TOO HARD?

Highly vulnerable teens in Tasmania

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Anglicare TAS
Choice, support and hope

SOCIAL ACTION & RESEARCH CENTRE

Foreword

Conducting biographic research is both a privilege and a responsibility. This project documents young lives punctuated by cumulative trauma. It also captures the voices of many service providers frustrated by the limits of the services and service system that they work in. Only those young people currently being supported by an appropriate service were invited to take part and young people's research involvement was actively facilitated and followed up by support workers.

These discussions with young people and service providers are frank and offer an account, at times very disturbing, of extreme suffering and adversity that does not receive an adequate response. Awareness of these experiences rightly damages the trust we may hold in the ability of our community and social institutions to extend care to those who need it most.

Both the strength and fragility of young people and the gritty insights of the service providers who work with them provide a powerful call for the Tasmanian community to do more, and expect more. It is at the point where the provision of care seems 'too hard' that the quality of a community is foregrounded. This is the point at which we demonstrate our capacity to implement change or to cut people loose.

In the case of highly vulnerable teens, Tasmania has arguably been at this tipping point for some time. This project again makes the call for the need to better support young people experiencing multiple adversities. It makes clear that the provision of better support will involve confronting the difficult biographies of young people and our unwillingness to extend to them the full social care we expect for all our children and young people.

Catherine Robinson

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PLEASE NOTE: This project contains graphic descriptions of family violence and other confronting material. If you find this distressing and want someone to talk to, please call Kids Helpline 1800 55 1800; National Sexual Assault, Domestic Family Violence Counselling Service 1800 RESPECT; Lifeline 13 11 14.

Acknowledgments

Abbreviations

ABS	Australian Bureau of Statistics
ADHD	Attention Deficit Hyperactivity Disorder
AIHW	Australian Institute of Health and Welfare
AVO	Apprehended Violence Order
AYDC	Ashley Youth Detention Centre, known as 'Ashley'
CAMHS	Child and Adolescent Mental Health Service
CCYP	Commissioner for Children and Young People Tasmania
CSS	Child Safety Services, recently known as Child Protection Services in Tasmania
CYS	Children and Youth Services
DHHS	Department of Health and Human Services
GP	General Practitioner or doctor
IAST	Interagency Support Team
ID	Evidence of identity documents
IFSS	Integrated Family Support Services
HYAP	Homelessness Youth Assistance Program
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NSW FACS	Department of Family and Community Services, New South Wales
NYAC	Northern Youth Accommodation Coalition
PTSD	Post Traumatic Stress Disorder
SAAP	Supported Accommodation Assistance Program
SASS	Sexual Assault Support Service
SHS	Specialist Homelessness Services
SARC	Social Action and Research Centre
SYP	Supported Youth Program, local name for TYSS in Northern Tasmania
TAFE	Technical and Further Education (vocational education and training)
TRC	Therapeutic Residential Care, specialist out-of-home care provided for young people on Care and Protection Orders
TYSS	Targeted Youth Support Service, also known as SYP in Northern Tasmania

Contents

Executive Summary

This project emerged in response to growing disquiet in Tasmania about the experiences of a cohort of highly vulnerable teens (aged 10-17 years) whose needs for care have fallen outside of families, between government agencies and between non-government services. This is a cohort of young people who concurrently experience lifetime trajectories of cumulative harm, repeat homelessness, limited education, contact with police and youth justice, and repeat child protection notifications.

Importantly, this is a cohort *not* on Care and Protection Orders and for which placement in out-of-home care is often considered too challenging given limited appropriate placement options, the ages of the young people, and the highly complex needs they present.

These highly vulnerable young people move between unstable familial and friendship environments, they couch surf, and are episodically unaccompanied in Specialist Homeless Services (SHS). They live with no or little income and are excluded from mainstream and, potentially, alternative schooling. Instead they are engaged with police and Youth Justice and face escalating crises in mental and physical health. They misuse drugs and alcohol and remain exposed to further violence and trauma.

The Social Action and Research Centre (SARC), Anglicare Tasmania, undertook to investigate and document why and how some teens in Tasmania come to experience such extraordinary hardship and prolonged precarity. This report presents the findings of that investigation, considering both contexts of individual vulnerability and available support systems and services. It unravels the fundamental paradox that those most vulnerable – both developmentally and in terms of the layers of adversity they experience – seem to be at best retained, and at worst entrenched, in vulnerability. As such, the report frames young people's experiences of high vulnerability as a key social justice challenge for Tasmania. It names the gaps in care received by this cohort, and recommends some key ways in which these can be filled.

RESEARCH APPROACH

Project design was informed by 36 informal individual and group consultations within both non-government and government sectors, including Tasmania Police, Department of Education, Youth Justice, Children and Youth Services, Child Safety Services[1] and the Child and Adolescent Mental Health Service. The qualitative methodology guiding this project was narrative inquiry, and following ethics review and approval, the research was undertaken though the following methods:

- 15 life history interviews with 16 young people (aged 14-17) who have had contact with the justice and child protection systems and who have experienced homelessness. Young people were primarily recruited from around the state through Targeted Youth Support Services.
- 26 individual and group in-depth interviews with service providers including 20 from non-government services (homelessness, housing, mentoring and case work services responding to youth) and 6 from government services (Youth Justice, Early Intervention Police, Child Safety Services).

KEY FINDINGS

- **Highly vulnerable teens experience abandonment and violence during childhood**
  Childhood exposure to family violence, physical and sexual abuse and random violence was common amongst young people participating in this research. Young people also described engaging in substantial adult care work during childhood, including caring for themselves, siblings, and parents and grandparents. A profound feeling of abandonment because of a lack of care and protection emerged from young people's life stories, whether or not they had experienced violence and abuse.

- **Highly vulnerable teens experience continued trajectories of adversity and trauma in adolescence**
  Young people described reaching breaking points at which they began to leave home environments of adversity. Feeling abandoned by care-givers, stigmatised and bullied in school environments, and often experiencing severe impacts of cumulative trauma, they embarked on a journey into adolescence in which further harm accumulated. Their struggle to survive independently precipitated deepening compound disadvantage, including homelessness, poverty, school exclusion, violent victimisation, drug use, suicidality and mental illness and involvement in perpetrating violence and crime.

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1   Recently known, and often still referred to, as Child Protection Services or simply Child Protection.

- **Young people's need for intensive therapeutic relationship-base care is met by a culture of referral**
  Both the experiences of young people and the insights of government and non-government service providers reveal that highly vulnerable teens struggle to access ongoing care and accommodation. Service providers described young people's need for intensive therapeutic relationship-based care provided both through outreach and in residential facilities. They characterised the current Tasmanian context as instead one in which young people are referred between consecutive short-term interventions which meet neither their fundamental need for care nor their need for specialist support.

- **Engagement with highly vulnerable teens is 'too hard' for current specialist services**
  Service providers described both the lack of capacity within existing specialist services and significant gaps in service provision. The inability of many services – including Child Safety, Youth Justice, CAMHS, Education and SHS – to undertake needed intensive therapeutic interventions was understood to frustratingly contribute to the high vulnerability young people experience. The absence of key pieces of a holistic response to young people's complex needs – including access to trauma-specific mental health services and detoxification and rehabilitation services – was likewise seen to contribute to entrenchment in high vulnerability.

This report provides a picture of the persistent high vulnerability experienced by some young people in Tasmania. It illustrates significant childhood and adolescent trauma and adversity and also the system failures and absences which enable the continued accumulation of harm in these young people's lives. Revealed is the acute need for adolescent care that complements and extends the limited options available within Child Safety Services and SHS, both of which see highly vulnerable teens as 'too hard' to serve in long-term, therapeutic ways. Without significant change, including the expansion of Youth at Risk as a potential umbrella for policy, program and service innovation, it will likely remain 'too hard' for some young Tasmanians to realise basic rights such as long-term access to safety, shelter, care and education. Fundamentally, the willingness to commit additional resources is required if the obligation to provide care and a safe pathway to greater autonomy is to be fulfilled for this group of highly vulnerable teens.

RECOMMENDATIONS

Make addressing gaps in adolescent care in Tasmania a priority.

In the absence of program delivery focused on the needs of highly vulnerable teens:

1
ESTABLISH a specific program area within Services to Youth (Children and Youth Services) for Youth at Risk Strategy implementation, ongoing service innovation and tendering

In response to the gap in care existing between Child Safety Services and Specialist Homelessness Services:

2
CREATE new care services targeted to highly vulnerable young people both with and without Care and Protection Orders, which include:
– Intensive family reconnection work
– Long-term, therapeutic, mobile case coordination and case work
– Innovative medium-term and long-term accommodation options

In addressing absences in the suite of specialist services available to teens in Tasmania:

3
EXPAND existing specialist adolescent services to include:
– Trauma-specific mental health services with capacity for assertive outreach
– Residential mental health recovery services
– Residential drug detoxification and rehabilitation services
– Increased capacity and diversity of alternative education options

In ensuring obligations to provide statutory care and protection to highly vulnerable teens are met:

4
INCLUDE responses specifically targeted to the cumulative risk and needs of highly vulnerable teens in the current redesign and reform of child protection and out-of-home care services in Tasmania

Highly vulnerable teens: A social justice challenge

Vulnerability takes on another meaning at the moment it is recognised…

Judith Butler (2004, p. 43)

This project emerged in response to growing disquiet in Tasmania about the experiences of a cohort of highly vulnerable teens (aged 10-17 years) whose needs for care haven fallen outside of families, between government agencies and between non-government services. This is a cohort of young people who concurrently experience lifetime trajectories of cumulative harm, repeat homelessness, limited education, contact with police and youth justice, and repeat child protection notifications.

Whilst the population of teens experiencing high vulnerability is often understood to centre around those involved in out-of-home care services, the specific focus of this project is on those young people who have *not* been placed on Care and Protection Orders or in out-of-home care. These highly vulnerable young people move between unstable familial and friendship environments, they couch surf and are episodically unaccompanied in Specialist Homeless Services (SHS). They live with no or little income and are excluded from mainstream and potentially alternative schooling. Instead they are engaged with police and Youth Justice and face escalating crises in mental and physical health. They misuse drugs and alcohol and remain exposed to further violence and trauma.

The Social Action and Research Centre (SARC), Anglicare Tasmania, undertook to investigate and document why and how some teens in Tasmania come to experience such extraordinary hardship and prolonged precarity. This report presents the findings of that investigation, considering both contexts of individual vulnerability and available support systems and services. It unravels the fundamental paradox that those most vulnerable – both developmentally and in terms of the layers of adversity they experience – seem to be at best retained, and at worst entrenched, in vulnerability. As such, the report frames young people's experiences of high vulnerability as a key social justice challenge for Tasmania. It names the gaps in care received by this cohort, and recommends some key ways in which these can be filled.

Who are vulnerable teens?

Both 'vulnerable' and 'teens' are terms which are contested and variably understood in research, policy and practice but which are also inextricably linked. Internationally and nationally, children and young people are understood as a generally vulnerable group requiring the protection of governments and families. In particular, adolescence is defined as a specific period of heightened social, economic and neurobiological transition which involves uncertainty and complexity but is ultimately expected to result in the emergence of self-sufficient young adults (Gorur 2015).

The World Health Organisation (2014) defines adolescence as the period between ages 10 and 19 and defines young people as those aged 10-24 years. In this project the terms adolescents, teens and young people are used interchangeably to refer to those aged 10-17 years. This range has been chosen with an awareness of the increasingly younger age at which adolescence is biologically and socially occurring. It also aligns with the current state government focus on this age cohort in Tasmania, and nationally it is recognised that policy settings change – at times problematically – for those reaching adulthood at 18 years.

TEENS: Adolescents or young people aged 10-17 years.

Contemporary social policy uses the terminology of 'vulnerable' or 'at-risk' youth to refer very specifically to those young people least likely to have positive outcomes in their transition to adulthood. Vulnerable youth are understood to experience a range of possible risk factors which heighten the likelihood of adverse experiences and outcomes. These risk factors can be personal, such as experiencing family dysfunction, abuse, mental illness or disability; systemic, such as experiencing poor access to supports and education; or structural, such as being located in areas of socio-economic disadvantage or regional and remote communities.

Highly vulnerable teens are likely to experience personal, systemic and structural risks concurrently. Just as they experience concurrent risks, highly vulnerable teens are likely to experience concurrent forms of harm and adversity. As outlined in the New South Wales Family and Community Services Review Better lives for vulnerable teens (NSW FACS 2014a, p. 10), compounded risk is likely to produce adverse outcomes including:

- 'Sustained homelessness
- Multiple placements in out-of-home care with an absence of 'felt security'
- Repeated custody in juvenile justice
- Suicide or permanent injury following risky behaviour
- Entrenched vulnerability to abuse and neglect without a protective environment
- Early parenthood without adequate parenting capacity or preparedness for adult life – resulting in the removal of the child.'

Nationally, there is a clear picture of high vulnerability as the encompassing experience of multiple adverse outcomes. Research demonstrates links between children and young people's experiences of abuse and neglect, homelessness and criminal activity (AIHW 2012, p. 5; see also Martijn & Sharpe 2006). Recent research linking data across Specialist Homeless Services (SHS), Youth Justice and Child Protection clearly illustrates vulnerable young people's trajectories of prolonged adversity with reduced access to accommodation services (in comparison to young people experiencing less complexity) and an unmet need for long-term accommodation (AIHW 2016a, p. 32).

HIGHLY VULNERABLE TEENS: Adolescents who experience concurrent personal, systemic and structural adversity.

Arguably at the heart of such prolonged adversity for many highly vulnerable teens is the experience of complex trauma. Research shows that complex trauma is expected to have physiological, psychological and developmental impacts (see Robinson 2014 for a basic overview). Ford and Courtois (2009, p. 1) define complex trauma as compounded experiences of trauma which cause a compounded response. For Ford and Courtois (2009, p. 1), complex trauma involves 'traumatic stressors that (1) are repetitive or prolonged; (2) involve direct harm and/or neglect and abandonment by caregivers or ostensibly responsible adults; (3) occur at developmentally vulnerable times in the victim's life, such as early childhood; and (4) have great potential to compromise severely a child's development'.

It is beyond the scope of this report to review the extensive literature on complex trauma. It is important to note, however, that complex trauma can negatively impact multiple dimensions of life including health, housing, education, employment and relationships. Ford and Courtois emphasise that complex trauma includes the effects of post-traumatic stress but goes far beyond this. It has a particularly severe impact in emerging adulthood when young people are developing understandings of themselves and how to relate to others (Ford & Courtois 2009, p. 16; see also Corrales et al. 2016, p. 111; Rose 2012, p. 48-50). In short, as Tomlinson and Klendo (2012, p. 28) argue, 'young people who have experienced multiple traumas do not relate to the world in the same way as those who have not had these experiences'. They may experience issues such as low self-esteem, depression, anxiety, anger, difficulties in emotional regulation, suicidality and substance abuse amongst others (see Briere & Spinazzola 2009, p. 106).

Research also demonstrates a strong relationship between experiences of complex trauma and homelessness, including a clear picture of how the experience of homelessness in itself is another trauma event in already traumatic life paths (see Robinson 2014 and O'Donnell 2014 for further discussion). As such, Robinson (2014, p. 215) has argued that *cumulative trauma* may be a useful concept through which to incorporate experiences of PTSD, complex trauma *and ongoing vulnerability* to subsequent trauma events. Given the prolonged exposure to harm, including homelessness, that highly vulnerable teens are likely to experience, the concept of cumulative trauma has particular relevance. In particular, it points to the open-ended nature of trauma trajectories and associated high vulnerability which persevere through adolescence and potentially into adulthood.

Highly vulnerable teens in Tasmania

In Tasmania, qualitative research on youth homelessness sharply illustrates connections between young people's experience of homelessness and involvements in the child protection and youth justice systems (Pryor 2014). Data gaps make it difficult to trace children and young people's longer term contact between these three sectors, but linkages between data taken from the Supported Accommodation Assistance Program (SAAP), youth justice supervision and child protection notifications and substantiations in Victoria and Tasmania demonstrate that:

- children and young people with involvement in one of these three sectors are more likely to be involved in another of the sectors than the general population
- young people with a child protection history enter youth justice supervision at a younger age
- young people, particularly young women, completing a detention sentence are at greater risk of homelessness (AIHW 2012, p. vii).

It is known that in Tasmania there is an over-representation of young people aged 12-24 in the homeless population (DHHS 2015a, p. 15), with around 190 young people aged 12-18 homeless on any given night (ABS 2012, p. 19). In 2014-15 on an average day there were 148 young people (aged 10 and over) under the supervision of Youth Justice (AIHW 2016a) with approximately 30% of released young people returning to Youth Justice supervision within twelve months (AIHW 2016b). It is also known that in 2014-15 nearly 1000 children received substantiated child protection notifications, 267 children were admitted to Care and Protection Orders (DHHS 2016, p. 37) and 196 children were admitted to out-of-home care (DHHS 2016, p. 15).

A proportion of these young people experience high vulnerability, indicated through their repeated and/or concurrent contact with homelessness, child protection and youth justice systems. Highly vulnerable youth are a cohort of extreme concern because of the very high human cost of their trajectories of risk and harm which ultimately result in cumulative trauma and exclusion from family and community. Early childhood abuse and adversity is compounded through disengagement from education, unstable out-of-home care placements, homelessness, drug and alcohol misuse, self-harm and involvement with statutory authorities into adulthood (NSW FACS 2014a, p. 25). As a result, highly vulnerable youth can have very high care and intervention costs (e.g. Baldry et al. 2012; MacKenzie et al. 2016; NSW FACS 2014b).

Despite these very high human and financial costs and despite being known to authorities early in life, the common trajectories of highly vulnerable youth into repeat homelessness and repeat contact with statutory authorities show that current systems are not resulting in better outcomes and indeed can be understood as actively contributing to young people's vulnerability (NSW FACS 2014a, p. 16; Baidawi, Mendes & Snow 2014, p. 33). In fact it is understood to be '*likely* that involvement in multiple sectors is concurrent; for example, that children and young people in the child protection system are simultaneously under juvenile justice supervision and that young homeless people are in and out of juvenile detention' (AHIW 2012, p. 6, emphasis added).

It is a fundamental social injustice that young people's intense need for care and healing is ultimately met with criminalisation and homelessness. Most research in the area of highly vulnerable teens has highlighted the experiences of those entering and exiting the child protection system and has focused on 'cross-over youth' – those 'dual systems' clients who are involved in both the child protection and youth justice systems (e.g. Baidawi, Mendes & Snow 2014; Cashmore 2011; Malvaso & Delfabbro 2015; McFarlane 2010). There is also a focus on those who cross over child protection, youth justice and homeless service systems (e.g. AIHW 2012, 2016a), and on the relationship between experiences of the child protection system and homelessness (e.g. Champion 2005; Gibson & Johnstone 2010; Johnson et al. 2010).

The concern of this project is with a specific cohort of the highly vulnerable teen population which will not always be visible in such research. Some highly vulnerable teens remain invisible in existing research because they have never come to the attention of child protection authorities, their notifications to child protection have never moved to investigation and response[2], or their cases have been closed. Further, given age restrictions on unaccompanied entry into SHS – in Tasmania young people need to be aged thirteen years or older – there will be a cohort experiencing homelessness who are likewise invisible to SHS agencies.

Given the prevalence of couch surfing amongst this group and the small number of youth SHS in Tasmania, they are likely to remain less visible in the homeless sector even as they get older. Problematically, however, they may become more visible within the youth justice system, particularly if they have experienced early childhood adversity. The well-documented link between abuse and neglect and offending (see

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2   For example, AIHW research on vulnerable young people only includes those who *receive* a child protection response, including investigation of notifications, Care and Protection Orders and out-of-home care placements (AIHW 2016a, p. 2).

Cashmore 2011) points to a context in which, as Judy Cashmore argues (2011, p. 36), 'children in need of care or in care who move into the juvenile justice system are arguably neglected by both the child protection and juvenile justice systems'.

Thus, while highly vulnerable teens may be well known to individual or multiple government agencies and non-government services, there will be some who never make contact. Further, of those who are known to agencies, not all will be visible in data matching efforts. This is significant as it means that the true scale of the highly vulnerable teen population remains unknown and the data matching between child protection, youth justice and specialist homeless services can only capture those receiving a service and only provides a snapshot of the kinds of adversities teens can face.

Anecdotally, the adverse outcomes of all highly vulnerable teens are expected to be similar – whether or not they have been placed on Care and Protection Orders or in out-of-home care. Given the relative invisibility of those outside or on the edges of the child protection system, it could be argued, however that their exposure to ongoing harm is potentially more prolonged and acute with less opportunity for intervention. For these reasons, understanding more about this group became the central concern of the research project.

Research questions and aims

Responding to long-held welfare sector concerns and making a unique contribution to existing research literature, this project explored the experiences of highly vulnerable young people (aged 10-17) who have not been placed on Care and Protection Orders or in out-of-home care[3]. It seeks to answer the following research questions:

- Why and how do teens (aged 10-17) in Tasmania become highly vulnerable?
- What are the gaps in the provision of services to highly vulnerable youth in Tasmania?
- How useful is the concept of 'high vulnerability' in explaining and describing the experience of concurrent adverse outcomes for teens?

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3   All young people participating had contact with Child Safety Services in the form of notifications which may or may not have received investigation. From the perspective of both young people and service providers, however, the provision of active Child Safety support was not evident.

The aims of this project are:

- to provide an account of why and how teens in Tasmania become highly vulnerable
- to develop a complex picture of structural, systemic and personal factors contributing to high vulnerability
- to describe current responses to young people known to be highly vulnerable in Tasmania
- to present a holistic description of the changes needed to effect improved responses to highly vulnerable teens in Tasmania.

The policy and service environment for vulnerable teens

This project is informed by a developing awareness of the need for targeted social care policy and programs for highly vulnerable teens both within and outside of child protection services. Nationally and at a state and territory level, key agencies in the areas of education, health, housing, human services and justice provide a range of policy initiatives and fund services which impact in both targeted and non-targeted ways on the lives of highly vulnerable teens, their families and their local communities. Policy and service provision in the areas of child protection, out-of-home care, youth justice, homelessness, affordable housing, domestic and family violence, education, drug and alcohol use, and child and adolescent mental health have specific relevance for the wellbeing of highly vulnerable teens given the complex range of risks and harms they experience.

Over the last ten years, the emergence of 'youth at risk' or 'vulnerable youth' as a stand alone category of policy and service concern reflects a growing awareness of the multidimensional nature of vulnerability and the resultant need for a complex response. The shift towards coordinated or integrated responses can be understood as an attempt to bridge the gap between single issue-focused agencies, funding streams and services on one hand and the multifaceted lived reality of vulnerability on the other.

Specifically, it is clear that responses to vulnerable teens have continued to fail and that non-integrated responses contribute to vulnerability. In a context in which it is widely recognised that child protection services simply cannot be provided in an effective and timely way to all who may need them, states and territories have begun to develop a range of policy strategies, service delivery and practice frameworks which articulate the need for a broadened responsibility for acute teenage vulnerability and for the improved capacity of services and their staff to successfully engage with vulnerable young people.

Practice papers such as South Australia's 'Working with vulnerable youth: Key concepts and principles' (Department for Communities and Social Inclusion n.d.) and Queensland's 'A framework for practice with 'high-risk' young people (12-17 years)' (Department of Child Safety 2008) take the need to change perceptions about teen vulnerability as central to the development of appropriate practice. In particular, responses are needed which can clearly anticipate the significant risk of harm for this cohort and accommodate the challenging behavioural and physical impacts of complex trauma.

Policy initiatives such as Western Australia's At Risk Youth Strategy 2015-2018 and Victoria's Vulnerable Youth Framework highlight the need for inter-agency coordination, for example between police, corrections and education (Department for Child Protection and Family Support n.d.) and for localised partnerships and planning (Department of Human Services 2010). Perhaps most importantly, in the review work 'Better lives for vulnerable teens' undertaken by New South Wales Family and Community Services (NSW FACS), critical discussion has emerged about how to conceptualise vulnerability in broader terms than those of an individual's risk factors. This work provides the strongest rationale for the high importance of inter-agency collaboration by providing a clear picture of structural and systemic drivers of vulnerability that sit across all areas of government responsibility (NSW FACS 2014b, p. 27).

Stemming from this review work, NSW FACS has sought to more strongly bridge the service gap faced by vulnerable teens, developing a policy clarifying FACS and SHS responsibilities for unaccompanied young people 12-15 years accessing SHS (NSW FACS 2015). Further, currently ongoing is the development of the new Homeless Youth Assistance Program (FACS 2014). The HYAP explicitly acknowledges the need for care outside of child protection which also falls beyond the scope of the 'youth accommodation' models SHS are currently funded and designed to provide. HYAP responds to gaps in support both for those who fall through the child protection and out-of-home care systems and those who are never able to access the care enabled within these systems.

In Tasmania, policy work impacting on vulnerable teens has traditionally been focused in the area of youth justice. In recognition of the need to provide a more proactive and integrated response to vulnerable adolescents both before and after their possible contact with statutory authorities, Child and Youth Services has created 'Youth at Risk' as a stand alone area of policy concern. The recently released Youth at Risk Strategy aims to connect with a range of other reforms and strategy implementations taking place across the Department of Health and Human Services.

Of particular relevance for vulnerable teens and the Youth at Risk Strategy are the following initiatives:

- A Continuum of Care to Prevent Youth Offending and Reoffending (2013)
- Out of Home Care Reform 2014-2015
- Joined Up Human Services Project 2015-2016
- Tasmania's Affordable Housing Strategy 2015-2025 and Action Plan 2015-2019
- Safe Homes, Safe Families: Tasmania's Family Violence Action Plan 2015-2020
- 'Strong Families - Safe Kids' Redesign of Child Protection Services (2016)

These initiatives outline a range of potential reforms which aim at both earlier, more successful intervention before adverse outcomes occur and also at providing more targeted, holistic interventions when adverse outcomes do occur. The construction of a 'youth-at-risk response centre' for young people under 16 and more supported accommodation for homeless young people over 16 are also specifically relevant developments noted within the Affordable Housing Action Plan (DHHS 2015b).

These developments across Children and Youth Services and Housing Tasmania acknowledge that there is a cohort of young people needing intense support outside of the specific risk of significant harm assessment work traditionally undertaken within the child protection system. The visibility of adolescents, not just young children, in how all of the above reforms unfold will ultimately determine if, and how successfully, they positively impact on the lives of highly vulnerable teens. In particular, the inclusion of a specific focus on improved adolescent access to child protection services – including appropriate out-of-home care options – will be a critical pivot for overall improved safety and wellbeing (see also CCYP 2017).

While these reforms seem promising, currently in Tasmania it is arguably the case that the provision of care services for highly vulnerable teens is not undertaken through child protection and out -of-home care as might be expected, but through specialist Targeted Youth Support Services (TYSS), a limited range of homeless youth crisis services, and Ashley Youth Detention Facility. In practice, these are services which provide support and intervention once adverse outcomes have already occurred but which work to reduce the likelihood of reoccurring significant harm. Together these services are characterised in the NGO sector as the very last line of available care for adolescents who are unable to access a child protection response (despite repeat notification), who have fallen through child protection and out-of-home care supports (including foster care and therapeutic residential care), and/or who experience periodic bans from crisis accommodation services.

TYSS services are funded to provide intense case management for 140 young people a year who do not currently receive child protection services but who are identified 'as having significant and/or multiple risk issues and for whom, without intensive support, notification to child protection or entry and/or escalation with the youth justice system is likely' (Children and Youth Services 2012, p. 6). Despite not providing accommodation, in the context of few options in Tasmania, the TYSS program can be characterised as the Tasmanian Government's key state-wide response to highly vulnerable teens. For this reason, as will be discussed further in the following chapter, the clients and staff of TYSS services became central participants in this research.

