involved returning to or staying in unsafe housing.
- Some households no longer accepted couch-surfers, limiting children's options; other households remained chaotic, over-crowded, open to transient occupants and high-risk.

- After extended stays, children overstayed their welcome and were needing new accommodation options.
- An increase in numbers of unaccompanied children rough sleeping (in tents around Greater Hobart) and presenting at the rough sleepers' emergency accommodation, Safe Night Space, in Hobart was noted. This was attributed to the potential loss of couch-surfing options and SHS restrictions.

Workers reported changes which made access to SHS difficult:

- A small number of SHS services with shared bedrooms reduced bed numbers by 50%; workers were unaware of any government plans to maintain or increase accommodation options and at least one service was forced to turn multiple children away.
- SHS workers reported implementing their own strict COVID-19 regulations with no specific sector advice or coordinated plan for responding to unaccompanied clients under 18 with COVID-19 symptoms or requiring isolation.
- SHS workers reported the exit or self-exit of unaccompanied homeless children from services due to stay-at-home regulations. For children who use illicit drugs for routine coping and to sleep at night, restricted movement from SHS accommodation (for short periods of exercise as per State directives and no overnight stays) made the purchase and use of drugs difficult. There appeared to be no government-led anticipatory planning, harm minimisation or alternative safe options for children in this position.

### **UNACCOMPANIED CHILDREN EXPERIENCED DECREASED ACCESS TO, AND ENGAGEMENT IN, SCHOOL**

Workers reported a small number of clients with high anxiety about school positively engaged with remote learning or enjoyed attendance due to reduced classroom numbers. More generally, however, workers noted the negative impacts of the loss of school as a safe place and a way to access professional support (for example a school social worker or psychologist or external provider on-site) and experience a daily routine, mentoring and peer-support.

Workers reported that, in addition to those clients who did not normally attend school before March 2020, most of their clients did not access or attend school in any significant way for the entire restriction period. This was variously due to:

- the lack of an effective guardian to facilitate and encourage school access and engagement;
- the reduction in support worker capacity to facilitate school access and attendance, including advocating for and progressing enrolment and providing school transport;
- restricted support worker access to school sites to provide physical support to settle children into classrooms or provide support services onsite;
- a lack of technological devices, internet, phone and data access;
- continued mobility between households and not receiving packages of hard-copy school work;

- no paper or pens to complete work;
- no access to differentiated learning options;
- overcrowded, chaotic or unsafe accommodation; and
- stalled enrolment or re-entry processes.

Most importantly, workers observed the fundamental absence of a consistent, encouraging guardian to provide practical, intellectual, emotional and financial support for school attendance and engagement. While SHS workers did their best to promote, support and guide children's learning, they did not usually have adequate staffing or resources for this, and such support was impossible for outreach workers to deliver remotely.

### **UNACCOMPANIED CHILDREN STRUGGLED TO APPROPRIATELY MANAGE INCREASED INCOME**

Unaccompanied homeless children aged 15-17 may receive a Special Benefit or Youth Allowance payment. The amount of these payments was doubled to approximately \$1150 a fortnight. Workers immediately noted some benefits for children of this increase, including:

- reduction in need for food support;
- reduction in survival crime;
- increased ability to make financial contributions to couch-surfing hosts;
- increased payment of rent in SHS; and
- positive interactions about budgeting, saving and goal-setting.

In the absence of school engagement and support and without routine outreach activity and recreation, workers also noted that some children's drug use, visibility to police and criminal involvement increased. This was particularly the case for older boys, for whom a rapid escalation in drug use, particularly of ice or methamphetamine derivatives, was linked to increasingly serious criminal activity. Workers also clearly linked increased drug use with children's heightened sense of isolation, anxiety and cumulative trauma.

Workers reported:

- the absence of an effective guardian or other adequate face-to-face supervision to guide children's expenditure;
- the ongoing need to support children with budgeting and saving;
- a deterioration in the health of children who increased their drug use but an absence of alternative stress-relieving and positive activities, such as facilitated sport, recreation, art and craft; and
- a growing lack of motivation and entrenched disengagement from school and support services due to increased drug use.

## Conclusion

At a time when many in the community had their lives and plans turned upside down by social distancing directives – working from home, home-schooling, travel restrictions, job losses, rent and mortgage stress, canceled special events, sporting activities and holidays – workers described unaccompanied homeless children as simply experiencing a continuation or periodic worsening of risk, harm and hardship. Only tenuously engaged with family, if at all, not attending school or perhaps only part-time, lucky to be on caseload with an outreach worker or under the eye of Youth Justice, unemployed and largely surviving through informal networks with limited use of SHS, unaccompanied homeless children ordinarily fall outside of the radar of social support and, indeed, society.

As a number of workers powerfully illustrated, the lack of disruption caused by COVID-19 in unaccompanied homeless children's daily lives was seen as a 'red flag' signaling their already existing extreme vulnerability. As such, accommodation instability or loss, difficulties with school access and attendance and high personal and systemic vulnerability were understood as routine challenges in children's lives which simply worsened as support services withdrew. Of all the key impacts summarised above, the overall reduction in face-to-face therapeutic engagement and increased income impacted children's lives most significantly and were also the main sources of deep frustration and worry for workers.

Workers painted a clear picture of the critical practical and protective role they would usually play in their unaccompanied clients' lives. This role includes modeling behaviour regulation and supporting children side-by-side in life matters ranging from recreation to attending the doctor to driving them to school, supporting applications for income support, providing guidance on health and hygiene matters, using their professional networks to undertake systemic advocacy for individual children, making assertive referrals to Child Safety and the Child and Adolescent Mental Health Service, and so on.

In lieu of effective guardians – from families or from the State – outreach and SHS workers provide a thin but highly significant facilitative interface between children and most other social and health supports. Thus, when the effectiveness of such workers (including those engaged with children's families) was diminished due to social distancing and other Public Health Advice, a protective function was lost, practical progress towards wellbeing stalled, and further, *children's visibility and access to a much wider network of supports was also diminished.*

During the height of COVID-related restrictions, workers reported that in general unaccompanied children experienced a less regulated, less supported and significantly more stressful and lonely environment. To the distress of workers, the increase in income support arrived just as the level of routine and active adult engagement in children's lives diminished and a sense of doom arose. The available coping strategy for some children was increased drug and alcohol use.

Workers also clearly experienced extreme frustration and considerable stress over not being able to fully undertake the personal support work and systemic advocacy they knew children needed during this time. They too experienced the dislocation

and disruption caused by mandatory social distancing measures and some carried the extra burden of feeling that they had been unable to offer their clients the highest level of care when they needed it most.

### A SUMMARY OF SUPPORT WORKERS' CURRENT CONCERNS

Whilst of course workers remain hopeful that their worst fears for this cohort are not realised, they are all clearly bracing themselves for the issues expected to emerge as COVID-19 restrictions cease and face-to-face support fully returns. Common concerns are:

- how to locate children with whom contact has been lost;
- how to prepare for a potential increase in need from new and existing clients;
- how to re-establish and repair therapeutic relationships impacted by poor communication and lack of contact;
- how to re-engage children in a daily routine which includes some school attendance or other positive activity;
- how to respond to worsening symptoms of mental ill-health, including suicidality, anxiety and depression, with access to mental health services extremely difficult for children without an effective guardian or stable home base;
- how to support children's reduction of drug and alcohol use without access to residential detoxification/rehabilitation facilities in Tasmania; and
- how to respond to physical and mental health, behavioural and criminal justice issues related to significantly increased drug use and to fines for breaching social isolation directives.

### INTERIM RECOMMENDATIONS

The experiences of workers and unaccompanied children summarised in this interim report give rise to broader questions about how to plan and provide for the protection of children without consistent access to an effective guardian and stable home during a public health emergency and period of stay at home requirements. Whilst in Tasmania this situation has eased, it is clear that plans and provisions are still required whilst COVID-19 remains so active in other parts of Australia, and indeed the rest of the world.

The current control of COVID-19 infection in Tasmania presents a valuable window of opportunity to consider how mandatory infection control measures such as lockdown, isolation and social distancing can be adjusted for any future implementation in ways that accommodate the unique needs of children who cannot access effective, consistent guardianship or a safe, secure home. Two overarching issues arise from the *#StayHome?* project:

1. During this public health emergency, how can we proactively respond to children without effective guardianship or access to a secure home in order to reduce their health risks and those of the community?
2. How can we respond to the negative health and social impacts of COVID-19 that *have already occurred* for unaccompanied homeless children?