Structure of the report

This Introduction has outlined growing concern nationally and in Tasmania for a cohort of teens experiencing multiple adversities. It is acknowledged that this cohort requires specific, innovative policy, service delivery and practice responses. A unique context currently exists in Tasmania where this cohort is receiving sustained policy interest. Reforms and new investments in multiple areas of Department of Health and Human Services have the potential to reduce the recurrent harm being experienced by young people already made vulnerable by extreme early childhood adversity.

SARC has developed this research with the aim of informing current debate about how best to respond to highly vulnerable teens. In particular, it is SARC's concern to ensure that the voices of highly vulnerable teens are clearly heard as part of discussion taking place in Tasmania. The specific focus of this research is on the voices of those least visible in the vulnerable teen population – those outside or on the margins of the child protection system.

The next chapter in this report outlines how research engagement with young people and services providers took place and considers the value of vulnerability as a conceptual frame for their experiences. Chapters Two and Three offer sustained insight into the worlds of highly vulnerable teens. Drawing on life history, the chapters track young people's accounts of early childhood and the developing challenges they have faced to the present day. Chapter Four shifts to the perspective offered by a range of government and non-government service providers and considers their struggles to provide effective responses to young people in a system seemingly set up to thwart good outcomes. Chapter Five documents these professionals' views on specific service gaps and issues. The Conclusion and Recommendations put forward a case for key changes to how the experiences and needs of young people are both imagined and responded to.

Investigating high vulnerability

We are therefore vulnerable to others not only because they may attack or wound us but also because our neediness and limited ability to meet our own needs makes us dependent on others for care…

Amy Mullin (2014, p. 267)

This chapter briefly outlines a conceptual and methodological foundation for understanding the uniquely precarious lifeworlds of highly vulnerable teens, lifeworlds which involve both acute suffering and transgressive survival. The chapter begins by considering the pivotal question of 'whether vulnerability is an appropriate way of conceptualising adversity' (Brown 2017, p. 178) and reflects on the danger and potential in constructing an account of teens as highly vulnerable. It then outlines how the research for this project was conducted and offers some observations about engaging a vulnerable group in research. A discussion about negotiating ethics approval is included and the case made for young people's provision of independent informed consent for their research participation is outlined. The chapter concludes with a discussion of the limitations of the sample of young people and service providers included in this research.

High vulnerability: A problematic framework?

It has been traditionally understood that where transitions from adolescence to adulthood falter or become non-normative, substantial risks to the wellbeing of young people and their communities follow. In neoliberal contexts, governments are particularly concerned that young people will not only fail in their transitions to independence, but in their transition to 'proper' or responsible citizenship (McLeod 2012). Intervening before young people present as a burden to the state has long been the preoccupation of policy in areas of health, welfare and criminal justice, where focus on individual risk identification and management has been key (for further discussion see Bessant, Hil & Watts 2003).

The current turn to vulnerability in policy is understood in academic critique as a new deepening of narratives of individual risk that have dominated the past decade of neo-liberal governance in Western nations (see Brown 2017; te Riele & Gorur 2015). The problematising and profiling of the behaviour of the vulnerable is seen as a central mechanism for both coercing and rewarding individual responsibility and for justifying selective welfare (see Brown 2017).

As Kate Brown (2017, p. 179) points out, where policy and practice locate vulnerability in individuals there is usually 'a subtext implied: that an individual or group also represents some sort of threat to the social order and needs to be

controlled'. This point where vulnerability translates as deviance is for Rob White (2015, p. 70) the point at which 'the problems of vulnerable young people are translated into issues of problem youth'. A thin line develops where young people may be understood as vulnerable because their behaviour is deemed risky, but when such behaviour is understood to become transgressive, antisocial or criminal, the benefits of 'vulnerability status' may be withdrawn (Brown 2017, p. 180).

In Brown's recent research on young people and vulnerability, it becomes clear that both policy makers and practitioners selectively defined young people as vulnerable. Young people were acknowledged as vulnerable when they were most easily understood as victims, and were compliant and responsive in implementing change. In short, 'amenability, acquiescence and responsiveness all seemed central to the achievement of vulnerability status' (Brown 2017, p. 180).

For Brown (2017, p. 180-181) this is the divisive and exclusionary impact of vulnerability which, with its associations of defencelessness, frames transgressive or non-compliant individuals as less deserving. This sets up a 'double suffering' for those young people who do experience extreme adversity but who also transgress norms of vulnerability and are thus subject to discipline rather than support (Brown 2017, p. 180-181). In practice in Australia, it is arguably this logic of conditional welfare which underpins the transfer of young people with complex needs between the child protection and youth justice systems. It is the logic that may encourage policy makers and practitioners to see 'challenging', 'self-selecting' young people as inevitably inappropriate candidates for precious stable foster care placements. It is also the logic that may see transgressive young people excluded from supported accommodation because they are too streetwise and pose a risk to other (more deserving) young people.

For the highly vulnerable young people taking part in this research, the double suffering of experiencing adversity but also being excluded from services and systems of support is a central theme. This is a cohort problematically referred to as 'self-protecting' and is not therefore afforded the protections of the vulnerable. As explained in the Introduction, however, because of their age, life stage and experience of cumulative trauma, this is a cohort of teens which remains demonstrably vulnerable and dependent.

Their vulnerability illustrates both dictionary definitions of vulnerability as the likelihood of being wounded and the broader notion of vulnerability as dependency because of particular needs related, for example, to being young or experiencing illness or disability (Mullin 2014, p. 267). As Amy Mullin (2014, p. 267) argues, 'we are…vulnerable to others not only because they may attack or wound us but also because our neediness and limited ability to meet our own needs makes us dependent on others for care'.

This project focuses on young people's vulnerability which arises through multiple experiences of adversity or 'wounding' *and* through their reliance on others for care who may be unable or unwilling to provide it (Mullin 2014, p. 267). Despite the known 'conundrums' in using the concept of vulnerability to frame the lived experience of adversity (te Riele 2015, p. 18) and indeed young people's contestation of this characterisation (see Brown 2017), this research does so. The project aims to explore the nature of adolescent vulnerability and to trouble the boundaries of who may and may not be considered vulnerable. In particular, it aims to consider 'both the need for protection from harm and the need for provision of care that characterize vulnerability' (Mullin 2014, p. 267).

This research insists that it is possible that vulnerability *can* be used to articulate a broad personal, systemic and structural precariousness which goes far beyond decontextualised accounts of the problematic behaviours of the vulnerable. As opposed to notions of risk – so closely tied to individual blame in policy and practice – hope is placed in the potentially more powerful ethical demand to respond that vulnerability issues. The assumption driving this project is that ultimately there is acute value for young people in being recognised as vulnerable – where this is a social and bodily state understood as the outcome of fundamental familial, community and political neglect *and* as a call for appropriate relationships and systems of meaningful *care*.

Overview of the research

Scoping for this project began in March 2016 with an ongoing review of research and policy literature and informal consultations across government and non-government sectors. From March-May 2016, 36 individual and group consultations were undertaken with key stakeholders within Tasmania Police, Children and Youth Services, Department of Education, Youth Justice, Child Safety Services, Child and Adolescent Mental Health Services and with staff in a range of non-government housing, mental health, homelessness and youth support services. These were informal discussions in which advice on the specific focus for the project was requested.

As a result of the input from key stakeholders, SARC developed a focus on a specific cohort of vulnerable young people in Tasmania described as existing outside the reach of the current support service system. This was a group characterised as having needs 'too hard' or too complex for services to meaningfully respond to within limited resources and staffing and within the scope of funded service agreements.

What these informal discussions described was a fundamental mismatch between the global needs for care currently being presented by young people and the specific capacity of any one service to deliver this. Instead stakeholders painted a picture of cobbling together referrals to try to effect a holistic response to the specific but overwhelming combination of care needs of each young person.

In this context, in which each service provider described being overwhelmed by the needs this cohort presented, they often described their own response as one of triage and referral coordination. Very few stakeholders understood themselves as having capacity or responsibility for following up the outcomes of referrals, as ultimately the range of issues a young person faced fell a long way outside the scope of their own service delivery.

Taking these observations as a starting point, SARC committed to undertaking further formal research about the experiences of teens 'too hard' for services because of the complex range of adversities they faced. This included sustained engagement with both teens and the range of service providers working with them. The research was internally funded by Anglicare Tasmania which, through SARC, makes an ongoing commitment to research and advocacy on social justice issues for low-income Tasmanians.

Research methodology

This research project is centrally concerned with the representation of vulnerable young people in Tasmania. It seeks to engage in 'counter-storytelling' which captures lived experience not regularly visible in public and policy domains (Baker & Plows 2015, p. 199). In order to deepen or challenge existing, dominant representations of, knowledge of, or 'stories' about, vulnerable teens in Tasmania, this research has an explicit focus on learning from and communicating to broader audiences voices not ordinarily heard. Counter-storytelling in this project involves a particular approach to research design which seeks to holistically reflect young people's lived realities and enable young people's analysis of their own experiences and needs. It also includes the counter-storytelling of service providers who work face to face with young people and who offer intimate insights into their view of young people's lives and the ways in which these lives interface with systems of support, community attitudes and structural disadvantage.

The research aims to build – from the perspective of both young people and service providers – thick description of lives lived *through* adversity. This is about capturing how young people actively experience, interpret and survive multiple hardships and forms of suffering. It is also about capturing service providers' observations of this survival, their own struggles to support 'precarious life' (Butler 2004), and to ensure adequate advocacy in the face of the multiple 'wrong doors' presented to highly vulnerable teens.

The qualitative methodology guiding this project is narrative inquiry. Narrative inquiry emphasises the importance of co-constructing personal stories about lived experience and analysing these in relationship to the broader social, cultural and political environment which informs them (for further discussion, see Clandinin & Rosiek 2007). This overarching approach aligns with the project's concern to develop an account of high vulnerability which can capture the personal, systemic and structural adversities faced by young people. It also aligns with the project's emphasis on counter-story telling discussed above in its focus on asking participants to generate their own narratives guided by their own story-telling priorities and manner of narrating.

Research methods

LIFE HISTORY WITH YOUNG PEOPLE

Research conducted with highly vulnerable young people focused on gathering biographic narratives or life stories. The process of engaging young people in the research and appropriately supporting them during and after their involvement was actively coordinated primarily through the Targeted Youth Support Service (TYSS)[4]. As discussed in the Introduction, TYSS is a unique service funded by DHHS which provides long-term case work for highly vulnerable teens aged 10-17. Anglicare Tasmania delivers TYSS in northern Tasmania and Mission Australia and Baptcare deliver TYSS in southern Tasmania.

Twelve interviews were coordinated through TYSS services in Hobart, Launceston and Burnie. Further interviews in Hobart included two interviews coordinated through Anglicare's YouthCare, a crisis accommodation facility for young males aged 13-20 years, and one interview coordinated through Anglicare's Community Support, a service which provides case management for people (aged 16 and above) requiring intensive and ongoing support to resolve homelessness and housing issues. One interview was coordinated by both YouthCare and Baptcare as the young person involved was currently being accommodated by YouthCare but had built an enduring relationship with a support worker in Baptcare. All services approved and actively supported the involvement of staff and clients in the research.

It was close collaboration with services that made appropriate, supported engagement with some of this hidden population possible. Support workers were responsible for making assessments about young people's interest in participating in the research, their capacity to provide informed consent and the appropriateness of their participation in relation to their immediate physical and emotional circumstances. They were responsible for recruiting participants, introducing them to the researcher and making available post-interview debriefing and follow up.

Following research review and ethical approval (discussed further below), young participants were selected on the basis of the following criteria:

- Aged 14-17 with experiences of homelessness and contact with Child Protection and Police/Youth Justice[5]

……………………

4   TYSS is alternatively known as the Supported Youth Service (SYP) in the north of the Tasmania. In this report, TYSS will be used to refer to the service statewide.

5   As discussed further on p. 33, only those young people aged 14-17 were invited to take part in life story interviews. Service providers offered reflection on the experiences of those aged 10-17.

- No current Care and Protection Orders in place
- Currently supported through an established and ongoing professional relationship
- Assessed by their case/support worker as being capable of providing independent informed consent
- Assessed by their case/support worker as being relatively emotionally stable, as understanding the nature of the interview approach, as being willing to participate, and as having the ability to stop the interview and ask for assistance if they become distressed.

After introduction to the research and recruitment by support staff, 16 young people aged 14-17 participated in one to one interviews with the researcher. Informed consent was verbally given and audio-recorded along with the interview. Interview material from 11 of the 16 young people is included in this report. One interview was stopped after it became apparent the young person was drug-affected and unable to meaningfully participate. Unfortunately due to time constraints, the young person was not able to participate in an interview on another occasion. As a decision was made to focus on the experiences of young people who had not been placed on Care and Protection Orders or in out-of-home care, 3 interviews were excluded because whilst they were not currently on orders at the time of the interview, earlier experiences of out-of-home care emerged during the interviews. A fifth interview was excluded as the current public profile of the young person compromised the confidentiality of the interview material. All participants were given a Myer gift card ($40) in recognition of their expertise and the length of time contributed to the project (one to two hours per interview).

IN-DEPTH INTERVIEWS WITH SERVICE PROVIDERS

Service providers working directly with highly vulnerable teens were invited to take part in one to one in-depth interviews with the researcher. Service providers were identified through snowballing – or the informed recommendation of other participants – and through a concern to engage a wide range of government and non-government professionals with responsibilities for responding to vulnerable teens. Interviews focused on the range of adversity faced by highly vulnerable teens, the strengths and weaknesses of current support services available, and on what systemic changes might be needed to improve the lives of highly vulnerable teens. Service providers were also asked to offer observations about the experiences of those aged 10-13 who, for a range of ethical and practical reasons (discussed below), were not engaged in one to one life history interviews.

Both group and individual interviews were conducted, including 20 with staff from homelessness, housing, mentoring and case work services, and 6 with staff from Tasmanian Government services including Youth Justice, Tasmania Police and Child Safety Services. In total, 32 service providers participated. Approval for staff participation was provided by government agencies and all individuals provided written informed consent. Interviews were audio-recorded and as they were undertaken during usual hours of paid work no participant incentive was offered.

ANALYSIS

Full interview transcripts of all interviews were prepared externally by a transcription service providing a confidentiality agreement. Due to the distressing nature of the interview material, detailed information about the project and the opportunity to debrief with the researcher was offered to transcriptionists. Thematic analysis (rather than close narrative analysis) of the transcripts was undertaken. In the context of the compact nature of the Tasmanian community, thematic reporting of the data aimed to assist in keeping the identities of participants confidential. Pseudonyms for youth participants were assigned by the researcher and professional participants are identified only by the role they performed and service type they represented.

Ethical issues arising in research with highly vulnerable young people

Whilst a detailed account of the research and ethics process is beyond the scope of this report, it is important to add brief reflection about the ethics of undertaking research with a highly vulnerable and young population. Ethics approval was granted by the Anglicare Victoria Research Ethics Committee (AVREC) which offers a fee-for-service research review. This project was considered 'high-risk' and slightly unusual in its request for very vulnerable young people to provide independent informed consent.

The application for ethics approval highlights some of the issues faced in ensuring vulnerable young people's access to research participation and ultimately in ensuring that their difficult life experiences are respected and recorded. As in the context of service provision, in the context of conducting research the extreme vulnerability of potential participants – both because of their age and adverse experiences – may paradoxically lead to their exclusion. Considered 'too hard' for service engagement, vulnerable young people may likewise be considered 'too hard' for research involvement. This is because they may be 'too hard' to reach, 'too hard' to engage, or 'too hard' to keep safe because of the potential risks they are perceived to pose to themselves or others.

Vulnerable young people by default are considered at risk in the conduct of research. Under normal circumstances, the National Statement on Ethical Conduct in Human Research (2007, p. 51) makes it clear that parental/guardian consent is required alongside that of children and young people under the age of 18. As Baker and Plows (2015, p. 198) suggest, balancing 'protection and participation' in research with vulnerable young people can be difficult and tackling the issue of parental/guardian consent became a key issue in the conduct of this research.

SARC determined that requesting parental/guardian consent could be a barrier to vulnerable young people's research participation and could in fact potentially create risk of harm. The case was made that it is most appropriate for young people to provide independent consent, but with the support of an informed, alternative adult who can safely engage with young people and assist them in understanding the implications of research involvement. The engagement of support workers as alternative and physically present gate-keeping adults for their young clients was designed to serve the best interests of young people.

Due to researcher capacity, time constraints and perceived likely ethics review delays, approval was not sought to include young people aged 10 to 13 in life history interviews – either with parental consent or independent consent. This remains a troubling gap in the current project and an important area for further research to confront. Whilst service providers offered some limited commentary and reflections on the experiences of those aged 10 to 13, anecdotally this is an age cohort increasingly experiencing the complex adversity more commonly observed in older teens. Further research explicitly designed to enable the direct participation of this younger cohort is essential.

It should be noted that SARC's commitment to undertaking high-quality research with a vulnerable cohort included providing professional supervision to the researcher throughout the fieldwork stage of the project. Whilst there are clear differences between conducting therapeutic social work and social research, engagement of the researcher in reflective practice was considered an important dimension of self-care and of trauma-informed research engagement with vulnerable people.

Research limitations

This research has two key limitations. Firstly, it is difficult to determine the extent to which the sample of young people included in this research more broadly reflects the experiences and characteristics of highly vulnerable young people in Tasmania. To be clear, this report does not aim for representativeness and instead enables previously unheard voices to reach a wide audience. This research included only those young people who were current clients of support services, in particular clients of TYSS. Further, these young people were also specifically identified by service providers as able and willing to participate in this research project. This raises questions about how far these young people may differ, or not, from other clients of support services and from those young people *without* current contact with services.

Further, the life story approach used in this research also poses limitations to the nature of data collected from young participants. Undertaken through open-ended discussion, the data collection largely depended on young people's decisions about what information they were willing to share and on their analysis of what it might be important to discuss. As such, there was no consistency in the material collected from each young person – each life story was unique in content and in the manner in which it was told.

However, bringing young people's interviews together with those of a broad range of service providers offers a clearer context for interpreting young people's life stories. Whilst this project focuses on a small number of life histories, the repeated echoes of these in the information shared by service providers is striking. Indeed, young people's life histories offer direct illustration of the key overarching themes that service providers highlight in their reflections on this cohort as a whole. The strong correlation across young people's and service providers' interviews does not enable representative claims to be made about highly vulnerable teens in Tasmania, but arguably provides the best possible current knowledge base about this group.

The lack of a local or national research literature specifically addressing the experiences of this cohort also adds to the difficulty of assessing the representativeness of the sample of young participants in this research. Just as they exist between the supports of various agencies and services, highly vulnerable teens also exist between research literatures. Their lack of visibility or intermittent visibility means that their experiences may or may not be captured in issue-specific research which focuses on youth homelessness or youth justice for example. They are also likely to remain invisible in research which traces young people's experiences within child protection services – as the cohort of concern in this project does not actively

receive these. There is no specific or easily accessible body of research through which to contextualise the findings discussed in this report.

This relative invisibility and transience of highly vulnerable teens is a second key limitation of the research. Highly vulnerable teens are not consistently visible in any one government agency and only one service – TYSS – specifically targets the general needs of this cohort in Tasmania. This makes determining the likely scale of this population extremely difficult. In turn, it is also difficult to assess how commonly shared the key issues revealed by young participants in this research might be. The difficulty in understanding the scale of young people's need has ongoing ramifications for policy, program and service design. Paradoxically, the relative invisibility and the perceived 'hard to reach' status of highly vulnerable teens become key factors in both the lack of research and the lack of appropriate support services.

Conclusion: Making highly vulnerable teens visible

The strength of this research, then, is its contribution to emerging work on vulnerable teens in Australia, which to date focuses in particular on those young people who are dual-system clients of child protection and youth justice. This project is unique in its attempt to ensure inclusion of the voices of teens who remain *outside* or on the margins of this cross-over population but who nonetheless experience extreme and enduring vulnerability. It illustrates how important it is to understand that the highly vulnerable teen population includes *both* those with and without Care and Protection Orders. Further, it makes clear that given the limitations of child protection responses, child protection involvement cannot be used as a default indicator of the high vulnerability of young people.

This project provides a solid starting point for understanding the kinds of experiences which result in life trajectories of high vulnerability into adolescence. Life history as a methodological approach enables unique insight into how and why these trajectories unfold. Young people's life histories offer a view across the critical developmental periods of both early childhood and adolescence through which a picture of accumulating adversity can be built up. In providing access to rarely heard voices and those of highly experienced practitioners who work with them, the project also offers an important step forward in the needed re-thinking of what supports work best for this cohort. Indeed, a key contribution of the project is a re-thinking of 'the ways social arrangements can exacerbate or relieve vulnerability' (Mullin 2014, p. 267). This is a re-thinking that can only start with making this cohort's needs more visible – the challenge taken up in the following chapters of this report.

How high vulnerability begins: Violence and abandonment

I don't believe dad loved me.
I think that he – I don't know –
I think he might have just
thought a child is like a doll,
you can just chuck it away.

Frankie

This chapter is the first of four which together present a picture of why and how high vulnerability manifests in the lives of young people. It focuses on key life experiences identified as important by young people who were asked, with open-ended questions, to share stories about their early childhood and about what life was like growing up. Put bluntly, young people did not report many, if any, positive experiences. The theme broadly dominating young people's early childhood histories is violence and the chapter organises their story-telling in terms of the types of violence – family, sexual, physical and random violence – that they describe.

This chapter makes clear that the focus of the research is on *high* vulnerability: these are lives clearly lived at the extreme. Whilst this chapter makes difficult reading, in order to understand *one* fundamental root of high vulnerability, engagement with young people's descriptions of early childhood trauma is vital. Though some may feel they already 'know' such stories, for others in the community a full appreciation of what life is like for vulnerable teens is a long way off. Irrespective of prior knowledge, engagement with these stories is important as a process of bearing witness to the voices of those young people who chose to dwell – for the purposes of this research – on experiences they would rather forget. They did this in an attempt to sense-make, educate, and advocate.

As this chapter also explores, often compounding physical and sexual violence was another distinct experience which also profoundly disturbed or even destroyed a young person's sense of being valued. They described the detrimental impacts of the failure of adults in their lives to protect and care for them. A powerful picture of pervasive, accumulated feelings of *abandonment* emerged. In contexts – not always violent – in which care and protection were absent, young people described a rapid and very stressful transference to adult roles and activities including care work and independent living. This resulted in young people feeling disconnected from 'normal life', out of their depth, adrift and alone. Ultimately, as will be discussed further in Chapter Three, feelings of abandonment, driven in hard through repeated violence, attachment disruption and high stress, also produced mental and physical breaking points and self- and other-directed violence. Firstly, however, an account of violence and abandonment as key childhood experiences for the research participants is offered below.

Experiencing family violence

Domestic violence was a central theme in young people's life stories. Young people described experiences of family violence between parents/carers and also of family violence they later experienced in their own intimate relationships. This section focuses on young people's discussions of family violence of parents/carers experienced during childhood.

Whilst all young people discussed violence as a central theme in their lives, not all reported experiencing family violence. For those who did, a shockingly intense picture of violence emerged. It is important to understand that some young people described surviving in households of *chronic, high-level violence* that many in the wider community would find difficult to comprehend.

Young people offered insight into both the complex contexts in which violence occurred as well as descriptions of the nature of the violence they witnessed and responded to. Delia's (15)[6] account of experiencing family violence between her mother and partner began with a very clear assessment of the multiple issues her mother faced:

> Delia: Well, my mum, when we moved to [regional town] my mum – because she had a really rough childhood, like she was tampered with and made to do things that she didn't want to do, so she was pretty messed up mentally as well and so she took up drinking, a big drinking habit, and she was in domestic violence with one of her ex-partners, my older brother's dad. And yeah, we've seen a lot of her getting hit into.

Delia described the savage abuse of her mother, offering accounts of the multiple injuries her mother received:

> Delia: Every day he would belt into her…I remember this one time he drugged her so she couldn't move and pounded her face that much that all of her cheeks were shattered, her nose was completely shattered, her eyes were that fat and so on that she couldn't see out of them. She couldn't sneeze for about three years or it would shatter her nose.

As Delia observed, the impact of violence on her mother was both physical and emotional:

> Delia: I hated seeing what he put my mum through. She's messed up, like now, by just not being able to trust anyone. She's got a broken tailbone that can't be fixed because of him….He threw her down twenty-six stairs.

....

6   Pseudonyms have been assigned to preserve the confidentiality of young people's participation in the project. Their age at the time of the interview is included in brackets.

Like Delia, Frankie (16), Keira (15) and Paul (16) also offered blunt descriptions of the violence their mothers survived:

> Frankie: She was bashed every day by dad. He was just very violent, didn't care. In my eyes he's never happy unless he's hurting someone.
>
> Catherine (researcher): And were the police ever involved?
>
> Frankie: Yeah, mum charged him and he went to jail once for ramming the truck. He chased my mum in a car up the driveway and hit the front stairs at the front of the house…If she [hadn't] have fell up the stairs, he would have hit her and if mum and dad were still together to this day, my mum would be dead.

> Keira: I remember one time Mum came in with blood running down the back of her head. They told us that she fell out the door but I know what really happened; he whacked her across the head with a pan.

> Paul: Yeah she has like several bleeding noses and bruises over her body and that. Yep…Mum just pretty much told us, my brother, half brother and I just to go back to our rooms and that so we didn't have to witness it yeah.

Frankie's experiences of family violence started from birth and she and her mother eventually escaped – following her mother's near death described above – when Frankie was five or six years old:

> Frankie: While mum and dad were together I was moving around a lot, like I was always in a car and moved and mum was in an abusive relationship with dad…I was never on the floor or home, I was just moved around in a car chasing dad or doing stuff for dad otherwise mum would be hurt, or something. I was never allowed to cry as a baby or dad would be like, 'Shut that fucking kid up,' and stuff like that…Like dad was nasty and my mum, myself and my sister – we were in and out of youth shelters and stuff like that. So we were in the [regional town] shelter and [another regional town] shelter to get away from dad and mum's best friend helped her out a lot to get away from dad in the end…

Frankie's step-father, who subsequently came into her life when she was six years old, was also abusive. This abuse went on right throughout childhood and into adolescence. Frankie described some of the family violence with her step-father in the following way:

> Frankie: Well they'd yell and scream at each other, but he'd hit her…And throw stuff and punch holes in the walls and just stuff like that, stuff that we shouldn't be around.
>
> Catherine: Yeah. Did she ever need to go to hospital?

> Frankie: Well he broke her nose a couple of times and she just left it. But mainly black eyes and holes in the walls, and stuff, and then he punched her face into the road once and it just got out of hand….The last time he hit my mum was last November and I was working at the time and they went to [outer suburb of regional town] to drink and at about five o'clock in the morning my baby sister came down to me and was like, 'Where's mum?' and I said I didn't know, so she slept in my bed with me…And then I got a phone call to say that my mum was in hospital and I knew he'd done it. So I ran to the hospital…I didn't even get to her room and I just started crying because I could see her and then I screamed at her and I was like, 'I can't even recognise you.'…She had a broken nose and black eyes and stuff…

Not only did young people witness the violent injuring of their mothers, they had responsibilities for *responding* to family violence – responsibilities which in themselves added trauma and stress. Thus 'witnessing' family violence for these young people was not 'just' about seeing and hearing violence but involved a very active engagement in managing the impacts of violence (see also CCYP 2016, p. 18). This included attempts at protecting mothers and managing the impact of violence on younger siblings, as well as providing personal care for injured mothers and undertaking household management while mothers were hospitalised or recovering from their injuries.

Paul described his attempt to intervene in the violence between his mother and father:

> Paul:…that just ended um pretty – him hitting me also, getting me out of the way and swing his arm back and hit me and that.

Delia described the very difficult emotional and physical labour of supporting her family through family violence. This included caring for her baby brother and sisters during episodes of violence:

> Delia: So I was like the oldest, so I knew that what I had to do if they were having their moments. I would take the kids and make sure – talk to them and make them not hear the bullshit that was going on…I used to lock myself in the bathroom with the other kids just so they didn't see it.

> Delia: He came in and started screaming at her. My mum passed me my little brother, took him and I to the bedroom and I heard him scream at her…

Delia also outlined the deeply confronting emotional and physical support she provided for her mum following the violent incident described above, in which her mother received serious facial injuries:

> **Delia:** Used to get up before the kids and help my mum…So I got up and would help her clean up the blood, because there used to be a lot from her [face]…So I used to just help clean up because she couldn't see properly. Used to be pretty scary just – used to be a lot of blood. I didn't mind helping out. She needed someone to help her; she didn't have anyone, so I feel like I had to be there for her because she had no one else to support her.
>
> **Catherine:** And how old were you at that time?
>
> **Delia:** Still young, like under the age of eleven.

Being involved in family violence was just *one* form of violence which characterised childhood for some young people. Likewise, undertaking practical and emotional care work in the context of family violence was also only one form of adult responsibility which characterised childhood. It was common for young people to experience multiple and even concurrent forms of violence during their childhood. It was also common for young people to describe a range of caring responsibilities that would usually be undertaken by adults. For some family violence was just a background context in which other forms of violence also occurred. For others, it was different combinations of sexual, physical and random violence which dominated.

Experiencing sexual and physical abuse

For those young people who included discussion of physical and sexual abuse in their life stories, abuse was often a prolonged experience in their lives. Until young people were able to escape, either with a parent (usually a mother) or on their own, their abuse was usually secret. When in a context of relative safety, it was then that young people disclosed abuse. By then, however, as young people described, they may have experienced more than ten years of physical and/or sexual abuse.

Mark, for example, lived with a physically abusive father who he also suspected was being violent towards his mother. When he was twelve, his sister revealed a history of rape perpetrated by their father and the physical abuse of his brother also came to light. As Mark described it, the family 'imploded', his mother and siblings all separated and his father was jailed.

Similarly, Paul lived with both family violence and physical abuse perpetrated by his father, where he had to spend every weekend:

> Paul: I guess it was nerve-wracking knowing every time I got there it was just violence towards me. Yeah. Didn't really want to go out there.

When he was around twelve, he simply refused to keep going to his father's for weekend access visits:

> Paul: I had a phone and mum said just video everything pretty much and just use that as proof because he always denied it, [said] he didn't hit me and that…I pretty much just said I'm sick of getting physically hurt and that. Mum understood so she allowed me to stay home.

Following this, finally he and his mother went and reported the violence they both experienced to police.

Keira spent the first ten years of her life living with a step-father who not only 'bashed' her mother but who she described as a pedophile:

> Keira: I always got molested as a child. For about ten years I was being molested by my mum's husband, and I never said anything because he said if I had said anything he would do worse things to me…So I didn't say anything until my mum ran away from him because he had bashed her and had heaps of teenage girls there and lots of teenage boys, and he was always giving pot and alcohol and all that sort of stuff…We were on the run; we went all over Tasmania because we were running away from my mum's ex-husband.

For Keira, sexual abuse was normalised:

> Keira: I thought it was normal as a kid, you know. I thought that's what happened to little girls.

Both she and her siblings also experienced physical violence:

> Keira: I got badly abused like that too when I was a child; I always got bashed up by a cane by him. I have really bad scars on my back from it. Yeah, my brother was getting abused by him…He always hit him and stuff like that.

Whilst fathers and step-fathers featured as physical and sexual abusers in young people's life stories, Maya (15) reported experiencing abuse from her mother:

> Maya: And as I was growing up, getting into my toddler ages, about three or four, mum used to belt me and sister…she used to belt me and my sister pretty bad with the belt, because she was a single mum. I guess it's hard on her, but she still didn't have to abuse me and my sister and she used to tie us to our

> beds with dressing gown ties…We were black because of what mum used
> to do to us…She'd tie us to our beds because we used to get up to go to the
> toilet…She used to tie us when we were – we were about six or nine, and used
> to tie us, because we just wouldn't go to bed.

Unlike Mark and Keira, Maya did report some knowledge about possible child protection involvement, but this changed little in her life and ultimately resulted in further abuse:

> **Maya:** Primary School was the only time they told Child Protection and Welfare.
> Welfare didn't do anything. Child Protection rang mum and said 'What's the
> go? Your daughter is coming to school with bruises.' They would try and look
> into it and Mum always used to lie her arse off to get out it, so we weren't taken
> off her. And then, as soon as I got home from when the phone call was being
> taken, I'd get a belting because apparently, I lied.

For most young people, abuse started when they were very young. Mark, Paul, Keira and Maya discussed sustained physical and sexual abuse from known care-givers that began in early childhood. For Lindi (14), whilst she had always had a difficult relationship with her mother, physical abuse did not start until she was thirteen. As she explained, 'because mum was hurting me', she started running away from home and couch surfing with friends and her boyfriend. Similarly, for Kayla (14), abuse from her mother and step-father started 'probably in Grade Five, Grade Six' (eleven or twelve years old):

> **Catherine:** Was he hurting you?
> **Kayla:** Yeah. My mum and dad have both done that, so I got used to it. But I
> used to run away and I'd go sleep in people's backyards and stuff like that.
> Because – I don't know – I'm kind of used to it now and they know I'm used to
> it so they don't really hit me anymore. They would go off at me and kick me out
> of the house, and I'd have to go and find somewhere else to live.

In all cases, as will be discussed in more detail in the following chapter, experiences of abuse resulted in further adversity for young people as Lindi and Kayla's trajectories into homelessness suggest. The long timeframes of abuse meant that enormous complexity developed in young people's lives by the time they were old enough to escape or speak out about their abuse. This included extremely fraught relationships with *non*-abusive parents as well as multiple issues symptomatic of complex trauma. As already noted, however, such abuse was rarely the only experience of violence a young person experienced. Along with abuse and active engagement in family violence described above, young people also reported incidents of random violence that likewise produced dramatic changes in their self-concepts and their view of the world.

Experiencing random violence

Compounding other violence and abuse, a small number of young people also reported other random incidents of threat and assault also experienced during childhood. Kayla described her experience of sexual assault:

> Kayla: I got sexually assaulted when I was nine or ten. He lived around the corner from us, and he used to walk past my house every single day and he worked in the school and he was a breakfast club [volunteer] and he used to give me breakfast all the time. And I trusted him so much, everyone did. He only got jailed for six weeks for doing what he did.

Both Delia and Frankie experienced terrifying home invasions:

> Delia: Another big trauma that happened when I was about four, me and my dad…went to the…market for the day and the night and went to my aunty's… had tea and then we got back to my dad's place…at about 12 am something – it was a pretty late night – and I was pretty tired so my dad said 'Straight to bed.' I turned my light on and opened the door and my window was wide open and there's beer bottles all over my floor and there's a fully grown man and I didn't know who he was and my dad didn't know who he was lying on my bed with either, I don't know if was a knife or a gun lying next to him, but that was pretty scary. I was four…I was petrified. I didn't know what to do, so I ran and screamed to my dad who told me to grab a knife out of the cupboard and grab his phone and go hide under the couch and block my ears and if I hear him say ring then I had to ring the police…And then I remember hearing lots of screaming and my dad dealt with him. I don't know how but my dad dealt with him somehow and then for about seven years I would piss myself at night, I wouldn't sleep in my room, wouldn't go near my room, I slept with my dad. I would wake up screaming at night because I was so petrified of it happening again. And then my dad got a new missus and I had to start sleeping in my room again and I just pissed the bed every night and was so scared and woke up screaming.

> Frankie: And then the man came into my house – they were all drinking across the road at a friend's house…and the guy that was with my mum and that was still outside…he walked across to our house, walked into our house, came into my bedroom and said, 'What the fuck are you doing awake?'…and I was like, 'I'm just baby-sitting,', and he said, 'Well you should be a-fucking sleep,' and turned my TV off. So I chucked a truck at him and told him to get out of my room, and he like, 'If you tell anyone, I'll rape you, chop you up and chuck you in the shed'. I was bawling my eyes out and then he walked out and I heard

> something go bang in my mum's room...and [step-father] came flying through the door and asked where he was and [step-father] went into the bedroom and was like, 'What the fuck are you doing in my house with my kids?' and then my mum and everyone came running through and [step-father] was bashing him and blood has gone everywhere....and I just slid down the hallway wall and I was bawling my eyes out...I just wanted my dad; I don't know why but I just wanted my dad. And yeah basically I haven't been the same since...I wish I didn't see it because now I'm just scared...

For Frankie this experience was a turning point. Already experiencing chronic bladder control problems which included wetting herself at school, following the home invasion Frankie's poor mental health escalated dramatically. As she described, 'And that's when I started seeing psychologists and stuff because I was going really psychotic'. Frankie did not want to talk to a social worker, however, because of her perception that she might be removed from her home environment – which as discussed above, was one of chronic family violence:

> Frankie: I didn't want to talk to her [school social worker] because I thought they were going to report it to Child Protection and I didn't want to be taken from mum.
> Catherine: And what did you think they would report to Child Protection?
> Frankie: Just stuff like all the arguments and stuff that was going on at home...

The experience of random violence had a profound physiological, mental and emotional impact on young people. Accessing effective support, however, seemed very complex given the layers of ongoing household chaos, family violence and physical and sexual abuse that young people may also have been experiencing. Young people also described environments of *generalised* violence – environments in which the violent responses of adults to each other and their children seemed normalised. Frankie and Delia, for example, were coping with extremely intense family violence at the time they also experienced the home invasions. Added to their involvement in family violence were the terrifying encounters with adult men in their bedrooms. Further, they had continued exposure to the violence which followed. This consequent violence – the brutal bashing of the male intruders – carried out by the girls' primary care-givers, was particularly graphically recalled by the young women.

As will be explored in the following chapter, like for Frankie and Delia, it seemed that most young people simply accumulated multiple violent and traumatising experiences without major intervention until they reached a breaking point in their early teens. Not only did young people live trajectories of violent trauma

but these were often augmented by another intense layer of emotional distress. Fundamentally, young people were deeply confused and *wounded* by their growing awareness that care and protection were missing in their lives. Their exposure to violence and their experience of the absence of care and protection precipitated early entry into adulthood. For some young people this involved learning to care for themselves from a very early age, whilst for others it also meant that providing care for *others* also became their responsibility.

The absence of care and protection

For some young people, early entry to adulthood and self-care simply took place *by default* as relationships of care and protection disintegrated around them. Specifically, young people had parents or care givers who were not able or willing to look to after them because of death, illness or the multiple adversities they themselves were trying to deal with. Delia, for example, could not be cared for by her severely mentally and physically unwell father and instead lived with a mother trapped in a savagely violent relationship. Then Delia tragically lost her father – the only protective figure in her life – and was left in the full-time care of her mother whose health was rapidly declining because of liver failure. Mark and his siblings experienced chronic physical and sexual abuse perpetrated by their father, the revelation of which destroyed their family and their relationship of care with their mother:

> **Mark:...Me and mum don't get along. So she doesn't come within three metres of me because she's worried because we argue a lot so she's, sort of frightened of me, because I yell and scream and stuff so. It's sort of – it's a love, hate relationship. Sometimes she'll talk to me, sometimes she won't but I can't live there because she uses drugs and stuff and she's not a parent. Well, she's a parent but she's not the parent that I, sort of, need at the moment.**

For Frankie a lifetime narrative was feeling abandoned and neglected *within* her own home. Having escaped a context of family violence perpetrated by her biological father, Frankie grew up in a household of further chronic family violence perpetrated by her step-father.

Further, Frankie's step-father routinely returned to prison, an occurrence which had a deep physiological and emotional impact on Frankie:

> Frankie: The doctor thinks that when my step-dad went to jail the first time I was too scared to go to the toilet and stuff, and felt really unsafe. So I was holding my bladder and then I couldn't hold it anymore and I was wetting myself and getting really bad urine infections.

> Frankie: I tried to commit suicide five times in my life. The last time was because of dad [step-father] which they knew because while I was at the hospital and out of it, I just kept crying for my dad [step-father]…I kept saying, 'Why doesn't my dad love me? What have I done wrong?' and stuff. But [step-father] went to jail again for bashing a police officer, drunk, and that wrecked me. I actually sent him a letter, a really abusive letter, like 'How can you promise your kids you're not going to go back to jail but do it? If you really loved your kids you wouldn't leave them constantly all the time and you wouldn't hit their mum.'

Frankie felt repeatedly abandoned by her step-father who was violent and then absent in prison. She felt abandoned by her mum who chose violent partners, and she felt abandoned by her biological father who was just seventeen when she was born:

> Frankie: I've always felt abandoned and not loved. I feel like a lot of it's myself; sometimes I blame myself why my [step-]dad doesn't love me and why I was abandoned and neglected and whatever, but I don't know…In a way I feel like mum's neglected me…I feel like she chooses everyone else above me… If you really love your kids you don't do this to them, you don't make them feel unloved or not wanted. And what I see with my [biological] dad is he never wanted me but mum did and that's why they kept me, or is it because of money; did they have me because of the money or what's the go? I don't believe [biological] dad loved me; I think that he – I don't know – I think he might have just thought that child is like a doll, you can just chuck it away.

Frankie also offered a blunt assessment of her biological father who came back into her life in later childhood:

> Frankie: He just got a girlfriend and was too busy for us. He's a drug dealer; my dad's a drug dealer and his drugs and friends have always come before us even as kids, yeah.

As Frankie outlined, the feeling of dispensability was central, and one that was a theme for many young people. Also pervasive was the fear and knowledge that they would be abandoned again. As Frankie reflected, the fear of abandonment remained ever-present:

> Frankie: I'm still waiting for the phone call to say [step-dad's] gone back to jail, or [step-dad's] hit mum...I still have that fear of when he's going back, like, when's the next time he going to hit mum or when the next time he's going to walk out or just something.

Keira, having survived sexual abuse perpetrated by her mother's ex-husband, likewise described a pattern of feeling dispensable and abandoned through what she considered were her mother's bad choices:

> Keira: Her [mum's] boyfriends, I couldn't handle them. It was hard to see men coming in and out, you know, and it was hard to get close to someone and then see them leave again, like a father figure.

> Keira: I don't think I will ever be able to live with her again – just that she chose pedophiles over me and that hurt. Not that I'm bad-mouthing mum or anything, because we get along now, but at the time it's like I wasn't her daughter.

Kayla described similar experiences and feelings:

> Kayla: They haven't been there for me since I was two...Mum always chooses my step-dad's side over mine. She doesn't want to lose [step-father] but she doesn't really care that he hits me, yells at me.

Frankie, Keira and Kayla were able to clearly articulate their feelings of being let down and abandoned. Likewise Maya also clearly articulated the pain of her physical abuse and what she experienced as her subsequent painful abandonment by her father. She described a scenario in which her father was aware of physical abuse being perpetrated by her mother but appeared to be unable or unwilling to actively intervene in this:

> Maya: We could only see our father only every second weekend and then when we were there...my step-mum and dad used to take pictures of me and my sister because we'd have bruises all over us and we were black because of what mum used to do to us. And dad moved over to [a regional town in another state of Australia], where my nan and pop and all that live, where all his family live. So it was really hard on me and my sister, like, it was pretty hard on us.

Especially given the severity of physical abuse Maya and sister experienced, it is overwhelming to imagine how the girls might have felt about the sudden, unexplained departure of their father – who they did not hear from again until twelve months later. Indeed, as Maya described, at the young age of eleven she began to experience a significant decline in her mental health:

> **Maya:** I dislike what he has done, because I need him in my life. I can't do this on my own. And that was the thing that hurt the most was he packed up and left. Didn't even bother – he didn't even tell us when he moved over there… And then he just packs up and left and then the house was up for sale. So it hurt. That's what made life – imagine eleven years old – I was depressed.

Similarly, Paul indicated his mother's awareness of his physical abuse whilst in his father's care, but a lack of intervention. Paul's mum encouraged him to take videos and photos of the abuse or injuries he received. It was not until he was twelve, however, when he insisted he would not return to his father's house that she agreed to have him stay at home with her. Paul's mum was also being violently assaulted by Paul's dad, usually when picking up or dropping Paul off.

What these and other scenarios point to is a very complex web of violence in which the failure to protect young people from family violence and physical and sexual abuse was deeply tied to care-givers' own experiences of trauma, illness, violence, and drug and alcohol use. In some cases, such as Maya's, it remained unclear why a parent failed to protect a child known to be experiencing abuse. Whilst of course there will always be multiple contextual factors that can be further explored, it is also vital not to lose sight of the fact that these young people experienced *a profound absence of care* both from those who directed abuse, those who were unable to protect them from abuse, and those unable to provide meaningful, continuous care.

Being an adult

The absence of caring and protecting adults not only resulted in enormous physical and emotional hurt for young people but also propelled them by necessity into undertaking care and protection work themselves, in whatever ways they could. Being actively included in the adult world at a very young age was a common and at times overwhelming experience for young people. The commitment and resilience exhibited by young people during their childhood care for parents and siblings, however, was a particularly remarkable feature of young people's stories about early childhood. Delia supported her mother and siblings during a period of extreme family violence, and also continued to provide support to her mother who was struggling with alcohol-induced liver failure. Earlier in her life, Delia had also cared

for her father who suffered multiple health issues including schizophrenia, bi-polar, gangrene and repeated strokes:

> Delia: Every morning before he got up – I'd get up before him – I would get all his pills out and put them in order that he had to take and he had about thirty-nine pills that he had to take morning and night because of all his sickness. And I would always make him omelets and toast for breakfast and coffee… Always used to bring him all his medicine, used to try and take care of him.

Despite being actively and openly suicidal, which was deeply distressing for Delia, her father was a safe and loving person and his house was a safe and loving place that she was able to go to most weekends. Her hope was to move into his house permanently by the time she was ten:

> Delia: I never really wanted to live with my mum full time ever. I always used to say to my dad, 'When I'm ten can you get mum to sign the papers over so I can come and live with you full time?'…And then I've waited a few years until the age of ten and he didn't do it because he started getting too sick.

Heartbreakingly, at age eleven even the dream of caring for her father was permanently taken away:

> Delia: My dream job was to be his carer when I older, but that dream went down the hole.
>
> Catherine: Did it? What happened?
>
> Delia: He passed away, so [I] can't take care of him.

Similarly, Taylor (16) described a childhood of incredibly overwhelming care work – for her mother who was receiving treatment for cancer, for the children her mother continued to have each year (Taylor had seven siblings in total), and then for her frail grandmother:

> Catherine: So you were eight – you moved home [from Nan's] on your eighth birthday and you – you're saying that you had to look after…
>
> Taylor: My brother and [sister].
>
> Catherine: So there were two younger than you that you looked after?
>
> Taylor: Yep. Well one of them. So the other came along just after her and then another one came along, so I had to look after her and then another one [laughs].
>
> Catherine: So by the time you were ten there were four younger than you living at home?
>
> Taylor: Yeah.
>
> Catherine: Okay. And when you say you had to look after them…

> Taylor:...baths and stuff, get up, yeah, and feed them.
>
> Catherine: In the night?
>
> Taylor: Yeah. Mum couldn't handle it, because she had cancer....She had...she's got breast cancer and throat cancer and liver cancer as well.
>
> Catherine: I'm sorry.
>
> Taylor: All good [laughs]
>
> Catherine: So there were no other adults living in the house?
>
> Taylor: Nope.

When Taylor's mother started treatment for cancer, Taylor did not go to school – the school sent work home with her brother – and missed most of Grade Six while undertaking care work for her mother:

> Taylor: Yeah I dropped out of school for like a year, because that's when Mum first found out she had cancer, and then I'd help her. So I was Grade Six, something like that.

The stress of care work was getting too much for Taylor and her relationship with her mother began to deteriorate. When she was only ten years old, she moved out:

> Taylor: Then my sisters were all born and I had to look after them and stuff and yeah, I couldn't handle it. I moved out [laughs]...Too many kids there for me after a while, yeah. Just got over it...More of us in the house, yeah, nope...I just couldn't deal with it anymore.

For the next four years, Taylor couch surfed with the families of her friends near to her mother's house – these were unstable, overcrowded living arrangements. She only went to school part time – to enable continued care work – and began engaging in criminal activity, including stealing cars. She was also hospitalised for two weeks with glandular fever. Though she stayed living elsewhere, Taylor returned home during the day to care for her mother and then for her grandmother:

> Catherine: So you got through Grade Eight and then for Grade Nine were you still doing three days [at school]?
>
> Taylor: Yeah. For half the year and then I went to two days.
>
> Catherine: Okay.
>
> Taylor: Because, yeah, Nan got really sick and stuff, so I had to help her. And Mum found out she's got more cancer so I had to look after her as well.
>
> Catherine: Okay. And so when you say you had to help your Nan, what [were] your responsibilities there?
>
> Taylor: I had to take her everywhere, practically, because she can't walk which means I have to push her around in the wheelchair, had to cook her tea, had to clean for her and yeah, had to shower her [laughs] – get in the shower and stuff.

> Catherine: That's a big responsibility for someone who's thirteen, fourteen.
>
> Taylor: Yeah. Yep.
>
> Catherine: And did you have to go to her most days?
>
> Taylor: Yeah. Most days. Mum came down and helped when she could, but yeah, she could only do light – because she was pregnant and stuff.
>
> Catherine: And then your mum started getting sick as well?
>
> Taylor: So yeah, had to help with my little sister, because she was seven weeks early and stuff. Yeah. Had to look after her.
>
> Catherine: Okay. So when you say look after her, what do you mean?
>
> Taylor: I had to take her everywhere with me practically, because yeah, she wouldn't settle for mum at all. Yeah…Mum helped when she could and stuff, when she wasn't at the hospital and all that.
>
> Catherine: So would she tell you what the baby needed or…
>
> Taylor: Yeah. She'd have it all ready for me. I just had to make the formula and change its bum. So yeah, I missed school.

Similarly to Taylor, in the context of her mother's illness, Delia likewise took on a parental role and responsibility – a role and responsibility clearly recognised by her younger sister:

> Delia: Yeah, I was the first one that she saw, the first one to hold her. I wouldn't let go of her. And now I'm sort of regretting that because she makes it my responsibility to guide her, and that, because she doesn't – it's not mum, it's Sissy, 'Sissy, Sissy, Sissy'.

In shouldering adult activities at such a young age, young people experienced enormous pressure and responsibility at the same time as being left without stable guidance and committed care that was just for them. They were left to look after themselves, to bring themselves up – and sometimes their siblings – in often very chaotic environments whilst also experiencing a heavy burden of trauma and grief. As will be discussed in Chapter Three, such responsibilities at a vital period of biographic transition lead to outcomes that were often catastrophic for young people.

Conclusion: Abandonment as violence?

The sense, that for whatever complex reasons, parents and care-givers were simply *not there* for young people is profound and as Frankie's reflections illustrate, had enormous, lasting destructive power in young people's lives. Young people experienced the immediate pain and terror of multiple types of violence and also became more and more aware of how a lack of care and protection from other care-givers exposed them, sometimes repeatedly, to this pain and terror. They internalised a sense of their own dispensability and at times lived without hope, and actively attempted to end their lives.

As such, young people described extreme distress in the face of violence and/ or abuse *and* in the face of the failure or inability of care-givers to protect and love them. As Taylor's story suggests, however, the failure of care did not always involve exposure to violence. For her, an absent father, a gravely ill mother and multiple siblings requiring care not only meant that there was little scope for her to experience being cared for but instead a huge demand was placed on her to provide care for *others*.

Ultimately, however, the fundamental experience of not being cared for had violent impacts in young people's lives. Young people did not have to experience physical and sexual violence growing up to feel the full force of abandonment during adolescence. Chapter Three begins to unravel in more depth the unmistakable outcomes both of the presence of violence and the absence of care and protection in young people's lives. It explores what happens in young people's lives as they move into teenage years, having survived extraordinary childhoods of violence, emotional stress and an enduring sense of having been profoundly abandoned, often repeatedly, by those meant to provide stability, protection and love. What starts to emerge is an awareness of how young people also experience abandonment by the broader mechanisms of *social* care and support meant to provide stability, protection and love. This 'double suffering' that Brown (2017, p. 180-181) points to becomes the focus of Chapter Four.

How high vulnerability endures: The multiplication of trauma effects

I just gave up on everything. Then I started drinking, then I started smoking cigarettes and marijuana, started being a little criminal and just not caring, not giving a damn about anyone or anything.

Delia

In early childhood, young people reported almost continual exposure to physical and emotional harm. By the time they were ten to thirteen years old, they began to understand and reject some of the immediate sources of that exposure – in particular their parents, step-parents or other care-givers. Whilst childhood abuse, stress and exposure to care-giver family violence had ended, the violent effects of being and feeling abandoned were just taking hold.

This chapter explores the ways in which early experiences of violence and an absence of care and protection led to intensified vulnerability and further harm. Many young people seemed to reach breaking points at which mental and physical disintegration began – including illness, psychosis, suicidal and violent behaviour –and other key turning points were triggered, including leaving school and home environments, drug use, and involvement in criminal activity. This meant that while young people had lived extreme vulnerability in their early years at home, as adolescents their exposure to *multiple environments of harm* was a new development.

During their teen years, young people's vulnerability and suffering took on an exponential complexity. This chapter describes some of the main forms of adversity they experienced including homelessness, poverty, involvement in crime, bullying and school exclusion, violent victimisation and behavioural and mental health problems. Without a stable place of care and protection provided at home or school and without any or enough income and opportunity to create a safe and stable places of their own, young people spent their adolescence moving between multiple spaces of harm, accumulating new traumatic experiences along the way.

Breaking points

A number of young people described hitting a clear point at which they could no longer cope with their home environments, points at which they became overwhelmed by trajectories of violence and by their conflictual relationships with parents and care-givers. These were points at which grief, stress and trauma seemed to translate into violent outbursts, suicide attempts and mental breakdown. They were also points at which longer-term trajectories of homelessness, early school leaving and criminal activity were set in train.

As described in Chapter Two, at aged ten, when her seventh sibling arrived, Taylor 'just couldn't deal with it anymore' and she started couch surfing with friends. For Delia, a trigger-point for her life becoming out of control was the death of her father. Delia turned her grief and rage over her chaotic upbringing on the mother whom she had supported through intense family violence:

> Delia: And then I started hitting into my mum because I was just over everything. I was over the drinking, I was over the people, I was over everything, and because I was grieving.

Paul, having removed himself from his father's violence, likewise became violent to his mother:

> Catherine: And what was home like for you with your mum at that time?
> Paul: It was a bit tricky. Like I was violent towards her at that age and stuff.
> Catherine: And when you say you were violent towards her are you able to tell me…
> Paul: Oh, I used to hit her now and again just out of anger and that with dad. I kind of took it out on her a bit, yeah.

For Frankie, experiencing the home invasion was a turning point in her life which seemed to trigger or increase the severity of a range of mental health problems, including attempted suicide:

> Frankie: I've always had anger issues, but I think Grade Seven everything changed. I was at high school, I didn't want to go to school, I was really emotional, my anxiety and depression was out of control and I just felt like I shouldn't be here. I shouldn't be alive. I tried to commit suicide in Grade Seven and I just felt like no one needed me. I didn't feel loved or anything and no one understood.