The key vehicle for planning Tasmania's recovery from the wide impacts of COVID-19 is the Premier's Economic and Social Recovery Council (PESRAC). The Council's July report (PESRAC 2020) outlines a number of key areas of social impact which require recovery responses. The *#StayHome?* project makes a number of interim recommendations supported by the evidence so far which align with the Council's focus on vulnerable cohorts disproportionately impacted by COVID-19. In particular, the report offers a troubling view into the impact of reduced face-to-face service delivery and highlights not just the need to restore community support services, as outlined by PESRAC (2020, p. 63-65), but *statutory* government services such as Child Safety, Youth Justice and Education. Across these sectors there is an opportunity to learn from the State's 'first wave' experience and to redefine these face-to-face services **as essential** for this specific cohort of children who experience extreme vulnerability without stable care and accommodation.

The project also supports the Council's focus on supporting vulnerable students and responding to the mental health of high-risk population groups. As the below recommendations point to, however, unaccompanied homeless children are most likely to fall beyond the reach of most existing universal and many targeted responses and need to be specifically considered in any recovery measures.

The following recommendations outline actions for the Tasmanian Government that would immediately intervene in the actual and potential risk and harm experienced by unaccompanied homeless children in Tasmania:

1. Urgently restore full face-to-face delivery of all child-focused statutory and community services, in particular Child Safety Services, and fund increased client capacity.
2. Plan to mitigate against future bed loss and to proactively deliver supported accommodation and outreach as essential services for children who experience unaccompanied homelessness.
3. Clearly communicate advice on health, accommodation and care arrangements for unaccompanied homeless children required to isolate.
4. Increase and connect school-based and community-based supports to address school re-engagement difficulties and learning loss, including through outreach.
5. Specifically task mental health services to work with high-risk children who are unaccompanied and homeless, including through outreach.

The full *#StayHome?* report is expected to be completed in October 2020 and will include further, updated recommendations.

## References

- Australia Institute of Health and Welfare (AIHW) 2018, *Homelessness services: Glossary*, viewed 13 July 2020, <https://www.aihw.gov.au/reports-data/health-welfare-services/homelessness-services/glossary>.
- 2020, *Specialist Homeless Services Collection Data Cubes 2011-12 to 2018-19*, viewed 13 July 2020, <https://www.aihw.gov.au/reports/homelessness-services/shsc-data-cubes/contents/specialist-homelessness-services-collection-shsc-data-cubes>.
- Berman, G 2020, *Ethical considerations for evidence generation involving children on the COVID-19 pandemic*, Office of Research-Innocenti, UNICEF, Florence.
- Brown, N, te Riele, K, Shelley, B & Woodroffe J 2020, *Learning at home during COVID-19: Effects on vulnerable young Australians*, Independent Rapid Response Report, University of Tasmania, Peter Underwood Centre, Hobart.
- Buchnea, A, McKitterick, M-J & French, D 2020, *Summary report: Youth homeless and COVID-19: How the youth service sector is coping with the crisis*, Canadian Observatory on Homeless Press & A Way Home Canada, Toronto.
- Chowdry, K, Barker, J & Watts, H 2018, *Youth workers' perspectives on youth homelessness for 12-15 year olds in the Australian Capital Territory*, Youth Coalition of the ACT, Canberra.
- Cooper, T 2018, *Policy and support needs of independent homeless young people 12-15 years: Young people's voices*, Commissioner for Children and Young People Western Australia & Edith Cowan University.
- Flatau, P, Seivwright, A, Hartley, C, Bock, C & Callis, Z 2020, *Homelessness and COVID-19: CSI Response*, Centre for Social Impact.
- National Youth Agency 2020, *Out of sight? Vulnerable young people: COVID-19 response*, NYA, Leicester.
- Noble-Carr, D & Trew, S 2018, *'Nowhere to go': Investigating homelessness experiences of 12-15 year olds in the Australian Capital Territory*, Institute for Child Protection Studies, Australian Catholic University, Canberra.
- Premier's Economic & Social Recovery Advisory Council (PESRAC) 2020, *Interim Report*, Department of Treasury and Finance, Hobart.
- Robinson, C 2017a, *Too hard? Highly vulnerable teens in Tasmania*, Anglicare Tasmania, Hobart.
- 2017b, *Who cares? Supported accommodation for unaccompanied children*, Anglicare Tasmania, Hobart.
- 2018, *Outside in: How the youth sector supports the school re-engagement of vulnerable children in Tasmania*, Anglicare Tasmania, Hobart.