Similarly Delia's mental health spiraled after the death of her father:

> Delia: My depression got really bad that I just locked myself in my room for a whole year. A whole year I locked myself in my room for. This is when I was twelve. And I didn't eat; I just wanted to wither away to nothing.

For Mark, the public revelation of the sexual and physical abuse perpetrated by his father was the trigger point for life to go 'downhill':

> Mark: And pretty much once everything happened and Mum knew what had happened and everything, my family unit just fell apart. My brother moved and we all was arguing with another and getting kicked out and stuff like that. So pretty much, it was pretty much, like a tunnel that has just been blown up.

> Everything just came crashing down…
>
> Catherine: And so what happened to you? Where did you go?
>
> Mark: I went to my partner's house at the time and then I was getting into trouble. I was in trouble with the police. I was using drugs and drinking alcohol at a young age. Smoking, just pretty much went downhill…
>
> Catherine: So how old are you at this point?
>
> Mark: About fourteen or fifteen.

Similarly to Delia, Frankie, Paul and Mark, having escaped a childhood marked by family violence and abuse, for Keira, living with her mother finally hit an end point when she was thirteen:

> Keira: When I was about thirteen, I was sick of it at Mum's house because me and Mum never got on much, we always fought. We get on now, but we always fought…So at the end of Grade Seven, I was about thirteen, I ran away from Mum's and I went to my boyfriend's house at the time.

At her boyfriend's house Keira had access to 'heaps of drugs' and it was here – through overdose – that she made the first of what would be several attempts to commit suicide.

Like Keira, in Grade Seven Maya became 'deranged', 'broke down' and became suicidal. She was 'haunted' by her childhood physical abuse perpetrated by her mother:

> Maya: Because of what my mum did to me as a younger child I have that – traumatised my brain. So every time I see my mum I have that – I picture what she's done in my brain, every time I look at her and I can't stand her. I can't stand being around my mum….

The final breaking point for Maya was the death of her grandfather, her 'best friend':

> Maya: I didn't have a mum. I don't care what anyone says. Yeah, I really do hate her. I sometimes – hate is a really strong word, but it's torn my – what's the word – traumatised my life, it has. It's haunted me. And ever since my pop died three years ago…it wrecked me, because pop was my best friend and that's what hurt the most…It broke me. I'd had enough. When pop died I'd had enough. The bullying, everything just got me that day, everything was – I just broke down. That's when I started trying to kill myself and shit like – I just wanted to die.

It was at this point that Maya started running away from home and using drugs:

> Catherine: And so how old were you when that happened?
>
> Maya: Three years ago. So I was in Grade Seven.
>
> Catherine: Yeah. So twelve years old?
>
> Maya: Twelve years old, yeah. I was pretty much so deranged that I just couldn't do it anymore.
>
> Catherine: Yeah. And so, at that time, is that when you started using drugs or had you been using before?
>
> Maya: Yeah. That's when I started using drugs and running away from home, because I couldn't be at the home. I couldn't stand her.

Arguably, young people saw homelessness and suicide as two key mechanisms through which to effect some kind of freedom. These mechanisms show the intensity of their despair and their preparedness to take extreme risks to get away from childhood homes, parents and carers. Unfortunately, however, running away and attempting suicide were often repeated signals of distress that went unanswered and that also heralded the beginning of new, intensified trajectories of concurrent adversity.

Homelessness

For both Paul and Delia, their own violence – which flowed on from the violence they themselves experienced – preceded unstable living arrangements. Paul's mother took out a restraining order which meant he was not allowed to be at her home overnight and he had little contact with her for the next two years. Paul moved to his Nan's and then to a family friend. Escalating trouble at school, however, was too much for the family friend to cope with. He was 'kicked out' and sent back to his Nan's from where, with the help of teachers, he was able to move in with his father's ex-partner's family and half-siblings.

Delia's violence contributed to a pathway into homelessness. Following a destructive outburst Delia's family was evicted:

> Delia: I remember this one day I actually made us get kicked out of our house…My mum had this friend over and they were drinking and I had just had enough. I spat it and I just screamed and screamed and screaming and kicking things and kicking things…Just in my room, just hitting the walls or hitting the door and just screaming and then her friend comes up, goes to walk into the room to tell me to cut it out and I just wanted to have a go at him…broke this dude's nose and I shut my door, put something in front my door, had a plastic cricket bat, was in my room and I had not one bit of wall, plaster, in my room at

all. I'd smashed it all up so you could see the boards and the batten and that. I smashed it all up, and the floor, I've got holes in the floorboards…When mum came in she went off and she tried to just restrain me instead of hitting me…I'd just had enough. I was sitting there and I remember her trying to lie on me, just hold me down, and I just remember I just kept hitting her, just kept hitting her and screaming at her and hitting her. And then I can't remember what happens after that, but we got two weeks' notice to move out…I actually think that I might have blacked out so I can't see but my brain just – that switch. I didn't really – well I knew what I was doing but I couldn't really stop or remember most of it.

Catherine: So then you get two weeks, you were saying, to move or…

Delia: Yep, and…

Catherine: Because of the damage to the house?

Delia: Yeah. The damage. And I don't know after that. We were homeless for a bit – not actual homeless, we had a place to stay, but…

Catherine: With friends or…

Delia: Yeah, my mum's partner at the time, he was a good one – he's my little sister's dad. We were in a two bedroom unit with – there was about twenty people living in that one two bedroom unit because of us kids and the people who already lived there and mum. It was pretty full on, but somehow we made it work. We all pitched in.

From this severely overcrowded dwelling, Delia's family moved into a shelter where they stayed for the following three years.

For other young people, it was the disintegration of families which resulted in homelessness. In the years after escaping abuse and experiencing family breakdown, Mark experienced extremely unstable living arrangements. He was initially put in respite care for periods while his mother attended his abusive father's trial interstate. He was then couch surfing with his girlfriend and her mum and 'also in and out of shelters and stuff. Halfway homes and stuff like that':

Catherine: For that sort of year and a half when you were, kind of based with your girlfriend and her mum…

Mark: Yeah, I was just couch surfing everywhere.

Catherine: With friends…

Mark: Yeah, I was all over the place, wherever I could crash, I'd crash. If it was with the good people or the wrong people, it didn't bother me. [Support worker] could tell that it wasn't all right because it was like, she was picking me up from one side of [regional town] for our appointments, weekly, to another side of another place and another place. So there was no fixed address and

> that was all remnants of what happened…remnants as in pieces of how…just
> everything that happened, growing up…Yeah, when you're on your own, sort
> of thing…When you're arguing with your mum…and she's [not] giving you the
> support that you needed, then you've just got to do what you've got to do…

For Frankie, a pattern of running away and couch surfing began in Grade Seven:

> Frankie: I've been running away since grade seven. I'd run away, go home, run
> away, go home. When I ran away last time, I was gone for three months and
> then I had to go home…And then I ran away this year for ages and mum said
> not to come back.

For three months, Frankie lived with a friend and her two small children. This
involved new stresses, however, living in squalor and extreme poverty and
without power:

> Frankie: When I got there, her house was filthy and I cleaned it every day and
> she's just fat and lazy. Our power got cut off and she has an eight-month old
> child and the power got cut off for three weeks.
> Catherine: And you all stayed living there with no power?
> Frankie: Yep, and I rang Child Protection behind her back because I felt sorry
> for him, and I moved out as soon as I could and got my own house.
> Catherine: And how did you do stuff in the dark?
> Frankie: Well, I rang my mum for help and she had this camping light and
> we hooked it up to a battery, car battery, and used that as a light…You never
> realise how much or appreciate stuff until you live without power; it's cold
> and you can't cook nothing. Mum lent me a gas stove thing, which was good,
> but that's why you pay your bills, and unfortunately she [friend] doesn't see
> that and still doesn't. Had her house in just utter filth and Child Protection,
> yet again, hasn't taken the kid, which I feel terrible because the child
> deserves better.

For Maya, couch surfing became and remained the way in which she managed
ongoing conflict with her mother:

> Catherine: Where would you run to?
> Maya: Friends' houses. I'd be couch surfing for about – the longest I've run
> away for is about three months…Everyone was thinking I was dead…
> Catherine: Where were you?
> Maya: I was everywhere. I just kept – everyone – all my friends' houses, just
> couch surfing…

For Kayla, violence at home involved getting 'kicked out' of the house and as she said 'I'd have to go and find somewhere else to live'. As Kayla described, however, 'somewhere else' included rough sleeping in people's backyards and also in an abandoned building:

> Kayla: I was really scared…They would say things but I didn't know if they meant it or not but it scares me to the point where I don't want to be there… They used to yell at me all the time, so I used to lock myself in the bathroom and jump out the bathroom window and go sleep in people's backyards. And I remember I went up to town and I was sleeping in an abandoned building for about a month. Mum was trying to get me to go back but I didn't want to go back unless she promised not to hit me…
>
> Catherine: And so you slept in an abandoned building…what was that like?
>
> Kayla: Cold and I got really sick. I would shower and everything and I was still cold, I was really sick and everything.
>
> Catherine: Sick in the sense of with a flu or what do you mean?
>
> Kayla: Yeah. I had a cold and I always had headaches and I was vomiting and stuff because it's really dirty in there, it's got dirt everywhere and I'm living on the ground and stuff. It wasn't that good…

As Kayla went on to discuss, she ended up in the abandoned building after exiting a youth shelter:

> Kayla: I went to the shelter before I stayed in the abandoned building…I didn't want to leave at all…because I didn't want to go home, because I was too scared. So I stayed there.
>
> Catherine: So you went from [youth shelter] to the abandoned building?
>
> Kayla: Yeah, because [youth shelter] wouldn't have me there. I was only allowed to stay a week…and [the staff] didn't even care.
>
> Catherine: So how come you were only allowed to stay a week?
>
> Kayla: Mum said that she would have me back but they knew why I was staying in the first place, like I didn't want to go back to my mum…

Interestingly, youth shelters did not feature as central or significant places in these young people's stories about early trajectories of homelessness. Kayla, for example, only later mentioned that she had returned to the same youth shelter a further two times. Young people reported not knowing shelters existed and preferring to stay with family and friends despite the shame and relationship difficulties this could lead to. Surviving outside or distanced from their home environment, usually without access to independent income, lead to further complexities in young people's lives, including struggles to access shelter, food and clothing and in Kayla's case, severe

illness and time away from school. As is now discussed, it also lead to survival crime – such as stealing food and clothing – which often compounded other police and youth justice involvement related to their violent behaviour and 'boredom' crime such as stealing cars.

Poverty and crime

Surviving while homeless with little or no income created many challenges. Young people reported that the older youths who they might be staying with often assisted by paying for bus rides to school, letting them eat their food, and by taking them to the shops and buying them food with which to make school lunches. When they were staying with friends or partners who were still living with their parent/s, it appeared that those parents financially supported young people, and in some cases received tax benefits for having young people in their care. In Taylor's case, her mother gave her $50 a week whilst she was living independently with friends, but most young people were fleeing parents and carers with whom they had enormous conflict and who were also, in young people's descriptions, very clearly experiencing serious financial hardship.

It was also clear that even for those who were both old enough to qualify for Youth Allowance (aged fifteen to sixteen) and had intensive support to successfully apply, independent survival remained very difficult. Frankie, living in what appeared to be squalor-like conditions with her friend and her friend's baby, described trying to survive on her Living Away from Home Allowance – Youth Allowance for young people living independently. This included stealing food that didn't require cooking because the power had been cut off and trying to give extra food to her friend's little boy, for whom she held great concern:

> Catherine:**...So you did have access to some money, so even though you didn't have power did you still have food to eat at that point?**
>
> Frankie: **Yeah, and if I didn't I'd steal it. I know that sounds very impressive.**
>
> Catherine: **How did you do that?**
>
> Frankie: **With my handbag in a shop.**
>
> Catherine: **Like a corner store kind of thing?**
>
> Frankie: **No, downtown at the supermarket.**
>
> Catherine: **And what sort of stuff would you take?**
>
> Frankie: **Well I liked egg salad so I used to take the salad stuff that costs $5.**
>
> Catherine: **So like bags of lettuce and stuff, that kind of stuff?**
>
> Frankie: **Yeah. Lettuce, noodles, just random stuff that you don't really have to cook in an oven.**
>
> Catherine: **Yeah. Lucky you like salad so much.**

> Frankie: And I feel bad because I was feeding the kid on spaghetti: that's all he ate while we had no power was spaghetti. Or…the girl I was living with, would just give him bottles of food…I used to always take him in food without her knowing…I used to sneak him in cheese and stuff, and he's supposed to be in bed. I used to make out like I'm putting his clothes away and give him cheese, give him banana.

Similarly Kayla described stealing food in the context of rough sleeping:

> Catherine: How did you get food?
> Kayla: We went and stole something…we went and got all this food and had a barbeque…

Stealing in the context of homelessness seemed to add another layer to longer histories of both poverty and petty theft for some young people. Maya and Kayla discussed stealing their own clothes because their mothers were either unwilling or unable to provide these:

> Maya: And it's pretty hard because she [mother] gets paid for me by Centrelink also and she works – she's a cleaner, and she doesn't buy me anything…she doesn't buy me anything. I have nothing. I have to go out and steal my own clothes off the rack.

> Kayla: At the moment I am in a bit of trouble with the police for stealing over $400 worth of things from Coles…and stealing at a shop in [regional town]. I'm in trouble for smashing Dad's window, for stealing at [suburb of regional city], and I think that's all – and smashing a pedophile's window. I had to do community service. So I've got five charges at the moment, and I've got to wait for them all to come back.
> Catherine: That's pretty heavy.
> Kayla: Yeah.
> Catherine: So the stealing, what…
> Kayla: I've always done it since I was little. Because I grew up in my dad's side of the family basically, so I guess I grew up being like them. I never have money and mum would never buy me anything like clothes and everything, so I'm so [glad] about [support worker], because [support worker] goes and buys me things. But I get most of the things by myself because I didn't want anybody to have to buy me things except my parents…But I'll just go and get it myself, so I don't feel bad.

For many young people, crime seemed to dramatically intensify in the context of early exits from home and as part of a violently explosive reaction to early childhood

experiences. Kayla, for example, smashed the window of the 'pedophile' who sexually assaulted her. Some of young people's traumatised behaviour was aimed at their own parents – mothers in particular. Maya discussed the assault charges her mother has laid due to the ongoing physical fights she had with her:

> **Maya: I've got all these charges on me because of my mother. She charges me, but she starts it.**

Likewise, Marie said her mother called the police following their physical fights, Delia described assaulting her mother, and as earlier discussed, Paul's mother took out an AVO (Apprehended Violence Order) banning him from staying overnight at the house because of his violence towards her. Kayla smashed her father's window and broke in to retrieve belongings he would not return to her.

For others, violence also turned outwards towards local communities:

> **Mark: I was getting into violence, smashing things, people's windows, vandalising and just pretty any sort of thing a teenager would do to get into trouble, I pretty much did it. I think Constable [name] had a very big file, to be honest. And he helped out a lot as well; he kept me out of the juvenile prisons as much as he could, like Ashley Detention Centre…because I believe he was the one that went through [the abuse case against my father].**

Delia likewise suggested that along with her violent behaviour following the death of her father, she 'started being a little criminal':

> **Delia: Yeah I just gave up on everything. Then I started drinking, then I started smoking cigarettes and marijuana, started being a little criminal and just not caring, not giving a damn about anyone or anything.**
> **Catherine: So when you say 'being a little criminal', like do you shoplift and that sort of stuff?**
> **Delia: Yeah, shoplift and steal cars and just break into houses.**

When she left her mum's house, Taylor started getting into trouble with the police. She was banned from the city centre for constant involvement in fights and running through shops. She also stole cars from around age thirteen, even though she could barely see over the dashboard:

> **Catherine: So why were you fighting people?**
> **Taylor: Because it was fun back then.**
> **Catherine: What was fun about it?**
> **Taylor: I don't know. Just hurting people.**
> **Catherine: So [you] got banned for fighting in town?**

> Taylor: Yeah. Wasn't allowed in there after 3 o'clock, when all the school kids come out.
>
> Catherine: And what else were you doing?
>
> Taylor: That was basically it really.
>
> Catherine: Did you shoplift?
>
> Taylor: Yeah. Sometimes. I got caught for stealing cars.
>
> Catherine: When did you start doing that?
>
> Taylor: I don't know. Probably when I had nothing else to do.
>
> Catherine: And so how old do you think you were when you started doing that?
>
> Taylor: Thirteen.
>
> Catherine: And could you drive?
>
> Taylor: Yes.
>
> Catherine: How did you learn how to drive?
>
> Taylor: I don't know. I really don't know how…And sometimes I had pillows and a book underneath me because I was too short…
>
> Catherine: So you go and steal a car but take a pillow and books with you?
>
> Taylor: Yep.
>
> Catherine: What, in a backpack or something?
>
> Taylor: Yeah. I was way too short.
>
> Catherine: And why do you think you were getting into that stuff?
>
> Taylor: I was just bored. Yeah. Just bored as.

Similarly, Frankie's charges started accumulating once she started running away and included car theft and assault:

> Frankie: I've got stealing charges, assault charges I wish I could take back and I guess if I had stuck to school in the first place, probably wouldn't be as hard as what it is.
>
> Catherine: And have you gone to court, have you had a youth justice worker or
>
> Frankie: I haven't gone to court yet, I'm still waiting on a court date to go for stealing a car…

The impacts of both home and homelessness on criminal activity were clear in the life stories told by participants. The haunting trauma and explosive anger involved in surviving adversity during childhood drove young people into unsafe and unstable living conditions, underpinned their own violent behaviour, and arguably necessitated survival crime. Early childhood experiences of abandonment also destroyed young people's understanding of care and respect – this lack of care for self and others was reflected in their suicidal behaviour, their violent attacks on parents and other carers, and the destructive, random violence and crime they perpetrated in the community.

As Frankie's comments also point to, there was a strong relationship between young people's experiences of home, homelessness, engagement in anti-social and criminal activity, and their involvement in *school*. As the next section explores, while schools could potentially have offered a sanctuary away from the violence and extreme stress of both home and homelessness, most often they became yet another site of misery, violence and exclusion.

Bullying, perpetrating violence, and schoolessness

At the same time as young people were exiting home, experiencing homelessness, and becoming involved with older youth and more serious crime, they were also losing contact with their own peers and exiting school environments. It became clear that for young people, both home *and* mainstream school – as the key environments normally expected to enable young people to flourish – were not only unsafe but resoundingly reinforced negative self-concepts and a sense of hopelessness.

As such, alongside home environments, hostile school environments encouraged an early exit into homelessness and criminal activity. Indeed, homelessness and crime clearly emerged as part of the life of exclusion that young people lived. Outside of home and school, two fundamental structures of personal and social support, they were left to piece together survival, companionship, entertainment and belonging.

Schools were unable to protect young people from being bullied in both primary and secondary grades, and in young people's recollection, struggled to provide meaningful care and support as the impacts of traumatic childhoods accumulated. In short, schools simply seemed not to be able to provide a safe environment or to hold on to young people through trauma and its effects.

Being bullied was a part of school from an early age for Frankie, Keira, Marie and Maya. For Marie, bullying in primary school extended into high school and contributed to her moving schools:

> Catherine: Do you have any memories of what [primary school] was like? Was that a positive…
>
> Marie: No. I got bullied in primary school…Well, not all of it, but from Grade Four to Grade Six.
>
> Catherine: And what impact do you think that had on you?
>
> Marie: Mainly hate myself…
>
> Catherine: And then where was high school?
>
> Marie: I went to [name of high school] and then I moved to [name of high school] and now the TAFE because of the bullying.

In some cases, it appeared that other kids were aware of young people's challenging home contexts, even if they didn't understand what these actually entailed. Frankie was bullied because of her bladder problems – which included wetting herself at school:

> Frankie: The urine infections and the bladder problem kind of ruined my life for me, I don't know, like, suffered depression and stuff, and I think a lot of the bullying made that worse.

Keira – who grew up in a context of family violence and sexual abuse – was likewise bullied:

> Keira: I always got bullied. I got bullied a lot from day dot, from Kindergarten yeah.
> Catherine: What was the focus of that bullying?
> Keira: That I didn't have a proper dad, and because I was fat…I always got told I wasn't good enough and I wasn't like all the other girls, and I was always the one being pushed aside.

Keira recalled bullying taking place in multiple primary schools and then in high school:

> Keira: I then went to [name] Primary School, finished up my Grade Five and Six there. I got really badly bullied at [name of Primary School]. I can't remember what over, but it was always just the girls picking on me.
> Catherine: So school hasn't been a safe place for you really.
> Keira: No. In Grade Seven and Eight I always got bashed up in high school, so I didn't go the entire Grade Eight – I didn't go in Grade Eight and I haven't done half of this year…

Likewise, Kayla's discussion of her schooling captured a common trajectory of both early bullying and suspension at primary school followed by part-time school and expulsion or dropping out of high school:

> Kayla: I started getting suspended in Grade Two, which – I always used to get in trouble because this girl…she used to bully me. I'd always run to my older sister and she didn't do anything because she didn't want to get into trouble. So I got bashed in primary school. And I got kicked out in Grade Five because me teacher had [inaudible] holding my hands behind my back in front of the whole class when I was really angry. And like everyone was laughing at me so I got really angry, so I got kicked out. I was allowed back in Grade Six. Had to do e-school in Grade Six sometimes and then I went to Grade Seven and only done half a year because I was really sick [a result of rough sleeping]. And then I'm in Grade Eight now and I got kicked out of [name of High School]…

Kayla's parents did not encourage her to go to school, she claimed, because of the bullying:

> Catherine: Do you think your mum and dad were worried about you not going to school?
>
> Kayla: No, they don't really care. They didn't say I had to go to school. They knew I was getting bullied and stuff, so I didn't go.

Paul's school trajectory was again very similar to Kayla's, a trajectory which in hindsight he linked to his ongoing experience of physical abuse:

> Catherine: Do you have any memories of what going to primary school was like?
>
> Paul: Yeah, I do, yep. Kinder was pretty normal and that and then grade, like Prep and Kinder was normal and Grade One I started getting in a bit of trouble.
>
> Catherine: Did you?
>
> Paul: Yeah, just being, couldn't sit still and too rowdy and that in the classroom. And that would continue to about Grade Six, the rest of primary school. So I got into a bit of trouble as well at school.
>
> Catherine: And what was going on at that time for you do you think?
>
> Paul: Just with my dad and violence towards me and my other siblings. And that – I reckon it's that which caused – it's like I grew up with that, I thought it was like the right thing to do I guess.

Despite facing significant challenges with bullying and suspensions alongside home experiences of extreme adversity, young people managed to stay in school until Grade Five at minimum. It seemed, however, that from Grade Six onwards there was a significant escalation of stress and trouble at school. As at home, young people began to reach a turning point where they just could no longer keep going – as Maya said, '[I] just couldn't do it'. Just as they were 'kicked out' of or ran from home, young people were 'kicked out' of or ran from school. During the period in which they were rejecting and escaping traumatic or extremely challenging childhoods, school – as a potential space of care, protection and positive future-building – likewise crumbled.

Together bullying and suspensions turned school into a hostile and excluding environment that young people were in turn becoming old enough to also reject and escape. In Grade Seven, following a period of suspensions, Paul was forced to find another school after being 'pretty much expelled'. He interpreted his suspensions from school as an ultimately successful attempt to get him 'out of the way':

> Paul: I was just getting into too much trouble and just didn't go in the end...I would get suspended and that for a couple of days, ten days at time and then I just wouldn't go back to school...So the school had pretty much expelled me,

> so I had to find another school…It's like I guess they thought I was too much trouble, so they would just pretty much suspend, get me out of the way, yeah.

For Delia, Mark and Lindi, trouble at school escalated in their early teens after traumatic family disintegration. Delia described a golden day at school in which 'I just got class captain and all this other stuff, and heaps of certificates and was in such a good mood and such a good day, just loving life'. Her memory of this day was so clear because this also turned out to be the day that her aunt was waiting to collect her from the school office: her father had just died. In stark contrast to her apparent progress before her father's death, after he died Delia dropped out and 'wouldn't go back':

> Delia: When I found out my dad passed away, I dropped out. I don't know why, but I just stopped trying and now I feel, not stupid, but I struggle to read now and I struggle to do work and I'm that behind. I've probably gone one whole term in three years, three or four years.

Following his family's traumatic collapse, Mark reported dropping out of school by fifteen:

> Mark:…I dropped out of school and sort of, rebelled it and I'd go to school, then I'd get into trouble. I'd just go there and I couldn't be bothered staying there, then I'd just leave…I didn't get any support from the school.

Compounding physical abuse occurring at home, Maya's constant bullying at school seemed to create overwhelming misery and self-hatred that lead to suicide attempts. Together, her abuse at home, being bullied at school and finally the death of her grandfather lead to a breaking point in Grade Seven – also described above – in which she started running away from home and school, both of which were unsafe places:

> Maya: And because I was diagnosed at the age of six with ADHD and Aspergers, like I'm on medications and stuff and it was pretty hard for me through primary school getting bullied, because I used to be a big girl, like, through primary school, all primary school, all my whole life, entire schooling I've been bullied. And I felt terrible about myself. I was going to kill myself. There have been attempts of me trying to kill myself, but people walked in and tried to save me – they have, because I'm still here, but I have been – and the bullying…people that bullied me throughout all my schooling, all my life, basically, they've made me hate myself…They've made me hate myself, like I still hate myself, I'm always going to hate myself because of what they've done to me. They've stuffed my life up basically…I used to get bashed…And then I left, because I was running away, I dropped out of high [school].

Frankie's trajectory was very similar – Grade Seven was a breaking point at both home and school and in terms of her mental health:

> Frankie: I've always been made to go to school because mum had me at fourteen and she wanted me to succeed and not go down the path that she did. And then in Grade Seven I became really, really naughty, like I was a terrible child, was struggling with my school work and I just became really violent and hit people.
>
> Catherine: So hit people at school?
>
> Frankie: Yeah.
>
> Catherine: And teachers too?
>
> Frankie: I never hit a teacher but I've threatened a teacher, I've smashed a teacher's stuff, smashed a teacher's computer and stuff like that.
>
> Catherine: And why were you feeling like that, do you think, or what was making you angry?
>
> Frankie: I've always had anger issues, but I think Grade Seven everything changed. I was at high school, I didn't want to go to school, I was really emotional, my anxiety and depression was out of control…I tried to commit suicide…when you're in that hole you don't know; there's no way out of it…

Despite couch surfing off and on with school friends, Lindi managed to finish Grade Seven. From Grade Eight, however, she only went a few days a week and by mid-way through Grade Eight she stopped going altogether and moved in with her boyfriend's family:

> Catherine: And when you stopped going to school, why did you decide to do that?
>
> Lindi: I don't know, stuff was happening at home and yeah…Oh because I was like already behind so much I couldn't catch up. I was like just bugger it.

Further discussion lead to Lindi revealing that in fact she was being suspended:

> Catherine: So it was sort of your decision to – to not go to school as much from the beginning of the year? You weren't suspended or…
>
> Lindi: Oh, I'd always be suspended.
>
> Catherine: Okay. And what would you be suspended for?
>
> Lindi: Being in fights or yelling at the teacher, something like that.

As Lindi's and Frankie's comments illustrate, as well as being bullied, often from early primary school into high school, the interactions within the school environment seemed to trigger young people's extreme and uncontrolled anger. These violent outbursts involved both students and staff and ultimately resulted in young people being expelled or dropping out. While young people did not explain in detail what

triggered their extreme responses, it was clear that they had extreme difficulty managing social relationships. Taylor, who spent much of Grade Six out of school and at home caring for her mother, siblings and grandmother, was expelled after just two weeks of Grade Seven:

Catherine: So you started off Year Seven and what was it like?

Taylor: For two weeks of Year Seven.

Catherine: Two weeks.

Taylor: Yeah.

Catherine: And then tell me what happened?

Taylor: And then I bashed the principal.

Catherine: How come?

Taylor: Oh, she did my head in. Yeah [laughs]. I got kicked out…I full on bashed her…I got into fights every day. Yeah. I didn't get along well with people.

Catherine: So for the rest of Grade Seven what were you doing?

Taylor: Home, playing Playstation.

Catherine: At your friend's house?

Taylor: Yep.

Catherine: And what was happening with your mum when you were in Year Seven?

Taylor: Don't know [laughs], didn't really talk to her.

Young people's violence at school was also directly linked to being bullied, as Keira and Kayla explained:

Keira: In Grade Seven and Eight, I always got bashed up in high school, so I didn't go the entire of Grade Eight – I didn't go in Grade Eight and I haven't done half of this year…

Catherine: After Grade Eight…at what point did you start going back to school?

Keira: I went for the entire first term, full time. I went all day everyday.

Catherine: So this is Year Nine now?

Keira: Yep, first term. And then I was starting to be bullied by a [student]. He would push me into my locker and throw me into it, like, throw my head and my hands and he would always hurt me, until – I told [boyfriend] and they went to go have a fight out the front of the school, and [student] ripped off his shirt like he was some kind of genius and he was calling [boyfriend's mother] a whore and all this other stuff, calling [boyfriend] a twat and whatnot, so I stepped up and I bashed [student], so I got into trouble for that and I didn't go back to school – I didn't go for two terms…I got suspended but I just didn't go after the suspension was finished.

> Catherine: So were you bullied at high school as well as primary?
>
> Kayla: Yeah
>
> Catherine: And what happened with the bullying at high school?
>
> Kayla: When I stuck up for myself I'd get in trouble…They just basically said that I couldn't be there because I was getting in trouble every single day and always sticking up for myself, so I got kicked out…

Given the childhood adversity and chaos they often experienced, many were simply not able or prepared to comply with the structured nature of group teaching environments, face learning challenges or experience physical violence at school. Further, as Keira seemed to suggest, both the physical bullying and the suspension she received hardly provided a supportive incentive to remain in school. For Kayla, the message was clear: she was no longer welcome at school.

Further compounding the bullying and active exclusion that young people described was also a fundamental lack of connection with the school environment because of the multiple challenges they were facing. Given their early entry into adulthood through undertaking care work and surviving multiple forms of grief, violence and abuse, young people did not seem to understand themselves as really belonging to the school environment or amongst their peers:

> Delia: I am at school, but just I don't want to be at school. I can't stand people my own age because I can't deal with immaturity, I can't deal with just stupidity. It gets to me because of the stuff – I know a lot, like streetwise and very street smart. I've been through a lot and I've seen a lot so I really cannot be bothered with your bullshit.

As Frankie simply stated:

> Frankie: I always felt not normal…And I got really violent. I've always been a violent person and I'd get suspended and go home because I didn't want to be at school because no one understood me.

Young people's feeling of non-belonging at school was of course made a deeply entrenched reality through long trajectories of bullying, suspension and expulsion that spanned both primary and secondary school. Together non-belonging and exclusion effected *schoolessness* in young people's lives. This can be understood as both the absence of educational options that worked and the lack of the hub of support, community and opportunity for socialisation and self-development amongst peers and adults that school environments usually offer.

Whilst young people's violent behaviour clearly posed very serious safety issues for staff and students, the dominant response to this behaviour that young people reported was suspension and exclusion. There seemed to be little sense of, or interest in, the complex issues which may underpin such violent behavior. As Maya's comments also suggested, the lack of support in the face of bullying was another form of abandonment that young people experienced:

> Maya: So why should a student be put in a position where she hates the school and you don't do anything about it because of the bullying. No kid should be bullied. I used to go off about it all the time because they never used to…no teacher would help me. I used to get bashed.

Likewise the lack of support from schools in the face of early childhood trauma was also observed by young people. Mark stated:

> Mark: I didn't get any support from the school…Like I said, you just can't walk in if you're at a school and say, hey, I'm not in a very good mood – like the schools have counselors there but they're never there and they're always at a different school or in meetings. So the counselors that are at the school, they're not actually there. There's no other – school doesn't have a back up…

Kayla similarly provided an astute assessment of the capacity of her schools to provide support:

> Kayla: …I guess they couldn't do much, they've got so many other students to worry about, so I think I got as much support as what they could have given me.

As is later discussed, with significant support from services *outside* the education system, some young people were eventually successfully engaged in alternative learning programs and even mainstream school. The central issue, however, is that young people's discussion of school nonetheless revolved around bullying, suspension and exclusion. The sense of abandonment and active rejection in school environments strongly echoed and reinforced their home experiences. They were left in no-man's land, left with nowhere safe and supervised to go either during the day or night. Fundamentally, along with the loss of safe home environments, the loss of safe school environments arguably contributed to the escalation of harm in young people lives.

Violent victimisation and exposure to drugs

As discussed above, from around ten years old young people had developed enough physical and practical skill to attempt surviving independently. For some this involved leaving home for longer and longer periods, and for others it meant leaving permanently. Despite young people's hopes, at times independent survival also involved experiences of abandonment and violence similar to those they thought they were escaping from. It also involved access and exposure to drugs such as marijuana and methamphetamine (ice). Young people were often without protection or supervision and lived, at times powerlessly, beholden to others.

As Keira's life story illustrates, living outside the structures of both home and school, young people were acutely vulnerable to multiple harms. When Keira left home at thirteen, for example, life very quickly spiraled out of control. Within a year she was not attending school at all and experienced family violence in her own relationship. Unfortunately for Keira, she was dependent on her boyfriend and his family for somewhere to stay. Despite the violence – including a broken nose – and also exposure to drug use, Keira stayed but was suicidal:

> Keira: So at the end of Grade Seven, I was about thirteen, I ran away from Mum's and I went to my boyfriend's house at the time. He then got on drugs like ice and whatnot and started to bash me. He broke my nose up here…He had heaps of drugs and stuff like that so I just tried to overdose on some of his.
>
> Catherine: Did you need to go to hospital?
>
> Keira: No I didn't. He wouldn't take me over there. His mum looked after me instead.
>
> Catherine: Was your mum aware [of] where you were?
>
> Keira: No I, I hid pretty, really good.
>
> Catherine: Did the police ever come looking for you?
>
> Keira: Mmhm, and when they did find me they didn't do anything because I had a roof over my head and food in my belly and that's all that mattered to them.
>
> Catherine: Okay but you were twelve at the time, thirteen?
>
> Keira: I was thirteen.
>
> Catherine: Thirteen. What was the age of your ex-boyfriend at the time?
>
> Keira: About sixteen or seventeen.
>
> Catherine: What was the house, like, it was his place or…
>
> Keira: His mum's house; his mum has eleven children, yeah, just had another baby…
>
> Catherine: So there were lots of other kids in the house?
>
> Keira: Mmhm.
>
> Catherine: But you were staying basically in his room…
>
> Keira: Mmhm.
>
> Catherine: …and then he was violent to you?
>
> Keira: Mmhm.

> Catherine: Do you think anyone was aware of what he was doing to you?
>
> Keira: No, I didn't say anything because I would have got bashed, but his – I think his mum may have known because, like, she always heard him yelling and stuff, but other than that, no.

It appeared that adults present in Keira's life at this point did not intervene in her chaotic situation. Neither her boyfriend's mother – who was potentially aware of both her suicide attempt and experiences of family violence – nor the police who eventually located her seemed to respond. Eventually Keira ran away from her boyfriend's house but somehow ended up at a party-house where she was then subjected to rape and forced to take ecstasy and other drugs:

> Catherine: So then remind me what happened after that. You went from there to?
>
> Keira: ...I was meant to be going to a party, instead I ended up getting raped and really badly abused...by one guy, the guy who owns the house...
>
> Catherine: Did you ever get support about addressing that or going to the police?
>
> Keira: No. I've always been too scared to say anything. He was – all my life up until now I've have been really badly molested.

As Keira described, for two months she stayed in the house with the man who raped her and another young man who subsequently became her boyfriend. Only through luck then did she happen to connect with a boyfriend who was supported, and whose mother facilitated her move to the family home. This was a place that became one of care and safety for Keira:

> Keira: Yep it's really hard to explain. It's like, because there was a full party, like there was a party there, like there were people drinking and popping pills and stuff like that, but [house owner] – when I went to the toilet he picked me up and he took me to his bedroom and raped me and stuff like that and he forced me to take ecstasy and pingers [party-drugs] and stuff like that, and then he threw me out in the lounge room and told me to act like nothing happened.
>
> Catherine: So then you just stayed there?
>
> Keira: Mmhm.
>
> Catherine: And met [current boyfriend] in the following days or whatever?
>
> Keira: About three days after, me and [current boyfriend] started to talk and stuff like that, and then we got – we started to date and ever since then we've been together.
>
> Catherine: So he happened to be staying at the house as well at that time?
>
> Keira: Yeah. About three days after we got together, I told him what had been going on and about a month or two after me and him – his mum told us to come home to her house.

For Maya, not only did running away and couch surfing 'everywhere' involve the stress of finding somewhere to stay, she was also exposed to other harms, including ice use and drug-related crime:

> Maya: I was using ice. I'm still using marijuana, because it's calming – it calms me down…but back then I smoked ice pretty badly, real bad.
>
> Catherine: And how would you pay for it?
>
> Maya: It was – I wasn't paying for it. I wasn't paying for it, it was people I hanged out with who were giving it. They go out and steal stuff, then sell the profit of what – and then get the rock, obviously, the ice, bring it back and then we've got it, like, that's how it would work.
>
> Catherine: And because you were staying with them you were, sort of, just invited to join in?
>
> Maya: Yeah, I was more, like, you stay in this house, you're going to be on this, kind of thing.
>
> Catherine: So what exactly do you mean by that?
>
> Maya: So if I didn't have an [ice] pipe out of my mouth they wouldn't let me stay on the couch at the house. So if I didn't give them what they wanted, I'd be out on the streets.
>
> Catherine: So why do you think you couldn't…
>
> Maya: …because I was too scared to say no. Because why would any fourteen year old girl – thirteen year old girl go on the streets – no – it's the life changing experience…It was a scary part of my life at that time – my life was scary.

As Keira and Maya's stories suggest, running away from traumatic home environments and attempting independent survival involved extreme vulnerability. Without access to care and protection, income or housing, young people were dependent, indebted to those around them, and at times powerless in the face of victimisation. In some cases care and kindness was provided to young people, but as Keira and Maya also described, their vulnerability and isolation also provided the perfect circumstance for control and physical and sexual violence. In short, repeat victimisation characterised adolescence for some young people.

In the context of independent survival, drug use was sometimes part of the environment and lifestyle that young people engaged with or were brought into by others. Maya, for example, was expected to join in ice use in return for 'safe' accommodation. As also discussed by young people, drug use was closely tied to young people's traumatic childhoods and to diagnosed or emerging mental health and behavioural problems. Marijuana use was entrenched and could be understood as young people's independent way of managing the symptoms of trauma and other mental health and behavioural issues. As is further explored below, nearly all of the participants struggled with both diagnosed mental health and behavioural issues. For many, these were yet another legacy of complex childhood trauma and intimately interlocked with all the adverse outcomes detailed above.

Mental health and behavioural challenges

All young people described themselves as facing multiple mental health and behavioural issues. Compounding or generated by the readily apparent mental and physiological impacts of complex trauma, young people discussed their behavioural struggles and also a range of other diagnosable disorders. Of the eleven young people whose life stories are included for analysis, *all* described their own violent behaviour and only one did not mention experiencing mental health issues. Of the ten who did, five said they had ADHD, two Asperger's, two depression and anxiety, two reported potential borderline personality diagnoses; three reported multiple suicide attempts, one self-harm, and one reported a 'mental breakdown', resulting in hospital admission and treatment under the Mental Health Act.

In adolescence, complex trauma, mental disorders and behavioural challenges took on new significance as young people acted on suicidal thoughts, had the physical capacity to inflict harm on others and received criminal charges for their violence against others. With much greater mobility than during childhood, young people had increased exposure to multiple private and public social settings in which violence could occur. Very poor mental health could also be seen to contribute to young people's high vulnerability including their struggles to protect themselves or make assessments and decisions about the safety of relationships or living environments. They also had to cope with the constant stress of having very few or no safe options to choose from.

Mental disorders and behavioural issues were intimately involved in young people's struggles at school, including being bullied, suspended and expelled. Young people described a lack of understanding of their diagnosed illnesses, the side-effects of medications, and the impact of illness itself as all making learning very difficult. As Maya argued,

> Maya: And no teacher understood that through primary school with my illness, no one. No one – no one helped me, and that's why I used to get bullied a lot, because of being fat and being – having a mental illness. That was pretty hard on me.

Bullying within school environments also very negatively impacted on mental health and educational trajectories. Delia's comments illustrated the ways in which trauma, bullying and bereavement intensified poor mental health and behaviour and triggered dropping out of school:

> Delia:…[I] drop[ped] out of school then because I was being bullied as well. Kids always used to laugh at me – when I tried to go back to school they would laugh at me because my dad passed away, which is ridiculous. It just made me so mad. I used to always just get into mischief at school and not listen. Then I dropped out, then my depression got really bad and I just locked myself in my room for a whole year.

For Mark, a 'mental breakdown' at sixteen led to an episode of extreme violence and the end of yet another accommodation arrangement:

> Mark: A family friend started pressuring me and giving me crap and stuff. Then it turns out I nearly killed him because I stabbed him with a glass bottle and stuff, got hospitalised because I had a mental breakdown and everything…I was sent to hospital via police escort and I was held there under the Mental Health Act of something or other… Then my sister, sort of, couldn't handle me…she didn't want that around her kids…so now I'm living in [city] with my godfather…

So often surviving outside supportive and resourced home and school environments, young people struggled to access ongoing and meaningful assistance with mental health and behavioural issues. This seemed especially the case in early adolescence and during initial periods of home leaving. In Mark's recollection, he was not able to access assistance through school or the Tasmanian Child and Adolescent Mental Health Service (CAMHS) in the years immediately following his abusive father's imprisonment and family breakdown:

> Mark: It was sort of, a child who was leaving school, leaving Mum, Dad was sent to prison and stuff, it was all those key points where we needed help but we didn't get it until a lot later.

As he powerfully argued, it was only once he had stabbed someone that he finally received support from CAMHS in another state of Australia. Getting into serious trouble, Mark suggested, seemed the 'last option' to trigger the provision of mental health support:

> Mark: It's sort of not accessible without some sort of bigger picture sort of thing. So if you're in trouble with the police or you've been sentenced to have therapy done or something…I wasn't getting support until after the mental breakdown and it was issued by the hospital under the Mental Health Act. So then I got put on medication and stuff, yeah…I wish I had the support earlier instead of having to get it through getting into trouble to get the support.

As Mark's breakdown four years after his abuse ended suggests, childhood continued to powerfully impact young people long after they reached relative safety. Keira too gave a powerful account of the persevering impacts of sexual and physical violence:

> Keira: Because one day I would like to be able to bring in some kind of law where pedophiles and rapists and that get killed, like, when they get caught they be executed, because at times, I would much rather be dead than alive because of [step-father]. I have really bad nightmares and night terrors; I am heavily medicated for it because I have severe depression.

For Delia, occasional drug and alcohol use was one way to manage feeling 'dead inside':

> Delia: Sometimes I will touch marijuana and maybe a drink every now and then, but that's only because sometimes things get so full on that I just need something to just make me feel something, because I feel numb the majority of the time, like dead inside.

As Keira and Delia's comments illustrate, underneath all of the new challenges that childhood adversity set in train in adolescence, the primary impacts of trauma likewise took an enormous toll. Young people described coping in early adolescence as best they could, mostly outside of any sustained mental health care but for some, seemingly at acute risk of completing suicide.

Conclusion: Trauma multiplied

As this chapter has illustrated, the spiral of harm in adolescence had deep roots in complex trauma and other childhood adversity. As such, the extreme nature of young people's vulnerability came from new layers of harm generated from, and tightly anchored, in older ones. Significantly, accumulated harm was a feature not only of childhood adversity but of *teen adversity*. Though childhood abuse and violence had been outlived, these and other childhood struggles had irrevocably set in motion longer-term trajectories of high vulnerability.

In short, young people *continued* to experience high vulnerability to harm and other poor outcomes during adolescence, including through their experiences of homelessness, poverty, bullying, school exclusion, violent victimisation, drug use, suicidality and mental illness and their involvement in perpetrating violence and crime. That young people felt so drained of life was striking. That they continued to survive was a testament to a strength that only intense suffering can produce. Their survival was also a testament to the skill and deep care of a range of service providers who worked alongside young people in the long-term process of unraveling the multiplied effects of trauma and adversity in their lives. As explored in the following chapter, however, service providers themselves offered an analysis of a fragmented system responsible for the *withholding* of care and protection from this highly vulnerable cohort.

Responding to highly vulnerable teens: A culture of referral

It's the relationship that you have with them that heals…And that's why a lot of people don't heal because there's such a short timeframe on the programs.

Support worker (Youth Program)

The focus of the following two chapters is on the voices of support workers, team leaders and program managers with current or recent responsibility for responding to highly vulnerable teens in Tasmania. These professionals, collectively understood as providers of services for youth, worked in government agencies including Tasmania Police, Youth Justice and Child Safety and in non-government services including housing, homelessness and youth support services.

Drawing across their career experiences and also from current practice, this diverse group offered an account of the core issues that highly vulnerable teens in Tasmania face. This chapter captures their focus on trauma and its role in triggering a vicious cycle of compound disadvantage and extremely anxious, violent and self-destructive behaviour. They also described the inadequate response they see young people currently receiving across all areas of service provision. Highlighted here is their unnerving analysis of a system-wide culture of referral in which young people with extremely complex needs are at best passed between numerous services, each with responsibility for providing a targeted support program but none with carriage of care for the young people themselves.

Complex trauma and neglect: The core issues faced by highly vulnerable teens

Service providers were in agreement that complex trauma is a key driver of young people's high vulnerability. In their experience, this trauma includes, most commonly, exposure to severe family violence and physical and sexual abuse during childhood and then subsequent experiences of family, physical and sexual violence during adolescence:

> Catherine: So in your experience, would violence and physical and sexual abuse feature in the lives of the young people that you see?
>
> Support worker (Youth Program): Yep, almost every single one of them. Sometimes both elements, sometimes just one. Again, it's very rare that we'd have a young person who hasn't had significant abuse or trauma or one of those two. Sometimes it's actually, it's overwhelming how much sexual abuse occurs.

As service providers described, experiences of trauma are *chronic*, underpinned by poverty, and result in severe impacts on mental and physical health and hygiene:

> Officer (Early Invention Police): There is a group of vulnerable youths in our society out there that are there because they've got nowhere else to be… We're talking about the ones that can't get home. They've got no choice. Can't get home because of physical abuse, sexual abuse, neglect…And they're the hardest ones to deal with, because [of] the impact on their mental state…Their hygiene, their health is far less than what normal children are.

> Support worker (Youth Program): It's really quite chronic family violence… quite often there's neglect, there's sexual abuse, there's physical, there's you know, exposure to violence, exposure to drug use, exposure to big stuff like homelessness and poverty.

> Support worker (Youth Program): I think trauma is the biggest driver of what's putting our kids in that pointy zone…the thing that's probably the most constant is just the experience of trauma and it's not, it's not the nice middle-class experience of trauma that, I nearly died in a car accident, so I'm really upset about it when I go in a car. It's the, this is what happens to me every weekend, this is what happens two or three times a week, this is, this is just how life is, constant hyper-vigilance, constant fear, constant anxiety, constant things going wrong all the time and that's just what it is.

Strongly echoing young people's narratives discussed in the previous two chapters, service providers argued that most often young people's parents faced their own very complex issues and were simply not able or willing to provide a context of care for their children. As some observed, this lead to young people's experiences of neglect, including not having a safe adult figure to attach to:

> Manager (Youth Program): I think probably the biggest thing was fairly significant evidence of transgenerational trauma and the impacts of transgenerational trauma. So, I mean, you're talking about parents who have experienced trauma – children of parents who have experienced trauma, the impact of that on their functioning and their ability to parent. And the impact of that on their children. That was probably the major thing. Family violence and exposure to family violence was a huge, huge problem. I think we worked out that between 95% and 98% of our young people that come through had a significant complex trauma or exposure to family violence.

> Support worker (Youth Program): They've all been raised in households that there hasn't been at least one stable parent or adult figure that's been able to form that relationship with them so they've had someone to always look after

> them, always be there for them. It's just so irregular.
>
> Catherine: And what effect does that have on them do you think?
>
> Support worker: I think it means they don't trust anyone whatsoever. Their self-worth, their confidence, they don't have any. They're angry at the world for – because no one – like if something happens, some of them ring us [youth service], they don't have anyone else to call and I think it just makes them – they don't have a role model in their life that shows them how life should be…

As service providers also argued, trauma and neglect generate a complex web of presenting issues in young people's lives, and it is only at this point – after harm has occurred – that young people have contact with support services. Traumatic experiences were understood to translate into what were often described as challenging and high-risk behaviours:

> Manager (Youth Accommodation Service): Those highly vulnerable ones that have had experience with ongoing trauma their whole lives. I mean, the trauma's already happened, it's almost that next stage of risky behaviour isn't it. The trauma and the things that they've experienced as children and then after that, it's the high-risk behaviour.

Whilst this service provider described high-risk behaviour as the manifestation of childhood trauma, importantly, it is clear from young people's life stories that trauma-events *continued* into adolescence. As such their high-risk behaviour can be understood as part of the impact of *both* childhood and adolescent trauma. For service providers, this behaviour includes couch surfing, survival crime, using drugs, unsafe sex, school absence or early leaving, mental health issues and more. As one manager of a youth program explained:

> Manager (Youth Program): So then you compound that [complex trauma and family violence] with things like behavioural issues that are a result of those things. Interrupted schooling which had an impact on literacy and socialisation. You had issues like transgenerational drug and alcohol abuse, transgenerational mental health issues. We had parents who were second, third, fourth generation welfare dependent. So we had significant poverty and social disadvantage.

Service providers described the very chaotic lived reality that they see these issues producing for young people. Again, their observations strongly correlated with the life histories young people shared:

> Manager (Youth Accommodation Service): They're probably out engaging in high-risk behaviours. They've just left the family home. They're probably on a rush. They've probably got a rush of adrenaline. They've finally done it, so they're out to do – they're out to go and take their mind off it and anything goes, I reckon, with the young ones when that happens, and it's just – I think they're staying with friends or couch-surfing a lot, or hanging around town, or engaging in high-risk behaviour to take their minds off what's going on at home, or what's just happened, or…
>
> Catherine: And what are you thinking there in terms of high-risk behaviour? What is an example?
>
> Manager: So, perhaps some ice use, alcohol – drugs and alcohol, maybe even like risky sexual behaviours. Anything that, that sort of numbs the pain as I suppose they do. You know, takes the pain away, as they say.

> Catherine: So when you first meet any of your clients, what are the key things going on for them? Why have they ended up meeting you?
>
> Support worker (Youth Program): I think it's usually due to them not having anywhere to live permanently. Or, their home life is chaotic and they don't live there, they don't stay there, they're never there. They don't have any money or minimal money to pay for stuff, get phone credit, buy food, and not attending school. That's usually the main things that you find when you meet these young people…usually youth justice involvement…usually there's always drug use as well, nearly.
>
> Catherine: And what sort of gap into school are we talking? Generally would they not have been at school for the last…
>
> Support worker: Years. Months, years, or if they, if they have, if they do go, they go for two blocks a week or something and even then they can't handle that, they blow up at something and end up leaving or getting expelled or suspended. Usually we don't accept referrals of people that are going to school, because if you can get yourself to school and do school work…you've got something happened for you that's going all right, because you don't go to school 90% of the time if things aren't right elsewhere.
>
> Catherine: And are they usually homeless when you meet them?
>
> Support worker: Yes. If they're not homeless they're often not staying at home because it's – they don't want to be there or they are living in such a chaotic place that everyone thinks they'll probably eventually be homeless whether they're kicked out of whatever house they're living in or the family is kicked out or whatever, but more often than not they are homeless.

As other service providers pointed out, some young people do remain at home but usually because of their perceived need to do protective and practical care for younger siblings:

> Support worker (Youth Program): Some of them are at home that don't want to be. But a lot of reasons why they do stay at home is because they worry about a sibling or they're worried about what their parents are going to do. They worry about their safety because a lot of our kids are the parent…So they make sure everything's going all right, everyone's fed and groceries in the cupboard. These kids are outrageously good with life skills, with their – getting their groceries and make sure they got power and stuff like that. Really savvy and stuff like that…Because they have to be because their parent doesn't do it.

Alongside the many strengths service providers identified in young people, including their capacity to take on adult responsibilities, they also drew particular attention to the effects of trauma and neglect on young people's ability to regulate their own behaviour. The negative impacts on young people's behaviour – including rapid and violent escalation and extreme anxiety – is seen as an issue which underpins the many other presenting issues described above and, paradoxically, their struggle to access support:

> Officer (Early Intervention Police): …particularly the violent younger kids that are now displaying violence in the Education Department, you look at their history and there's been family violence for years with mum and dad punching into each other and that's just been modeled by that behaviour.

> Support worker (Youth Program): I think primarily is just the inability to regulate and the absolute inability to maintain control over what's happening in their world…So for a lot of kids, it then explodes, so when they can't self-regulate, when they can't address feelings and emotions and generally, you know, all of those are really all triggered by…ongoing intense anxiety. Which are all masked by explosive, aggressive, abusive behaviour which is really just, really terrified little people, having no idea what to do when they're terrified except to do everything to self-protect, which is always completely self-destructive.

As service providers argued, trauma-related behaviour 'shuts down opportunities for these kids' because many supports or services that might be available to young people are not designed to accommodate their unsafe self-expression. Further, extreme anxiety was observed to be a very serious barrier to undertaking basic activities.

In particular, catching public transport to attend support appointments or school was described as an enormous challenge for young people:

> Support worker (Youth Program): So there's huge anxiety, huge anxiety, so trying to get them to use public transport could be really difficult...so many of our clients are from [outer suburb], we're all over that side of the river pretty much, and you know, for kids to even go into the city is a really big thing.

So at the same time as young people present a range of complex issues requiring specialist support, they were also understood as likely to have extreme difficulty accessing support or to be rejected from services because of the manifestation of trauma in their behaviour. As is discussed in Chapter Five, precisely because of this unique combination of compounded disadvantage and trauma-impacted behaviour, service providers argued that highly vulnerable teens consistently struggle to have their needs met within multiple individual areas of specialist service provision. Further, however, they also argued that the unique combination of compounded disadvantage and trauma-impacted behaviour *overwhelms and overflows* the current support system for youth, which is dominated by specialist service delivery. As is now discussed, the passionate identification of the overwhelming nature of young people's need begins to clarify a core system gap: the lack of *care* provision for highly vulnerable teens.

A culture of referral

Interviews with service providers reveal a clear account of the ways in which early childhood trauma and adversity set up new cycles of disadvantage in young people's lives. They argued that through leaving unsafe home contexts or being kicked out of volatile, chaotic homes, young people are left to deal with the impacts of their past with little supervision and support. With explosive and anxious behaviour and high mobility between places of accommodation, they argued that attendance at mainstream and alternative schools does not remain a priority or even a possibility for some. Further, they also pointed out that young people's inclusion in employment and even in the general community is put at significant risk because of their trauma-impacted behaviour. As one service provider suggested, life for highly vulnerable teens is reduced to a bare minimum:

> Support worker (Youth Program): They have no confidence, no idea about what they want from life...Their priorities are their friends and drugs and alcohol and Macca's (McDonald's), food pretty much. They don't care about school, they don't [usually] care about their family either.

Alongside this picture of acute need and high vulnerability, service providers discussed their struggles to effectively deliver their specific funded intervention into the trajectories of harm young people experienced. Each service provider – whether working in Child Safety Services, Youth Justice, Early Intervention Police or youth housing, homelessness and support services – described their provision of a *limited* response to young people's vulnerability and their use of referrals to attempt a more holistic response. They described a system of concurrent, uncoordinated referral which had negative impacts on the success of their own interventions, and required the delivery of services to young people who remained in currently harmful contexts.

The attempts by services to refer to other services points to their strong awareness of the inter-related complexity of issues young people face. As service providers also argued, it points to a scenario in which they are 'caught in the system' which is top-heavy with case coordination and case plans and light on case *work* and the ability to actually carry out needed therapeutic work with young people. This is a context in which referral work potentially *replaces* case work:

> Manager (Housing and Homelessness): We're getting pushed to a new service system that's more focused and with less capacity to provide creative responses and flexible responses. What that means is – and also count more clients and more numbers and have bigger caseloads. What that means is that we're no longer able to actually do the roll-your-sleeves-up-casework, because we don't have time for it. So as a sector what that means is that we've got every single area focusing on case management…case coordination, where we're looking at who are the services that are involved, pulling them in, let's have a talk about the case plan, this is the case plan. But we don't actually have anyone that's able to sit along with the client and help them work through the case plan and do the case work.

> Support worker/Team Leader (Youth Accommodation Service): I think people get caught in the system and [position descriptions], where 'I've referred on to this' and then that's their job ended. But it's not. You need to make sure that kid is responding to that, do they need that? Are you checking in to see how it's going? Are you taking them to that appointment? Are you supporting them after that appointment? Are you checking in with them on how those other things are going, because if you're not, then that referral means nothing… Those people might not be checking in with that kid. So who's the person doing it?

In a system described as being at best geared towards separately addressing the multiple complex issues vulnerable young people presented (further discussed in the following chapter), TYSS was represented as a distinct exception. As opposed to many other services, TYSS (serving 10-17 year olds) was understood to have excellent scope to develop therapeutic relationships with young people over a significant timeframe (often years) and also scope to implement intensive, weekly practical support, including facilitating young people's attendance at school and at general and mental health appointments and providing them with basic essentials such as clothes, hygiene products, food and phone credit. As TYSS workers described it, their brief is to flexibly deliver holistic, parental care tailored to each young person's specific circumstance. This includes intensively increasing young people's healthy 'micro skills' for self-care and participation in everyday life:

> Support worker (Youth Program): [Youth Justice's] role is really defined and it's really, really limited, and our role is really not defined and really broad… We can really…the sky is the limit and we can provide really big support in really different ways that don't fit to how other services would be able to offer that support.

> Support worker (Youth Program): And we're basically, majority of the time taking a parental role. Because the parents are either not present or off doing something else and not really identifying what their child's needs are…

> Support worker (Youth Program): [We] prioritise things like birth certificate, ID (evidence of identity documents), bank card, Medicare card, health checks. Copy of assessments if they need one, because if they've got an intellectual disability, NDIS, that just a life save now because they can get lots of funding and psychologists' appointments. So they're usually the priorities. And all the ID and stuff is because you need all that to get money from Centrelink, and if you haven't got anyone to buy a birth certificate for you, or if your parent hasn't registered you – which happens quite a fucken lot…So it can be a bit of a run around to start off with, but doing all that stuff with people, giving them a wallet so they've got cards in; they feel like they're actually someone when they've got all these cards with their names on them and can access Centrelink payments. It's a good way to build rapport as well because you're not just sitting across a desk from them going, okay, tell me what's going on for you this week, what can I help with. You're doing stuff with them or showing them how to do stuff and in the car they'll talk to you and you'll talk about stuff… They've got all that stuff so they can actually be a person, they can apply for jobs, they can go to the bank and get money out of their bank account, they can go to the doctor's appointment and not have to pay because they've got a Medicare Card and a Healthcare Card. They know how to do all this stuff a

parent should have done…We also then go on into stuff like showing them, if they need to get their eyes tested, or go to the dentist. They don't have people that show them how to do all that sort of stuff, so they don't actually know how you do that or that it's normal and it's okay and it's just part of life. So in a way, we take on that parenting role, what a parent should have done with them but haven't because they've got their own stuff going on.

Support worker (Youth Program): Our program is there to build these kids up and give them skills so that they can access services they're going to need when we disappear. So you know, teaching kids how to go to the doctor's surgery and see a doctor and that, answer questions and experience that and feel the anxiety and deal with your anxiety and still get through it, and still get your script at the end of it and then go to the chemist and still go through the whole process to get your antibiotics and take them. So our service is really about intense micro skills to access the support services that they will need and will probably desperately need when they get a bit older. And hopefully they have the confidence to be able to engage with services if they need them, health or just basic stuff like going into Centrelink and not always hurting people and getting upset…

As such, other services in contact with highly vulnerable teens described themselves as being desperate to refer their clients to TYSS as they saw TYSS staff as having capacity to provide a safety net of parental care which they could not:

Team Leader (Child Safety Services): At the moment that cohort need somebody who's going to walk with them for a long period of time and help them make some safer choices for them I think. Because I haven't seen anything else that's worked quite as well as TYSS in many years, that's definitely my impression.

Support worker (Youth Justice): …that's where TYSS really does help to pick up the pieces…They're [Youth Justice clients] just more supported, you just feel that they're more supported because if you can't do something you know there's someone that can, whereas if you don't have a client with TYSS, if you can't do something and no one here can help, there's no one else a lot of the time…the work they do is astronomical…they just need more…

In theory, TYSS is designed to support only those young people who are *not* currently clients of Child Protection or Youth Justice. As many service providers observed, even if young people are on Child Protection or Youth Justice Orders, however, 'they're not receiving intensive support' (Support worker, Youth Program). Thus, in practice, the provision of TYSS support, in particular to Youth Justice clients,

is allowed because in fact, as the manager of a youth program explains below, 'there was no duplication of service there':

> **Support worker (Youth Program):** So that was one of the most important factors, because a lot of funding had come through from DHHS, that we weren't allowed to 'double dip'. So if they were supporting a client, we weren't supposed to be. So they're meant to be supporting these young people, so we weren't. But as the years have progressed, you do start to see that whether these kids are on orders or not, they're not supported. They're not receiving the adequate support that we know that we provide for these young people. So as result, we now have DHHS and Youth Justice saying, can you still work with these kids? Can you work with these kids? And they're saying look, we can't meet the need. Can you guys do that? And as much as we want to, often we have to say look, we can't…and early on in the part, there were so many referrals we just couldn't pick up.

> **Manager (Youth Program):** So when we did have involvement with Youth Justice, what we did find is that they were very focused on the legal support and didn't really do any – even if they were being, you know, effectively case managed by Youth Justice, there was not really any effective case management with the young person at all. It was really around writing, you know, court support documentation and attending court with the young person. So, there wasn't really that holistic case management side of things, that they're, I guess, they're supposed to do. And then there's actually a therapeutic program that they've got at Youth Justice that they're supposed to do. But we found in practice, that that just didn't get followed. So, in the end, pretty much a lot of the TYSS clients ended up on Youth Justice orders and TYSS because there was no real duplication of service there.

It also seemed, in a context in which Care and Protection Orders for teens were described as rare, TYSS arguably operated not as a support *to* Child Safety Services but as an *alternative*. Service providers highlighted both the need to work more effectively with teens but the lack of services able to engage with their complex needs:

> **Support worker (Youth Accommodation Service):** Unfortunately I think Child Protection see TYSS as the answer to adolescents. We've had numerous conversations with a Child Protection worker who seemed to think that TYSS can sort out accommodation for a thirteen year old.

Catherine: So really, child protection, you're saying it's not really about…

Team Leader (Child Safety Services): It's not really the best, it's not the answer. I think we're certainly responsible but it's under our legislation we need to be ensuring they're safe. But if we had some options in order to work with the young people so that we could be working those services to work with the young people. We don't have anywhere to refer young people, there's hardly anywhere to refer them that's actually going to work with them…We provide a lot of response to those young people, it's just that we very rarely get legal orders…But we do respond and go out, I've been out with TYSS workers to try and get engagement, we go out, we try…we do what we can I think.

Team Leader (Child Safety Services): Again, I think this brings us back to that question, well what is out there for us to be able to provide to those kids? And what can we actually do to be able meet those needs?...Well I can't offer anything because I don't have anything else…They're already engaged in TYSS. Their parents are potentially already engaged with IFSS (Integrated Family Support Services). TYSS [has] already engaged them in multiple other services to address the need – to address their issues. There's nothing else I can offer them.

Catherine: Except a loving home and care.

Team Leader: Yeah…I think we need to be realistic within what's on offer. So I agree that there needs to be something else for these kids and that can't just be TYSS.

Similarly, it was noted that TYSS was also undertaking significant work on school re-engagement:

Manager (Youth Program): Look we had to actually put some fairly clear boundaries in place with Education. Because basically they were referring any kids that were disengaged from school through to TYSS…So that's one of the things that we did have trouble with, in that it was really identified that school social workers are completely overworked. They just don't have the capacity to deal with the number of kids that they've got disengaged from education. And they were hoping, I think, that TYSS would fill some of that gap. There was also a lot of expectation from Education around if a young person was disengaged, then TYSS would basically get them back to school. And that wasn't the purpose either. It was really around dealing with the underlying reasons for disengagement and working on those.

The apparent reliance on referrals to TYSS by a range of government and non-government services is significant because it highlights both the absence and need for holistic case work with highly vulnerable teens. It highlights the lack of capacity within services to work therapeutically with highly vulnerable teens. As one service manager argued, this is a problem which stems from a stretched welfare sector which has reduced capacity to move beyond addressing presenting issues, despite clear awareness that addressing fundamental issues, such as trauma and family and community attachment, is essential for young people's recovery and sustainable, long-term independence:

> Manager (Housing and Homelessness Services): We talk about the presenting issues and we talk about how things are, we talk about the symptoms, but we don't actually spend time to go, yeah, but it's the cause stuff…We probably don't give that enough time to break it down, and that's because everybody's so stretched, everybody's under-resourced. And sometimes some services are pushed just to focus on fixing up the top bit, whereas it's the bottom bit that we need to be about to get sourced…that deeper foundation work that needs to happen before the other stuff will change because otherwise they don't really know why they're doing it. So we don't want you to take drugs anymore, we don't want you to do burgs and knock cars off and take stereos and shoplift anymore, but why is that happening and where did that come from?

It also highlights the predominance of services delivering targeted programs and their need for holistic support work to happen 'elsewhere'. Service providers described an environment in which young people's complex needs overwhelm both the capacity and funding scope of individual services. Increasing caseloads and high client to staff ratios mean that the flexibility to deliver specific interventions in a holistic and therapeutic way is evaporating. As such, young people had referrals to, and presentations at, multiple services but, apart from those able to access TYSS workers, seemed to have *no one to actually look after them long-term*:

> Manager (Child Safety Services):…services need to come from a perspective of what we can do, not what we can't do. Often children get – these particular young people get caught up in a service shuffle. If a lead agency can't be identified, they get lost, but then you can't really identify a lead agency because they don't fit nicely into anyone's box to say, 'Yes, I'm the lead'.

It was argued that without the intensive support of TYSS workers, highly vulnerable young people would simply not access or engage with the fragmented array of specialist support on offer:

> Support worker (Youth Program): And you know, the majority of all of our clients…do not have the capacity to go and see a psychologist. They don't.

> They absolutely do not. They don't even have the ability to regulate enough to organise their world enough to be able to save money for the bus, to get the bus to the place, let alone even walking in a door and going to a stranger at counter and saying, 'This is my name, this is why I'm here,' without being completely overwhelmed and overwrought and having [an] inappropriate response, you know. These are the kids who can't access Headspace by themselves. There's no way our clients access Headspace by themselves. There's no way our clients access Pulse, there's no way our clients have the capacity to do that stuff without support.

In effect, in service providers' discussion, a lot of people had a time-limited responsibility for *a component* of each young person's struggle with high vulnerability but *no one had responsibility for the young person*. Revealed is a youth support system focused on delivering targeted programs in a context in which especially for highly vulnerable teens, coordinated therapeutic care is required to address complex need. Thus not only did service providers see therapeutic capacity as endangered or lacking in existing individual services, they pointed towards an overwhelming *unmet need* for long-term, therapeutic care coordination which remains *throughout* young people's engagement in specialist interventions. As one service provider argued, the lack of continuity of care simply drives repeat presentations at services. It is precisely *after* a particular service engagement ends that 'the real support' is needed:

> Support worker (Youth Accommodation Service): I think that's where a lot of services – NGOs, possibly even government – it's very regimented. You have to fit this box, you have to fit this criteria and when you've reached this and you've ticked the box, you're out. But that's when actually the real support is needed. So then you see them come back another few months later or six months or twelve months.

As another described, the lack of long-term support options often forced young people 'back into survival mode':

> Support worker (Youth Program): My key to working with them essentially, it's to prepare that stable base and provide it. But then at the same time, you know, it's horrible because they desperately need an attachment figure but as a service we're required to finish working with them and it's just not okay in terms of what experiences they need and what we're required to do to close. So sad.
>
> Catherine: When you have to say goodbye, what do you think the impact of that is on that young person?

> Support worker: It's pretty huge. So when you even prepare for leaving, often they stop and freeze and start choking all over. And then we talk about it and I try and of course find another figure for them. There's really only, in terms of long-term support, TYSS and White Lion, if you can get them in to either of those things [laughs]. So there's very little ongoing, longer-term supports. Yeah, I think some young people go right, okay, I'm just going back into survival mode.

In contrast to the distressing 'cut and shut' scenario this worker described, TYSS uniquely provided long-term *general* support, as one worker described:

> Support worker (Youth Program): Yeah, it takes time and that's one thing I like about TYSS, because if they've [clients] got goals – as long as they've got goals that they want to work on, whether they're achieving them or not, because a lot of the goals they have [it] takes a long time to achieve them. So even achieving tiny little incey wincey bits of ones, they can stay in the program. Like if they come in at 10 and they've got enough goals until they're 18 that they are still working on, they can still stay. It's not cut and shut.

Whilst TYSS workers felt they could provide support long-term, their capacity to provide intensive support was naturally limited, however, just like in other services responding to highly vulnerable teens.

Conclusion: The need for *care*

In summary, service providers' discussion of the system of support available to highly vulnerable teens began to clarify *care* as an overarching missing element. The question, as one service provider argued, is how to respond to this system gap?

> Team Leader (Child Safety Services): The question is how do you – what service is best placed or what can you get in place to be able to provide that support level where kids actually feel like they've got somewhere to go, where they're cared for, where they're loved, where they can have something to eat, where they can be safe? And that's what you need and for that cohort, they need to want to go there.

TYSS workers were understood to come the closest to holding responsibility for the general care of young people, as signified by their central place in the referral network. Indeed many described TYSS as providing an essential 'youth protection' service and expressed gratitude for the intensive practical support and basic skill-development they offer teens. It was also understood, however, that TYSS are

constantly at capacity, described as 'bursting at the seams' (Team Leader, Child Safety Services) for some time. Further, as an assertive outreach and casework-only service, like all other services TYSS relies on referrals to effect holistic care and accommodation for young people. As argued, TYSS has gaps and capacity issues like all other services:

> Manager (Youth Program): TYSS have a lot of gaps…We'd love to take all those kids…to be you know, everything to all people…But we just don't have the capacity to take on everything that's needed.

> Support worker (Youth Program): We could have another three workers on full time I reckon and we'd still be scratching the surface of the need that's out there.

> Support worker (Youth Program): If you are looking for wins, if you are looking for massive wins right off the bat, you're going to be sadly disappointed. Because it's a million little wins. But who's invested in that? What kind of effort and time and support do you need to put in? It's a couple of hours every week. It can't be two hours once a month. That's not enough. And for some kids, it needs to be a couple of times a week. But again, that type of investment, not even our program can really, we have to really shift things around if we're going to provide support more than once a week.

Through discussion of referral, and in particular referral to TYSS, this chapter points to a commonly identified unmet need for general care and support. Given the complexity of trauma and adversity which highly vulnerable teens experience, it also is clear that *both* general and specialist responses are needed. As the following chapter explores, however, not only does young people's general need for care overflow the current service system, but serious problems remain *within* the provision of specialist support.

All service providers – government and non-government – encountered significant problems in ensuring highly vulnerable teens' access to, and successful engagement with, existing specialist services. They also described key specialist service *gaps*, with particular attention paid to the need for both voluntary and involuntary adolescent drug and alcohol and mental health services and also the need for trauma-specific services. Chapter Five argues that these barriers and gaps both contribute to the culture of referral described here, in which teens needing complex care 'fill in time' and pass repeatedly between a limited number of existing services before, from aged sixteen onwards, they start to 'age-in' to increased options within adult housing, health, and welfare systems.

'No other place for them': Responses to highly vulnerable teens in Tasmania

Society is making them young criminals because we've got no other place for them.

Early Intervention Police Officer

This chapter deepens the analysis begun in Chapter Four by taking a look at some of the barriers and gaps highly vulnerable teens face within the broader support system. Chapter Four described access to therapeutic, long-term relationship-based care and accommodation as a fundamental absence in the system of support for highly vulnerable teens in Tasmania. Whilst elements of such a response are certainly present in the current working of TYSS, not only did this service identify unmet need but it too ultimately relied on a process of cobbling together support from other hard-to-access services.

Detailed in this chapter are service providers' accounts of why highly vulnerable teens face so many barriers in accessing specialist services in the core areas of child protection, homelessness and housing, education, mental and general health, and substance abuse. The identification of these barriers again highlights the vital need for the new provision of stable, ongoing care with the capacity to advocate for, and coordinate, specialist interventions. Also highlighted are service-specific challenges and absences to be overcome in order for the meaningful delivery of both general care and specialist support to highly vulnerable young people.

'Too hard' for child protection

Discussion of the child protection system in Tasmania was the common starting point for service providers in their reflections on the needs and service barriers faced by highly vulnerable teens in Tasmania. All service providers – including Child Safety staff – commonly centred their interviews on the misplaced hope that Child Safety Services would be the one agency able to provide long-term, age-appropriate, coordinated care and accommodation to highly vulnerable teens. The desperation of both government and non-government service providers for Child Safety involvement for their clients illustrated both unmet need and service provider distress about the currently occurring harm observed in young people's lives. The most commonly reported response from Child Safety Services to requests for help for teens was reported, however, as 'there's nothing we can do':

> Officer (Early Intervention Police): Where are they going to put them?...That's the issue; they'll say, 'We've got nowhere for them'.

Many service providers outside Child Safety Services had access to their clients' child protection histories. They argued that a common story for highly vulnerable teens is past child protection involvement in a young person's life but no resulting action:

> **Support worker (Youth Program):** There is generally quite a lot of child protection involvement, but when I say that, it takes the form of their, usually lots of notification, in the child protection histories that we get…Generally there's lots of substantiation of the notification of whatever level of abuse it was, whatever. So quite often there's neglect, there's sexual abuse, there's physical, there's you know, exposure to violence, exposure to drug use, exposure to big stuff like homelessness and poverty. So a lot of the times it's substantiated but then there's no action. So there's a lot, a lot of, it's been reported, it's been investigated, it's been substantiated and there is no further action. And there are always mitigating circumstances, so there are always things like 'safety plans were done', or, 'the school social worker will deal with it', or, you know.

Service providers saw the lack of intervention from Child Safety as stemming from one core issue – the management of demand. They understood the pressure to manage demand as resulting from both overwhelming volume of reporting and the specific difficulty of placing older children. Significantly for their teen clients, they saw *age* as the key mechanism through which demand was managed. The key child protection practice tool 'Signs of Safety' was seen, in the context of extremely pressured practice, as a tool which enables workers to identify and justify older children's ability to 'self-protect' in contexts of harm.

> **Manager (Youth Accommodation Service):** Well, I don't like playing the blame game but there is a huge issue with the child protection system. And, look, it may be resources, I don't know, but then there's also the model, the Child Protection model…Signs of Safety…It's a model that's designed to look at the safety – the positive safety things that are in place when caseworkers are going out to a home…So, they'll look at things like, what's the parent doing really well, what's the child really thriving at? Looking at all those positive things and then at the end they look at, what are the issues? But they're coming more from that positive framework, which is really good. It's important that they are being supportive because the parents are just as much requiring that support as well as the young person is, so I can completely understand that. But on the other hand, it does leave it a little bit open for children to sometimes remain in families where it's not safe for them to do so. Again, whether that's resourcing or coming from a model where they are looking at the signs of safety and all the safety things that are in place at home, and I think that maybe why a lot

of the time older kids, like around twelve, thirteen, fourteen or fifteen, don't get picked up as much by Child Protection, yet the younger children – the younger brothers and sisters will be removed from the houses. Well, if it's not safe for the little kids to be there, how is it safe for their young women to be there?...And it's just, 'Well, the older person can protect themselves.'...That's the pattern that I see. It's the older kids just aren't prioritised...I don't know whether they have issues getting them into foster care. They're just so limited I suppose...I mean, not that I would think that would ever justify it.

Support worker (Youth Program): In Queensland, if I had a young person who we knew was being abused, I could ring them [Child Protection] and say, 'I've got a young person here who has been hurt, they've got bruises, they're scared to go home...you guys need to come here and you guys need to deal with this now,' [and] they would. Here [Tasmania], there is this very strong sense of, 'Do they have the ability to self-protect? Can you do a safety plan with them? We'll get to it when we get to it'. So that real significant, do a safety plan, let's all just cross our fingers and hope for the best, and I think, I think for a lot of our kids, they are really aware that Child Protection knows what's going on for them, they know things are happening, and it just is okay, or mum gets an extra worker, or there's very little change that is seen for these kids...

Support worker (Youth Program): Often you ring Child Protection and they'll say, 'She's fifteen, she can self-protect, what do you want us to do?'

The convenient coincidence of the notion of 'self protection' and the lack of placement options for older children and young people was argued by many service providers to rely on the underestimation of the impact of cumulative harm:

Manager (Youth Program): Oh, and cumulative harm is a significant indicator in a lot of the young people we work with. And one of the major fights that we have with Child Protection is around the impact of cumulative harm and because they don't see that young people – like, they view that young people have an ability to self-protect. Well, kids that have ongoing traumas don't necessarily have that capacity, but just because of their age, it's assumed that they do. Trying to get Child Protection to actually understand that these kids are at risk, despite their age, has been a huge hurdle...I have worked at Child Protection too and this was pretty much what we were told to tell people, is you know, if the young person's over twelve, they're too hard to place, so don't even bother trying to get them on orders. And secondly, they've got the capacity to self-protect so they're not at risk. Now, 'capacity to self-protect' implies they have some degree of functioning and kids that have had severe and complex and ongoing trauma don't necessarily have that level of functioning that is assumed.

The assumed possibility of self-protection ultimately results, service providers argued, in the experience of cumulative trauma and adversity – including homelessness, mental and physical health issues, school disengagement and so on. In effect, through the continued exposure of young people to unsafe or neglectful home environments, service providers saw vulnerability only deepening and extending in adolescence. As one support worker argued, through their experience of cumulative harm young people are 'building up this story of their life which is just horrendous'.

The commonly identified Child Safety focus on young children was particularly well demonstrated in the context of another commonly identified practice of only removing younger siblings in households of harm. As described below, remaining in a harmful home environment without a response not only meant exposure to immediate neglect and trauma but also the long-term aftermath of survival:

> Officer (Early Intervention Police): I helped Child Protection a month ago take...a six year old and a nine year old from a mother who is on drugs big time, but they left the fifteen year old twin boys there because they had nowhere to put them. And those boys aren't going to school and they're roaming the streets and starting to get into trouble but they took the two younger ones because they could place them. So they put them with a foster care parent but they left the fifteen year olds there because they said they're going to have to stay because they've got nowhere to put them.

> Support worker (Youth Program): And the reliance on safety plans, I understand [Child Protection] are under-resourced and, you know, the system is broken. I just feel like we're putting so much pressure on children who are already harmed, who already feel guilty, who already feel completely to blame for every level of abuse they're already experienced. And we tell them, 'Yes, we know it happened, yes we know this occurred to you, yes, we're telling you it's not okay and it should never happen, and it's never all right, but you're going to stay here. If it happens again, tell someone and it's probably not going to be okay then, but you'll be right'. Yeah. I can't hold with that, and I can't hold with, you know, what that does to a young person as they get older...for a lot of kids, they don't, they don't ever process it. Maybe that's a better thing. The kids that do, and there are a couple, you just go, oh man. I have a lass right now who, the level of constant notifications substantiated and then no action, but her sister was removed, the younger sister was removed and she wasn't, and she can identify and says, 'What did I do that meant I had to stay here?' And she's fifteen now and she's a gorgeous girl, absolutely gorgeous girl, who is horrifically traumatised, horrifically. Can't sleep without smoking pot. She really struggles. She can't interact with people without...becoming aggressive and

> violent and scary. And she knows that she's doing it, and she knows that she's
> scaring people and she feel horrific afterwards. So then it just substantiates
> all of the badness about her and all of the things that she has deserved and
> it's, it's just horrible to see this kid say, 'What was it about me that meant I
> deserved that?'

The dual characteristics of being able to 'self protect' and being 'too hard to place' arguably set older children and young people outside the field of care provided by Child Safety. As described immediately above and throughout the last two chapters, trajectories through adversity and abuse without significant intervention resulted in life histories of repeated harm. As such not only did service providers struggle to understand the lack of intervention during childhood but also during *adolescence*. They saw a *continued need* for a child protection response for those young people now living independently in new contexts of high vulnerability which were underpinned by the impacts of cumulative trauma, conflict and neglect.

Being 'too hard to place' was a definition that service providers felt was particularly applied by Child Safety to young people who were in the process of early home leaving or who had left altogether. Understood to be demonstrating their capacity for 'self-protection' through their management of homelessness, this was a group considered inappropriate for out-of-home care options. Service providers consistently resisted the labeling of these young people by Child Safety Services as 'self-selecting'. This term refers to young people's 'self-selection' or independent choice of living environments which are often inherently risky. It is used to describe those young people 'choosing' to escape home environments – through couch surfing or staying with partners, for example, and also those 'choosing' to leave out-of-home care placements. It also is used to describe behaviour *expected* of teens with complex needs.

That such choices are 'free' and that such young people require less assistance or indeed, are beyond help, is implied in this characterisation. Their dependence on others for care and protection is forgotten. Also lacking is the vital contextualisation of the trauma-impacted behavior of teens and the apparent absence of placement options appropriately designed to meet their high and complex needs. Together with being able to 'self-protect' and being 'too hard to place', young people's resilience and agency – demonstrated through running away, couch surfing, accessing homelessness and support services – paradoxically becomes another reason for diminished child protection responses to teens. At risk of harm in contexts of homelessness or other unstable living arrangements, service providers were deeply frustrated that these young people do not seem to qualify for a child

protection response because of what they perceived as a focus within Child Safety Services on intervening only in the face of immediate risk of harm from a *care-giver*. Thus either for those homeless and couch surfing or for those who were struggling to remain in post-abuse home environments, accessing a child protection response was seen as extremely difficult:

> Support worker (Youth Program): **In general, they don't pick up young people because they're self-selecting.**

> Catherine: **What do you think Child Protection should be doing for these kids?**
> Officer (Early Intervention Police): **It is hard. They need to focus on the teen, instead of – we'll ring up about a teenager and they say, 'What do you want us to do?', that's their response.**
> Catherine: **And they'll literally say something like that?**
> Officer: **And I've had Child Protection on the phone saying to me, 'Well, they're self-selecting to do that'. Yeah, they are self-selecting but you need to figure out why they're self-selecting and need to find a safe place. Just make an effort with them. Don't write them off because they're fourteen and self-selective. They could be fourteen – so much trauma.**

> Manager (Youth Support Program): **I mean, we see a lot of reactive attachment disorder. There's been kids that have been – obviously quite significantly abused when they were younger, [and] they still love and care for their parents and want to be at home with their parents. But on the other hand, they can't actually handle being there and their behaviours are that they lash out or they're destructive or they're violent. And the parents just can't cope with them.**
> Catherine: **But there's still no Child Protection response?**
> Manager: **No. So Child Protection basically say, 'Well, if they behave like that at home, they'll behave like that in care, so we're not even going to try and place them. Because there's no one who'll take them.'**

Service providers offered a powerful analysis of why highly vulnerable teens struggle to access a child protection response. They identified two groups of young people who are in particular positioned as 'too hard' for Child Safety Services. There are those who are currently being neglected or abused by caregivers but for whom – service providers argued – it is considered 'too hard' to establish a successful out-of-home care response because of their age and agency. Then there are those who have lived *through* adversity and abuse without removal and are now experiencing the impacts of cumulative harm. Service providers argued that this group does not receive a response because their risk of harm does not stem from the *immediate* abusive actions of a caregiver. Further, this group is perceived to pose placement

problems because of their trauma-impacted behaviour. In short, as one service provider argued, young people 'just have to make their own way':

> Support worker (Youth Support Program): I think that kids are expected to be adults at a really young age, and I think that's perpetuated by services like Child Protection saying at thirteen or fourteen they just have to make their own way; they can self-protect, they can make these choices.

Child Safety staff likewise identified many of the conundrums described above. Their discussion about why high vulnerable teens struggled to receive a child protection response confirmed the analysis offered by other service providers. They reiterated the importance of age in both 'triaging' and deciding on responses, focusing on what they saw as the unquestionable vulnerability of babies and very young children. The 'self-selecting' capacity of older children was understood as evidence of their agency – something which apparently 'complicates' how the need for protection is assessed:

> Team Leader (Child Safety Services): It's predominantly the age group where we spend a lot of time is probably under ten. We do get kids' referrals that come through and there are older siblings quite often as part of the next referral. But generally what we find is that it is the young ages from zero to five really are the ones that we tend to have more involvement with because of the vulnerability of that group…Age is a big factor in how we triage our work and if we've got a baby, they can't protect at all.

> Team Leader (Child Safety Services): We need to treat every child from zero to eighteen as the same but obviously, partially, in our assessments we're looking at the vulnerability of children and their ability to protect them and to self-protect. And as children get older they've got more capacity to be able to remove themselves from a situation physically. And that's sometimes what complicates those assessments as well, is that, well I'd be concerned about an eleven year old, but even if you've got a twelve or thirteen year old that's removed themselves from a situation that they've deemed unsafe, well then you can sort of – part of your assessment would be that they've removed themselves from an unsafe situation. They've been able to recognise that that situation wasn't safe and they've been able to use their own resources to do something about it. And the next question is where do they put themselves around that and…maybe it's about shoring up that.

Their central focus, however, was on describing how difficult it is to actually secure Care and Protection Orders, on the impacts of what they interpreted as their legislated focus on children and young people abused or neglected by a parent

or caregiver, and on their complete lack of faith in the value of out-of-home care options for older children and young people. Child Safety staff expressed frustration about the youth and community sectors' perception of the agency as a support and housing service. Staff emphasised that they were *a risk assessment service*:

> Manager (Child Safety Services): Child Safety – Child Protection Services is not a support agency. We don't – that's not our goal. We don't support people. We engage in a process of risk assessment to determine level of risk, then to form an intervention plan based on whatever the presenting need is. Which is difficult for people to hear, but that's not our primary functions of support.

Child Safety staff also discussed the significant barriers they face in assessing and responding to risk in early childhood – because of the secrecy of some abuse, because of the quality of evidence – such as direct reporting from victims – needed to get a positive outcome on legal applications for intervention, and because of the perceived inexperience and moral difficulty faced by magistrates when making decisions about what Child Safety could action on behalf of children and young people.

As identified by other service providers, Child Safety staff also described facing significant barriers in responding to risk in adolescence, as unless this risk came immediately from a parent or care-giver, a response remains beyond the scope of their service. If parents are no longer abusive or now able to provide a non-neglectful living environment, for example, it was noted children and young people technically have homes safe enough to return to. As such, even their homelessness in the context of 'trauma-based' behaviours was understood as a 'self-selection' of risk and the basis of referral to other support services, such as TYSS, rather than for the provision of a child protection response:

> Team Leader (Child Safety Services): And when we say risk generally we're looking at risk from their care-giver. A lot of young people tend to make decisions that places themselves at risk and that's a tricky one for us.

> Team Leader (Child Safety Services): So I think there's a lot of expectations out there about what can be provided by Child Safety and we're not a service provider, we don't provide a service. We're a risk assessment service. We assess the risk to kids and we then look and do something with that, whatever it is we choose to do. So for those kids from – I personally think more twelve to eighteen is that gap bracket or the more difficult bracket where we're talking about kids that in that age range that we've spoken about. Puberty and all the, you know, complicating factors that come along with that. Essentially, for those kids what we can look at doing is referring out to other service

providers so they're able to provide for their needs or able to provide them with support that will – we don't have much…Got TYSS, that's probably one of the key referral pathways for those higher risk kids who need someone to be supporting them…Those kids where there's a number of trauma-based behaviours along with risk-taking behaviours and then the homelessness that comes with that. And it's really difficult, the thing is that Child Safety isn't a housing service. We can't provide housing, we can't take kids into care just because they're homeless. I'm not saying they're not at risk when they're homeless. I absolutely agree that there's a number of additional risks because of their homelessness and it increases their vulnerability and there's perpetrators out there that latch on to that sort of thing, and they use that to their advantage and then the kids are at higher risk of harm based on that. But unfortunately there's no middle option for them.

Child Safety staff took very seriously the likely damaging impact of placing young people in care and weighed this up in making decisions about intervention:

Manager (Child Safety Services): What we know about care is the options for children over the age of fourteen aren't necessarily in their best interests.

Team Leader (Child Safety Services): We don't try to place many mature children; we don't tend to place a lot of kids that age. Frequently, they don't want to be placed and we have to decide whether placing them somewhere they don't want to be and having them run back and forth constantly on the streets is a greater risk than them being at home. And we also have to consider the types of placements to offer them and whether that's going to be further damaging to their attachments if they're in a different care place and what their experience in care might be…So it's sort of like a Catch 22 because there's no point putting kids on orders, it's your older children or in many cases it seems as though there's not as much point putting them on orders as that younger group.

Manager (Child Safety Services): There's perspectives of risk. It's the idea or the notion that a child protection intervention will automatically equate to no risk or less risk. That placing this cohort of kids in care will fix them, when in actual fact, we know the outcomes [of] children in care would be quite consistent with the cohort that we're talking about today…Placing children in care doesn't fix their therapeutic needs. It might address an accommodation issue, but it doesn't necessarily meet their needs and their needs to heal and grow…I one hundred percent do not believe this is a child protection related response.

Not only did Child Safety staff express substantial doubts about the benefits of being taken into care, they also described facing the resistance of young people and the basic problem of having few appropriate placement options, even if a Care and Protection Order is put in place:

> Manager (Child Safety Services): They've maintained themselves for a significant period of time and probably even when they were with their parents, they were parenting themselves. So, to go into a setting where they lose that autonomy that they once had is often quite challenging and not something they'd like to experience…boundaries, pro-social modeling of behaviours…they express that they wouldn't adapt to that environment. I'm not going to have someone in my life telling me what to do.

> Team Leader (Child Safety Services): A fourteen year old isn't necessarily going to give that option a chance to work for them and sit with that uncomfortableness and be in a place where they don't necessarily want to be. Or for those kids that have developed those behaviours, for whatever reason, whether they're protecting themselves or that's how they cope. Or they're drug users so they don't have to think about it anymore. They go into a placement and they've still got those behaviours and they've still got to be able to manage with those behaviours. The placement's got to be able to manage with those behaviours and often boundaries that are put in place in certain, in any sort of placement…is not going to be liked by a teenager who's already had this opportunity to do, really, whatever they want to, potentially for a period of time.

In particular, the perceived mismatch between available options and the actual needs of young people emerged as a key issue. Child Safety staff focused on the intense intervention required by the highly vulnerable teen cohort and they identified an unwillingness for such intervention to be provided through foster care. They also raised the shortage of residential care options as a problem. The expectation that the 'majority' of older children would choose to leave residential care arguably reflects on how successfully residential care is able to therapeutically engage with young people:

> Team Leader (Child Safety Services): So I guess the difficulty is, is that most foster carers don't want to take on the older kids. And they don't have to take them on, it's their choice and once a child's between ten and fifteen and they've developed all these behaviours that are extremely difficult to manage and we talk about those boundaries and all that sort of stuff, how they manage without the skill set to deal with those kids needs to be quite high. You need to have a foster carer who's really going to be involved in and they're willing

> to put a lot of time and effort and cop a lot of abuse at the same time. So those are very, very few and far between, people that are willing to do that. So essentially then you're looking at therapeutic residential care…And the majority of children that are older…those kids do what we call self-select, so they choose to go and stay somewhere else regardless of what we're saying about it…So even for kids on the orders that are teenagers, that are choosing not to stay where they're staying we're really limited in what we can provide for them.

> Team Leader (Child Safety Services): Because when they hit thirteen, that's what we're generally looking at, either shelter or residential care and we need to assess whether or not having a legal order is going to make a difference. Then there's limited places in residential care too, we're only funded for sixteen places in the south. I think initially they would hope that they would get provided with some therapeutic intervention. And be able to move forward into either their own accommodation or into a foster family but that rarely happens. The needs of those young people are so high they often can't do those things, so we don't get a lot of movement. So it's difficult, so when we look at these young people we have to assess and say are they at extreme risk?

In short, it became apparent through discussions with Child Safety Services staff that for young people both *with and without* orders there need to be options for care – involving both housing and support – *outside* of the child protection system because these are simply not available within it. Confronting the agency of young people and the lack of appropriate foster and residential options, Child Safety Services staff described relying on the support of other services to provide whatever care for young people they could.

Significantly, in the reflections of Child Safety staff it seemed that it is the lack of care options and the expected negative outcomes of existing options which fundamentally drives decision-making about pursuing Care and Protection Orders. This was described by one Child Safety Services Team Leader as 'an aversion to removing teenagers because there's nowhere for them go'. Without care options, Care and Protection Orders were valueless. These discussions clarify an extraordinary mismatch between the hopes of all other services and what the views of staff reveal about the value of child protection for highly vulnerable teens. Emerging across the project interviews is a picture of a service environment of *stalemate*, in which youth services are desperately trying to refer into Child Safety Services and Child Safety Services are desperately trying to refer out to youth services. As one Child Safety Team Leader describes above, this is a landscape in which there is 'no middle option'. As will be discussed further in the Conclusion, in

the context of this central and, at times, bitter struggle, the enormous service gap *between* child protection and youth services remains substantially unnamed, with dire consequences for the highly vulnerable teens who struggled to access both.

'Too hard' for accommodation and housing services

As Child Safety staff identified, referral to or 'placement' of young people in crisis and medium term accommodation in the SHS sector was an alternative to the provision of child protection services for some highly vulnerable teens[7]. Accommodation staff certainly articulated their commitment to providing a holistic service for young people, and alongside TYSS workers attempted to provide a level of holistic support:

> Manager (Youth Accommodation Service): So we have the capacity to be flexible about the needs of the young person. I mean, with reason because obviously we've got limited resources, both financially and human. But yeah, that's what we do differently, that wrap around support for the individual rather than a homogenised program that if we don't fit your program then you're out.

Nonetheless, vulnerable teens faced significant problems accessing and retaining care in crisis and medium-term supported accommodation facilities. As discussed by the manager of a medium-term accommodation service, not only are these services time limited but they have small bed numbers and are often at capacity:

> Manager (Youth Accommodation Service): There's no pressure to – I mean obviously we need to keep the ball rolling because there's obviously a lot of other young women who need – we've only got six beds...I try to set a goal for the staff of around twelve weeks. That sort of, keeps the urgency on it a little bit...And also for the young women as well. This is such a lovely place, they tend to get a bit comfortable sometimes as well. But who would blame them. So it's good to keep the expectation clear and the urgency clear, because we probably have three or four times a week we're turning young women away.

> Officer (Early Intervention Police): Annie Kenney [crisis accommodation] and Mara House [medium-term accommodation]...are chock-a-block full, so once they're chock-a-block full we have to find somewhere for these kids to stay and obviously sometimes they have to go back to family members.
> Catherine: So what do you do in that context?

....

7   Whilst the timeframe of accommodation offered varies between services, it is usually the case that crisis accommodation is available for a period of six weeks and medium-term accommodation is available for a period of three to twelve months.

> Officer: We have to find someone; we have to find a parent, friend, someone who will take this kid on or we'll drive around until we find somewhere for them to stay. The other day we had one girl…I was this close to taking her home…she had nowhere to go. So I took her to Trinity [long-term accommodation] here and put in an application for her there; ten months on drugs, so mum's not a safe spot. There's nowhere for her, because Mara's full and Annie Kenney's full.
> Catherine: And Trinity, they don't operate a crisis…
> Officer: No, it's not crisis. There's a massive waiting list now, so the chance of her getting a unit…
> Catherine: So what did you do with her?
> Officer: She's with her mum's aunty in a little bedsit over in [outer suburb], which is not ideal, and she's sleeping on a couch, but at least the aunty's not on drugs and is quite nice. But still she's over there sleeping on a couch. It's a one-bedroom bedsit.

> Team Leader/Support worker (Youth Accommodation Service): I think Child Protection are probably limited in how much they can do and so we all are. I mean, we're calling Housing Connect, Housing Connect are calling us [medium-term accommodation], we're calling Homelessness Support, Homelessness Support is calling Youth Care [crisis accommodation], Youth Care is calling us. We're all kind of stuck because we might be all full or Housing Connect really only put them on their books and try and support them but they can't just put them up generally speaking. There's nowhere for them to go.

Ultimately, despite best intentions, accommodation service staff described their struggle to provide therapeutic support for young people with complex needs. As one worker pointed out:

> Manager (Housing and Homelessness Programs): We're the safety net, but the homelessness services are so pushed for capacity that we don't have the space to do a lot of the stuff that we used to…The problem is, somebody's got to do it, and there is nobody there to really do that.

Operating with a 'one worker model' – with only one staff member on duty day and night – and consistently at capacity, it seemed that both shelter workers and young people were being caught out by the lack of capacity for case management. Though young people *over* sixteen are *supposed* to receive case management from Housing Connect[8] support workers – possibly part of the rationale behind a one-

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8   A centralised housing support service funded through Housing Tasmania, DHHS.

worker model within shelters – this casework is by necessity being pushed back to understaffed shelters.

> Team Leader/Support worker (Youth Accommodation Service): For all clients sixteen to twenty…they're assigned a [Housing Connect] housing worker and they're meant to be the lead case manager. But what tends to happen is they have a case load of forty. We have a case load of six. So it's more realistic. All the housing workers I work with are great, but we would do the bulk of the work or the running around; they need to be taken here to do this, they've got this appointment, this appointment. We'll…facilitate that because realistically the housing workers don't have the capacity to give the intensive support youth need, and that's a need that has been identified by all service providers.

> Manager (Youth Accommodation Service): It's often the shelter workers that will pick up the slack from the housing workers…They're supposed to be the lead case mangers…and drive. What does case management include? It includes mental health, drug and alcohol support, you know, referrals; all this kind of stuff. But it's us that are doing them. It's always us.

The result of shelter workers shouldering primary responsibility for case management and case work was more logically arranged in-house support, but in a very under-resourced environment. As one support worker described, with six to ten boys to look after on any given night, it was a struggle to undertake the basics of care, let alone respond to the complex issues they were facing:

> Team Leader/Support worker (Youth Accommodation Service): I think we're very under-resourced in that if it's a one worker model and you've got a full house…a lot of it is paperwork and a lot of it is meetings and lot of it is report writing and to actually have really consolidated case meetings and doing the groundwork. We can do a lot of background behind the scenes, office work with liaising with Centrelink, liaising with Reconnect but unless you actually physically walk somebody in there to those appointments, they often don't go. So we really do need a two worker model because I certainly feel ineffective because I also manage staff and the running of the house so I mean, we're on the phone to housing maintenance every second day and then you've got to go and meet them and then it's taking away from face to face time with the boys and I think that's a really big gap….We can't fill those areas of walking them through the front door. We've tried in the past but the resources – you just can't sustain it. We might be able to take them to school for the first two weeks, but that puts tremendous pressure on people…We are stretching it to the limit by bringing an extra worker in for now…So I think we really need to work away from just being an accommodation service, because

> we're not. You've got to be so much more than that. It's very complex because the presentations are so complex…The TRC program[9], they only ever have a maximum of four clients and they have a two worker model, so one person will do the school runs while the other stays with the other kids at home and then they get funding, they get pocket money, they get excursions and recreation. We get none of that and we're a one person model….Even some of the skill set our staff have got, we're just not utilising them. We're babysitting, just getting shopping lists done and the beds made and the washing done…So we're trying to get really traumatised, complex cases to do all of that stuff and it's just hard yakka. So to do anything above that is pretty near impossible but they need it…So staff burnout is really big.

In effect, crisis and medium-term shelters were attempting to undertake similar work to TRC, at times with ex-clients of TRC, but on a much more challenging scale and without adequate resources. For clients under sixteen – either with or without Care and Protection Orders and always without income – there was also enormous confusion about who had responsibility for young people and about the practicalities and legalities of providing care and making care-related decisions. Further, it was felt that this age-group was increasingly presenting at crisis services and needed a level of care that was difficult to provide in accommodation settings that were open to young people up to age twenty:

> Support worker (Youth Accommodation Service): We have got more and more homeless young people between ten and sixteen and they can't come in here. It doesn't work. We can tell people it doesn't work. We tell people all the time. It doesn't mean we don't do our job and it doesn't mean the places aren't right. It's just they're not right for those young people. They need more, they deserve more. They do deserve more because we actually almost set them up on a path of even further vulnerability.

Arguably, despite their best efforts, it seemed very difficult for stretched accommodation services to hold on to highly vulnerable clients, given the level of care they needed and the life experiences this need often stemmed from:

> Team Leader (Child Safety Services): There's Karinya [young women's shelter], there's Youth Futures [young men's shelter] and again, we know those placements…have inherent issues that come with them in terms of who's at the placement. Or kids that go there and then steal something from there

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9   TRC refers to Therapeutic Residential Care, an out-of-home care option for young people on Care and Protection Orders who may not be considered as appropriate for placement in foster care.

and then they can't stay there anymore and it's not an option to go back. So those places, whilst they provide a valid service and a great service, they also struggle to manage.

Manager (Youth Program): At the moment, it's pretty much, if there's any sort of behaviours in a youth shelter, they're basically thrown out.

Support worker (Youth Program): They can access shelters but the one shelter we have here, I think they can stay for a period of six weeks, and then during that period of six weeks, if they really stuff up or they're really stuffing up other kids in there, they will get rid of them, they'll kick them out. I've had clients that have gone from the Launceston youth shelter, down to Devonport, then down to Burnie because they'll do that, then down to Hobart to cover off a bit more time, then they might be accepted back into Launceston, because I think they've got to have a period of time out and then they can go back in. But most of them burn their bridges and they're not welcome back into the shelter either.

Catherine: What effect does that have, do you think, for the young person?

Support worker: Leads them into more crime, more offending. Leads to more offending because they're needing to do that to survive.

Apart from the difficulties of actually accommodating young people and the ramifications of this in young people's lives, a key observation of interest is the surprisingly low profile of accommodation services in young people's life histories. Shelters were understood by many service providers to be used only as a very last resort or for respite and indeed they did not feature in young people's life histories discussed in the previous chapters. As one worker argued, 'often for these young people it's in and out'.

The lack of engagement with SHS by highly vulnerable teens was understood to stem in part from their frequent exiting because of their challenging behaviour. It could also be argued that the short-term options provided have little relevance for young people who are experiencing long-term accommodation issues due to being unlikely to return home and unlikely to access independent housing. Further, as explained below, service providers argued young people perceive couch surfing as offering a greater degree of freedom and control. As one support worker argued, couch surfing, before it breaks down, at least has a veneer of being personally cared for by someone:

Catherine: Where are they staying, where are they surviving?

Support worker (Youth Program): Friends' couches, the shelters sometimes. None of the kids like the shelters because there's rules and because they're not nice places to have to stay.

Support worker (Youth Accommodation Service): It's about burnt your bridges, no couches left that are going to support you, you've done the dirty on someone, you've stolen their drug money, you've stolen their drugs…They're under threat, they're being looked for by people…Financially, they've hit a point where either Centrelink has been cut off because they've breached in some way or something is happening. So they can't access food. They know they're going to get food here and a bed and a shower, access to clothes. We get them in.

Support worker (Youth Program):…The thing is with youth shelters, they can only go there for six weeks. And they have, you know, it's not home, it's – like the TV room is locked until all the chores are done. And if one person hasn't done the chore – I mean I get why they do it, but it's not a home. That's not a home at all and then there's the six-week period so then they have to pack all their stuff and go somewhere to be able to come back for another six weeks… And they have to share rooms which scares them. They worry about who is going to be in the room and it could be anyone and they don't have a choice of who's in the room and it's just whoever's there. And then again, condensed chaos, [they] start doing stuff that they haven't ever done before because it's right in their face…I think they would choose couch surfing over the shelter because they can still do what they want. And that's a big thing for them, they don't like rules because they haven't been taught that rules are a good thing. I guess when they're couch surfing they can choose where they want to be and they have more freedom and I think it's more of a, someone cares about them. Even though it's not a real honest one but to them, it feels it is…I think it's just a more promising option to them at the time and how they are feeling. No one wants to be in a shelter.

For highly vulnerable teens, turning sixteen is significant as new housing and income options open for them. As service providers noted, whilst the range of options increased, these are still very difficult to access, particularly for younger clients:

Manager (Youth Accommodation Service): It is so, so hard to get housing outcomes for young women under the age of eighteen and even eighteen. It is so, so hard. The outcomes that we have are sometimes few and far between.

Further, young people bring very complex trauma histories into these new housing environments and even with the provision of ongoing outreach support, it was argued that young people may struggle to sustain tenancies. The shortage of housing options was also seen to contribute to prioritisation of young people who faced fewer issues:

> Manager (Youth Accommodation Service): Because there are so few community tenancies, we're really mindful of who we put in them. So, we really want to make sure that the people that we're putting into those community tenancies are going to be able to make a good go of it. Are going to be able to at least, the basic stuff, basically maintain the tenancy and just do any other bits and pieces. There might be a few support issues that might need to be nutted out so that we can get them moving. But bringing it back to the highly vulnerable young people. It wouldn't even be suitable to put a highly vulnerable young person into a community tenancy. So, where does that leave them? It just comes back to that whole cohort of young people that are just not even acknowledged.

> Team Leader (Child Safety Services): Maybe there's options around the NYAC (Northern Youth Accommodation Coalition) units for kids, once they're sixteen, through Housing [Tasmania]. But again, Housing have a number of issues around some of the behaviours or things that the kids are involved in. If we're talking about kids that are using drugs…So that and the issues that come along with that become an issue so then even if they do get into a housing option, eventually the options of sustaining that are limited.

As is now discussed, the kinds of confronting behaviours which potentially result in exclusion from some accommodation and housing options, likewise result in the exclusion of young people from school, and even from alternative schooling. Further, as illustrated in Chapter Three and above, the difficulties likely to face young people in their access to school were enormous. Young people were dealing with histories of complex trauma and other adversity and unstable accommodation. They were not able to access the kind of parental support they needed to keep their attendance at school and to help negotiate re-entry to school when they were exited. As such, young people's struggles with education were intimately link to their struggles in other areas of their lives.

'Too hard' for school

As discussed above, it is very likely that highly vulnerable young people experience significant challenges accessing stable accommodation. This instability had a very negative impact on young people's capacity to physically get to school and to find education a priority. In a classic Catch 22 scenario, stable housing was needed for stable school engagement. The scarcity of housing options, especially for under sixteens, negatively impacted young people's ability to engage in school:

> Support worker (Youth Program): Once they've got a stable home, then we can start exploring things like education, you know? And those things can change very quickly, because it depends on if they are in housing department and suddenly they're evicted or I've had a situation where a kid's house had the windows smashed because there was some money owing to a neighbour or whatever…Suddenly they were in tents at the Showground….If they're being dragged through these problems, that hinders them from going to school. When they go to school, they might have negative behaviours, so they're labelled as a negative behaviour child and therefore, if the child isn't at school, that makes it much nicer for the teachers because then they don't have to deal with this badly behaved kid at school.

For service providers, it was clear that trauma has a huge impact on young people's ability to attend school – their part-time attendance at mainstream or alternative schooling was expected:

> Support worker (Youth Program): Usually most of our clients by the time they get to us, they've been on multiple part-time timetables, they've been taken out of mainstream classes, they've been, everything has been pared back…

Adding to the experience of trauma and adversity for many, service providers suggested, is also an experience of intergenerational hostility to education environments. Service providers argued that this means that many young people already have a negative or fearful vision of school and also, if they are at home, are unlikely to receive much parental support with their schooling:

> Support worker (Youth Program): With these kids, they'll say they hate school because their parents had a negative experience with school…The teaching at home is that school's a big bad place and they're the Gestapo and they're out to get us and they hate us and that's this really horrible place to go. Whereas actually, the school is sometimes a really safe place for the kids to go, you know? In a lot of cases it is a safe place. Some of the kids I've worked with like school because it is a safe place to go and you get food there, you know?

Support worker (Youth Program): Parents often times feel really attacked when they deal with the school systems…they generally feel quite bullied by the school systems. Generally, most of our parents have had difficult relationships with school systems themselves, you know. Most of our client group, it's generational. What's happened to mum has happened to the kids you know, it very much the relationship has continued, the distrust of schools, the distrust of teachers, the anxiety. So you know, you get these parents who are really, really fearful of the setting to begin with. So for them, even going in is a terrible experience. So a lot of the primary presenting thing for kids is 'school is bad, I need it to be better'…And most of our clients, pretty much all of our clients, all want to be going to mainstream school full-time every day without any concern. And they really are quite definite whenever you do any sort of goal setting, that's the first thing that they can identify that they want to be able to do. When you break that down, you go, well, what's happening to stop that, what's going on, what's getting in the way for you…and you unpack this huge, huge experience of trauma and huge inability to regulate any level of emotion and massive anxiety.

Whilst many service providers expressed enormous frustration about the way in which Tasmanian schools respond to highly vulnerable teens, they also understood that teachers were not well-equipped nor necessarily the right people to support this cohort's engagement in education:

Catherine: And in your view, how well do you think schools are equipped to, firstly, understand, but then secondly, respond to that sort of…complex trauma for these kids?
Manager (Youth Program): Oh, they're not. They're not equipped at all. The school social workers are slightly better. But teachers, it's not their core business. Their core business is not behaviour management and dealing with trauma and [providing] therapeutic services, it's about teaching the curriculum…So you know, as much as I could say, 'Oh, they're not very good at it', it's actually not what they're there for.

Nonetheless, the management of young people's behaviour in schools was seen as deeply problematic:

Support worker (Youth Program): Then you have time and time again, they [young people] actually make an effort to go to school and they're suspended within ten minutes or an hour of getting into the building. And the major issue that I have with schools is they don't use a trauma-informed framework and until we do that, these kids aren't going to keep an engagement with school.

> So that would be my biggest thing for schools because they don't manage behaviour through that framework.

> Support worker (Youth Program): I guess the other thing that frustrates me the most, is school, making school a better place for them individually, getting – having teachers acknowledge that they have had really shit things happen to them and they can't just function like a normal person. Really frustrating. Because they just label them and see them as shitty, naughty kids, when they're not at all. They're really good kids, they just have had bad things happen to them.

The perceived lack of trauma-informed frameworks within Tasmanian schools was seen to make cuts to school social work services even more troubling:

> Manager (Youth Program): I think what one of the answers to that is, is really increasing student support services, rather than cutting – because one of the things we have seen is a huge cut in Learning Services' support staff. School social workers are being stretched between three and four schools. You know, if we had more resources, if young people would actually receive therapeutic support from school sites and school social workers, that in-cost would be taken off the teachers and we would see benefits in the classroom.

Where service providers had experienced the provision of support for their clients, they noted on the complexity of their negotiations with the Department of Education. This raises the question of how highly vulnerable young people *without* access to a case worker might go about negotiating their schooling options. Service providers also described the extremely slow provision of specialist assistance from the Department of Education. In a context in which the other supports young people are accessing are time-limited and their circumstances change dramatically in very short periods of time, the slow response time from Department of Education was seen as contributing to young people's disengagement and despair and completely out of touch with the realities of their situations. Service providers described alternative schooling, such as Edzone Online, as taking up to a whole term to put in place, in one case, even when ordered by Youth Justice:

> Support worker (Youth Program): Now, when it came to doing the Edzone Online, that took a term for that to get set up. So the kid was doing nothing for a whole term, apart from meeting with me…It took a whole term for that boy to get set up. In the meantime, he'd been moved out of mum's place to aunty's place with aunty and uncle…And so aunty, uncle – what do you do with a kid like that? What do you do with a fourteen year old that's sitting at home all day? Because all of his friends were at school.

> Support worker (Youth Program): I think it's just that we've got this intense population – I don't know if population is the right term. We've got this population that are so, one minute changes to the next. We really need a way to be able to access services that they want to link in really quickly. Like it shouldn't take a term to get into school or six months when schools are arguing about who takes them, or people say 'Oh it's near the end of term anyway'. And it's like, every week is going by…

Overall, service providers focused on the lack of educational options, the lack of options local to geographic areas of need, and the problem of what to do with young people when they weren't at school or were on part-time attendance. From primary school to high school and beyond, service providers discussed their struggles to get access to even a few hours a week of education contact in both mainstream and alternative settings. This struggle to access mainstream school and alternative programs poses the core question of, 'where do you put them?'.

> Officer (Early Intervention Police): We've got kids out there in houses that we know of that aren't going to school and nowhere to put them. My reports that I get through are like kids in Grade Two that…the Education Department are trying to get exclusions for them not to attend school.[10] But where does that leave the kid?…The ones that aren't and can't go to mainstream school, where do you put them?

> Support worker (Youth Program): I think the biggest thing is the gap of what they do after high school, or even dropping out of high school. It's just so hard without alternative programs. We can work with these kids a lot and get them to the stage where they can get to a course, but then what course do they do? It's really hard…because when you're struggling at school and then into adult education straight away, it's really hard, and if you don't want to do that, what do you do?

> Support worker (Youth Program): Edzone Online happened for second term and then he was doing that to the best of his ability. They ended up giving him a mentor worker, which worked out okay. But you know, half the time the kid didn't really realise what he was doing. So sometimes he'd show me stuff and I'd ring the person in charge…. This term, he eventually got to go back [to mainstream school], but it was just for one hour a week. Now, for him to go back an hour a week, the principal did not want him to be socialising with the other kids. So they organised the art teacher to be with him for that

....

10   The Education Act 1994 (Department of Premier and Cabinet 1994) defines 'exclusion' as exclusion from school for a period of more than two weeks.

> hour a week and that's the only time he gets on a Tuesday and the kid has to be accompanied to school and be accompanied out of the school. He's now Grade Eight and when we had the recent interview to get him back into school that had meant he'd had six months out of the school system…

> Support worker (Youth Program): Learning Services have the Edzone School… which is the one in town. They take on six kids per session.…Grade Eight, Nine and Ten. I don't think any Grade Sevens go there. It is a really good program but there's a lot more kids out there than a program like that.

As also described below, the experience of conflict or difficulty within *existing* alternative education services added extra barriers:

> Support worker (Youth Program): Like with Space [alternative education program] the kids are put on part-time enrolments because some kids don't get along with other kids. So that means they're restrictive in how long they can go to school for. So I have some kids that will go to school for an hour a day because of other people because they can't – because there are all people with challenges in one class but don't all mix.

> Support worker (Youth Program): In terms of alternative education options, they're so limited, there's basically not a lot. There's a waiting list at Radar [alternative education program], everyone is setting down a much stricter criteria for fitting their programs I'm finding, so it's a difficult one because there isn't enough out there. And what you find, because it's not a very big place, Launceston, so for example, when someone goes in there to be interviewed for a possible spot at Radar, it's also about, do you know the other kids that come here and how would that affect you? So if there's a problem, they probably – I'm not saying they won't, but it becomes an issue because they don't want to ruin it for the person that's already there doing well by putting someone else in there that might unsettle it. So then they've got to look at – okay, we still want to offer this person something but it might mean we can only offer them one afternoon a week when this other young person is not there, and then there's a waiting list…There just seems to be less and less options for them, and even with Radar, Radar only accept kids from Year Eight…So again, there is a shortage of options for us for our young people.

Service providers in the north-west of Tasmania described a context in which even if they made a referral to alternative education – only available in Devonport – firstly, the service is full, and secondly, young people from the region have to travel on public transport to Devonport. The incentive to undertake this trip is low given the bus travel – for example between Burnie and Devonport – often takes longer than the time they are able to access the alternative education service.

Further, some of the alternative options available are seen as inappropriate for highly vulnerable teens. Service providers noted on the isolation of online education and also commented on the difficulties arising from the grouping together of many young people with complex needs:

> Officer (Early Intervention Police): And Education, they are following, but they're doing online stuff. The kids are becoming – I've got one boy who was kicked out of mainstream school, he's got kicked out of there; he's now alone and doesn't leave the house, he's become withdrawn and has no friends and that's leading to [poor] mental health now.

> Support worker (Youth Program): It's great for kids to have Space in Devonport which is an alternative. So all the kids with challenges go to Space. So you've got 30, 40 kids, all with challenges, in one classroom…So having all of these challenges in one room is so distracting. Like what they've done, in some cases it does work but [sighs], can't see it.

What seems to underpin a lot of these issues is a perceived lack of capacity for Department of Education to actually follow up in person with young people who are not engaged in mainstream education. As one support worker argued, 'it's all about what sort of commitment or dedication they're going to put into these kids that are disengaging with school':

> Support worker (Youth Program): And then when it comes to the Education Department stuff, like when it comes to someone having regular contact with them, there isn't. Not on a weekly basis or even a fortnightly basis. I mean, [when] it's a Youth Justice situation, a person from their department might go and see them probably, you know, every two months and say, 'Right, this is what's happening'…So there's no – there doesn't appear to be any plan put in place for the child. Because realistically, the Education Department, because they're still enrolled at the school, the Education Department still do have a responsibility for that child. But nothing's ever put in place for them to say, 'All right, so you're going to be at home, this is what we're going to set up for you at home'. Whether it's Edzone Online or not, there's no – some schools may send work packages to a particular child. Sending work packages could be where the kid just doesn't know how to do it…Then I had a situation where a girl was given a nice big, thick work package and she finished it in two days… And they called it a term's work…It's all about what sort of commitment or dedication they're going to put into these kids that are disengaging with school.

Ultimately, as discussed in the previous chapter, the impacts of trauma and adversity – including escalating behaviour and homelessness – are also the key issues underpinning 'schoolessness'. It became apparent in discussion with service providers that mainstream school environments and their alternatives can fail to meaningfully include highly vulnerable teens who are at the point at which the basics of care – having something to do, a place of safety and something to eat – are most vitally needed.

Adding yet another layer to young people's schoolessness, was their inability to access mental health support, including trauma-specific services. Explored in the final section of this chapter is the distressing irony that young people struggled with access to child protection and accommodation services, mainstream and alternative education because of their trauma-impacted behaviour – but likewise struggled to access services that might *help* address trauma and other related mental health issues.

'Too hard' for mental health services

Accessing mental health services for their clients was described by service providers as a constant battle (a 'nightmare', a 'joke'), despite the great need they identify. In effect, the inability to access specialist services means that support workers are 'often left holding a lot of mental health things':

> Manager (Youth Accommodation Service): We can't refuse service, because we would never want to do that anyway. But it's really, really hard when they're in that mental state of mind and sometimes they won't even go to the hospital because of that issue, because of, 'I'm just going to sit in the waiting room for a couple of hours and they're just going to send me off on my way anyway.' The difficulty is, we are not a mental health facility. We cannot deal with those complex and persistent mental illnesses…I would not feel comfortable in us responding to that kind of stuff. It would need to be by a seasoned professional who had years of experience and research into best practice.

Whilst service providers were understanding of the pressures facing emergency staff, there was agreement on the inadequacy of responses to mental health crises. As many argued, these stemmed from the well-publicised lack of adolescent mental health facilities in Tasmania – which ultimately resulted in both the experience and expectation of being discharged:

> Officer (Early Intervention Police): Those three days the police took her to the Royal [Hobart Hospital] and she got discharged every single time, because when you put a sixteen year old in hospital – and they don't have a youth

> mental health facility over there. They're not going to put her in with the adults over there and they won't put her in the pediatric unit because they've got little kids there. So they discharged her and they're all assigned to Clare House [CAMHS]. She's one of our highest risk of suicide but she keeps…Where do you put her?

For services providing care for highly vulnerable teens in accommodation settings, the presentation of mental health issues was described as particularly stressful because of the one worker model and the number of clients in their care at any one time:

> **Manager (Youth Accommodation Service):** I'm in this situation now where I've got a contagion effect of young women self-harming…and again, I called up all the [mental health] services today…and there wasn't anybody that was able to outreach. I can understand they weren't able to come tonight, but the consensus was that there generally wasn't that kind of support available. In this shelter, we've got a one worker model, we've got one worker here of an evening…It's just I am very concerned about our ability to properly look after and keep these young women safe…

Service providers expressed despair about the inadequacy of responses to highly vulnerable teens delivered through the Department of Health and Human Services' Child and Adolescent Mental Health Services. Consistently, CAMHS was described as a system for middle class families who could support their children and young people to attend and engage in treatment. Highly vulnerable teens were understood as 'too hard' for many mental health services as they missed appointments, used drugs and alcohol and require time- and resource-consuming outreach to receive treatment effectively:

> **Support worker (Youth Accommodation Service):** It's more for young people who have a family. And it's like, the services we need are for the ones who don't. The services we need are for those who have no one. Of course, the easier service to deliver is that one, but that's not what's needed. We need one for those who haven't got anyone else.

> **Support worker (Youth Program):** The CAMHS team, that's just not – it doesn't – I'm not quite sure what its purpose is…It's always been very vague. It's always been very, no well it's okay, you can deal with it can't you? Or it's very much pushing it back onto us. And look I have no doubt that is due to resources and I have no doubt they're always really busy, but where does that leave us?

Further, the remaining NGO services were also described as difficult to access:

> Manager (Youth Accommodation Service): Headspace is fantastic. They're really, really good. But, getting them into Headspace, the wait lists are weeks and weeks and weeks. Even the wait for the SASS [Sexual Assault Support Service] is up to six weeks.

Service providers observed that having undertaken time-consuming groundwork with clients getting their agreement to engage with supports, the delay in actually being able to access a support program may mean a complete change in life circumstances and change of mind:

> Support worker (Youth Program): Once they agree, that's great, but then there's that waiting period and by that time the momentum to do it might have actually been and gone.

> Support worker (Youth Program): You can make the referral, it can all happen, but unfortunately the waiting lists are quite large in Tassie, in Hobart…so by the time you have made the referral a month can go past and the young person is like, no way, I'm not doing that anymore because they change their mind, so it's really, really hard to get someone into mental health or into counseling. I don't have much success there at all.

Most troubling for service providers, however, was their clear perception of complex trauma in their clients' lives but the inability to access a trauma-specific service. A persistent view was that the struggle to diagnose mental illness in children and young people means they fail to receive treatment. Further, service providers also persistently asserted that CAMHS refused to support young people with trauma-related mental health issues. Either way, young people were described as being excluded from the mental health system:

> Manager (Youth Program): …because they're not able to be diagnosed or because we put it down to trauma, they don't receive a service.

> Support worker (Youth Program): My young person goes in every Monday, sees the [CAMHS] worker, and according to my young person, tells her what she wants to hear and then leaves. I don't see them as a therapeutic support service; I see them, I guess, as a we're here to talk about things and report on what's necessary, and review medication, probably for young people, so they have a psychiatrist attached to them. I don't see them, to be honest, as a helpful service. I think they manage people that might be going through psychosis or whatever, I think they manage that level rather than being at the

hospital. But I don't think, on a practical level, they're necessarily supporting in what they're doing.

Manager (Youth Program): [CAMHS] absolutely refuse to work with kids that have got trauma issues. They're a mental health service and if there's any identified trauma, they will say it's trauma, not mental health and therefore, it's not our client. A lot of the engagement that we've had with young people around trauma-related issues, we've had to access private psychologists. Because we cannot get them into Clare House [a southern CAMHS]…We cannot get a specialist therapeutic service in to see any of our young people because we don't have anything in Tasmania. It's one thing that we really desperately need is a trauma centre.

Support worker (Youth Program): So we can't get them into Clare House because they've all experienced trauma or domestic violence trauma. And so Clare House is the only place in the whole of Australia where they exclude anyone with a trauma background from accessing the service…The thing about young people, we don't yet have developmental trauma as a diagnosis. So kids don't fit into classic PTSD (Post Traumatic Stress Disorder) symptoms…

Overall, the most common pathway to access mental health support was described as working through a GP who can provide a mental health plan. This plan includes a series of free sessions of treatment with a mental health professional. Once again though, service providers saw highly vulnerable teens facing extra barriers because of their difficulty accessing a GP, including those within specialist youth support or health services. Not only do young people require support in finding a GP who will bulk bill, they also need practical and emotional support in making and attending the appointment. Further, one support worker described the blacklisting of young clients for failing to attend GP appointments:

Support worker (Youth Program): Probably the hardest thing to do is get a young person to a GP. Because for our young people, they need the same GP and they need a good GP and they need a GP who is going to call them…You know, someone who will, they'll have a relationship with because the amount of physical health as well as mental health, it gets ignored because it's really hard to get into a GP. And if you've missed a single appointment with a GP, you get black-listed and you don't get to go back to that GP…Then you're done, and for our young people, if you've tried once and it didn't work, you don't try again because getting knocked back is the worst thing that can happen… So kids don't see doctors…the physical health doesn't happen and the mental health, no, no. I think I've had maybe, probably ten kids that I've gotten a mental health plan for, and that's probably ten kids over maybe five years.

Service providers described being unsure of who actually provides adolescent mental health services in Tasmania. As one support worker commented, 'it's really hard to get a cohesive idea of who really can work with this age group.' Along with these challenges faced in accessing existing general and mental health supports, other common themes in discussions with service providers included the lack of involuntary adolescent mental health units in Tasmania and also the lack of both voluntary and involuntary drug detoxification and rehabilitation services for under eighteens in Tasmania.

> Manager (Youth Support Program): We have had some young people that have actually asked if they can go into rehab and have to say to them, 'Look, I'm sorry. There isn't one.'

In some special circumstances, services described flying their clients to try residential recovery facilities in other states of Australia. These attempts to assist young people were prohibitively expensive and to some extent, were understood to set them up to fail through creating added pressure to succeed and separating them from familiar surrounds and supports.

Whilst it is understood that adolescent mental health facilities are under construction at Royal Hobart and Launceston General Hospitals, it is unclear whether or not these services will also offer voluntary or involuntary adolescent substance abuse treatment. As powerfully argued by an Early Intervention Police Officer, currently Ashley Youth Detention Centre is the only involuntary service available to serve adolescents in Tasmania:

> Officer (Early Intervention Police): The problem we've got…is that there is nowhere in Tasmania for involuntary places for young people that are on the, shall we say the merry-go-round for drugs. So if the young person is on that merry-go-round and caught up in the drug, especially the ice epidemic, the only place to get them off ice, unfortunately, is Ashley. Because if they can't do it voluntary, the only next step is to do it involuntary. So at least while they're at Ashley they get medical checks, they get three meals a day, they get a shower, they get an education. So unfortunately some youths end up in Ashley purely because of their drug problem, their drug habit, because there's no other places in Tasmania…We need somewhere we can take these young people to help them, if they can't help themselves. And help the families. There's nothing to help the families either. I can sit here and give you all the advice I can about your children in relation to drug use, but if they're that entrenched in drug use, really all I can say to you is wait until they start selling or get assault or something. Wait until that happens, and then we'll charge them and oppose bail and put them in Ashley. But I'm making them part of the system, because I've got nothing else to work with. Society is making them young criminals, because we've got no other place for them. Does that make sense?

Conclusion: 'No other place for them'

Echoing Paul's previously discussed experience of only receiving mental health services under the Mental Health Act, this Early Intervention Police Officer describes above a context in which 'making them part of the system' sometimes becomes the only route to accessing substance misuse. This was also a route other service providers associated with accessing holistic care 'in-house' in detention and also accessing post-release long-term support and mentoring through Save the Children and Youth Justice programs:

> Manager (Youth Program): There were actually kids that we have that wanted to go to Ashley, they desperately wanted to go. Because they knew they'd have somewhere to sleep, they'd get fed, they'd be able to access school, they'd be able to access medical services, they could have everything they possibly need under the one roof. And that's the reason they wanted to be there.

> Team Leader (Youth Accommodation Service): It's actually easier if somebody has come out of Ashley because they have so many more services. So Save the Children are amazing so they meet them bi-weekly, they'll meet them at the drop of a hat. And we've had kids go, 'How do I get that sort of support?' 'Sorry mate, you've got to get locked up first'. You know, that's what they keep saying, because there's a real gap with that sort of mentoring…They've got the restorative work and life skill – somewhat like case management but on a therapeutic level, I suppose, from the Youth Justice workers. And then they obviously get – part of the Youth Justice reform, if you will – is engaged in education so they've got an education support worker. So once all those services are in place you can take your hands off because they're done, they're sorted. But to get any one of those services engaged, if it's not a legal document, it's really hard. It's really, really hard because Save the Children are only for Youth Justice. Youth Justice, well, they're pretty much out of the picture, and education provider, well you're pretty much liaising with the school yourself, so that's quite difficult.

Without the range of appropriate voluntary and involuntary services in place and being delivered in a way that actually meets young people's needs, the demand and desire for statutory services – such as Child Safety and Youth Justice – seems a logical, if inappropriate, development. As this same service provider concluded,

> Team Leader/Support worker (Youth Accommodation Service): In some twisted ways, it's a blessing to have Youth Justice or Child Protection. It's the ones that don't have either/or that are still even more vulnerable…in that they slip beneath the radar because there's no one engaging with them.

Young people are certainly offered increased *visibility* through their contact with statutory services, but as this chapter has discussed in detail, these are certainly not always services that can be accessed, that enable good outcomes, or that are delivered in a therapeutic way that could make them meaningful. Hence the hope placed in statutory responses to highly vulnerable teens seems misplaced. Further, these continuing capacity and quality issues, along with the absence of key pieces of the needed holistic response to vulnerable teens – such as mental health and drug and alcohol services – means that, as one youth accommodation manager argued, 'the system pushes back on us':

> Manager (Youth Accommodation Service): CAMHS is incredibly, incredibly pressed…Drug and alcohol, so you are not able to enter a drug and alcohol rehabilitation facility if you are under the age of eighteen…So, there you go trying to sort out your housing and homelessness issues and looking at the key things that are preventing you from maintaining or securing housing might be drug and alcohol [misuse] due to trauma and that whole cycle, so it's just – yeah, the system pushes back on us. It really pushes back on us. Without those core services' support, it makes it very hard to get sustainable outcomes.

In responding to highly vulnerable teens in Tasmania, TYSS and shelter workers argue that they are left to undertake the work of specialist child protection workers, specialist housing workers, specialist mental health workers, specialist justice workers, specialist drug and alcohol workers and more. As one youth accommodation manager asked, 'where does that leave us?'. Likewise, the question needs to be asked, where does that leave highly vulnerable teens?

'It's about bringing them in': The future of youth care in Tasmania

When a young person punches a hole in the wall and tells you to fuck off, it's not to be destructive or abusive. It's to show you that they're sad, angry, confused, upset. And our responses need to match that, rather than kicking them out. It's about bringing them in.

Team Leader (Child Safety Services)

This project set out to explore the experiences of highly vulnerable teens in Tasmania and the service needs and barriers they face. It also set out to articulate – through the experiential wisdom of young people and service providers – what life has been like for highly vulnerable teens and what is needed to make it better.

As documented throughout this project report, highly vulnerable teens are a unique cohort of adolescents aged 10-17 who have contact with police and youth justice, child protection, and homelessness services. They also experience a multitude of other adversities. As one support worker described them, 'they're great kids, they're just hurt kids'. Both their hurt and resilience shines through in the life stories they shared. In engaging with their stories, and the observations of service providers, it is possible to bear witness to their survival, courage and suffering.

This project does not stem from an interest in the cost-effective delivery of services, although both the human and financial costs of the repeated harm young people experience seem untenable. Instead this project stems from the identification of a gross social injustice occurring in Tasmania and a widespread recognition of the need to intervene in it.

Developing a picture of the *persistent* high vulnerability of young people is crucial to intervention. Attention to life history and cumulative trauma can be used to challenge problematic assumptions – centrally embedded in practice – about young people's agency and their perceived capacity for freely *self*-directed behaviour. This project offers a nuanced picture of young people's deeply 'constrained choices and actions' (Hanson & Holmes 2014, p. 25) through which, in turn, system failures and absences can be better recognised. This is a picture also crucial in building understanding of the ethical imperative to improve responses to highly vulnerable teens.

Through narrative research, this report works towards explaining high vulnerability and clarifying what is missing in responses to highly vulnerable teens. It provides fundamental insight into the 'double suffering' (Brown 2017, p. 180) of a cohort of teens known to Child Safety but not placed on Care and Protection Orders. This 'double suffering' incorporates experiences of extreme adversity, including complex trauma, during childhood and adolescence *and* the continuing struggle to realise

basic human rights relating to safety, shelter, care and education. Thus not only do young people experience abandonment within family contexts, they are also abandoned by the systems of care and support for which, ultimately, the Tasmanian Government has legislated responsibility for delivering.

This double abandonment and its traumatising impact drives the high vulnerability of teens in Tasmania. Far from 'self-selecting' and 'self-protecting', the counter-narratives of both the teen and service provider participants in this project suggest that they are propelled from often unbearable home environments towards whatever options for care and protection that happen come their way. These options are sometimes very unsafe and usually short-term and unstable. With no or little income or ongoing support, young people struggle to survive independently and safely and to maintain their schooling. As such, they experience immediate harm, sustain negative impacts on their long-term well-being, and their high vulnerability persists.

In summary, four key findings emerge from this research:

- Highly vulnerable teens experience abandonment and violence during childhood
- Highly vulnerable teens experience continued trajectories of adversity and trauma in adolescence
- Young people's need for intensive, therapeutic, relationship-base care is met by a culture of referral
- Engagement with highly vulnerable teens is 'too hard' for current specialist services

What emerges in this project report is a clear sense that the existing service system and specialist services within it together contribute to sustaining the harm that begins for young people in their family contexts. A lack of capacity and resources seems to drive referral between short-term interventions and underpins the struggle of specialist services – including Child Safety, Youth Justice, CAMHS, Education and SHS – to provide meaningful and lasting intervention. In short, fundamental experiences of care and protection are absent in the lives of highly vulnerable teens.

It is also clearly identifiable – through the passionate contributions to the research by service providers – that *fragments* of the care needed do exist across the service system. The question remains as to how to 'scale up' these fragments of care, and further, how to ensure the inclusive practice of specialist services, and how to address the absence of distinctly missed specialist adolescent services.

Better responding to highly vulnerable teens in Tasmania

Overall, this research aims to contribute to the continued development of a practice of care which centres on the outcomes of *young people*, rather than on the outcomes of programs (see NSW FACS 2014, p. 11). As discussed in Chapter Four, the current culture of referral reveals inadequacies in the service system and specialist services, but also points to long-term, relational care as *the* key successful intervention. Alongside changes within and additions to the suite of specialist services available to teens, most needed by vulnerable teens are the often taken-for-granted effects of safe and enduring relationships, including daily life skills, models of healthy attachment, and the experience of love.

As a basis for survival, growth and healing young people need a stable care relationship through which person-centred care can be delivered. This is also a base of care through which to enable the coordination of specialist intervention. The current culture of referral needs to be replaced with specific service capacity for long-term coordination across specialist agencies and services. Further, as this research shows, this is a form of care that needs to be provided through assertive outreach for those young people living at home and couch-surfing. It also needs to be provided in medium-term and long-term residential settings for those young people who ultimately will need a more permanent place of parental care.

What is being posited here is the need in Tasmania for a new tranche of adolescent care that sits *between* that offered by Child Safety and SHS – both of which see highly vulnerable teens as 'too hard' to serve in sustainable, long-term, therapeutic ways. Given, as one service provider identified, 'there isn't an agency for that to come from', the provision of care for highly vulnerable teens can be understood as an inter-agency responsibility, at minimum including Housing Tasmania and Children and Youth Services.

As indicated in Recommendations 1 and 2, however, the provision of this tranche of care requires both a government program where policy innovation and service design takes place *and* new models of service delivery. Responsibility, accountability and leadership logically fit under 'Youth at Risk' within the Tasmanian DHHS Children and Youth Services. Currently, however, this is an area of 'strategic focus' only (see <www.dhhs.tas.gov.au/youth>) with a telling focus on Youth Justice and Ashley Youth Detention Centre. Thus dedicated resourcing would be needed to establish 'Youth at Risk' as a specific program area concerned with the care needs of vulnerable teens.

These are not radical or new suggestions. A history of advocacy for vulnerable teens exists in Tasmania and there is scope to follow the current lead of NSW FACS, which, as a result of the *Going Home Staying Home* reform of SHS, is in the process of implementing the Homeless Youth Assistance Program (HYAP). This is a policy area and related program of service delivery which specifically targets highly vulnerable teens who fall outside child protection or who problematically move between child protection and youth homelessness services.

What could be a more radical development is a pivoting away from continuing to name such a program and actual need as relating to *homelessness*. As this research demonstrates, the key social problem being experienced and addressed is actually a fundamental age-related lack of *care*, of which homelessness is one symptom. This is certainly reflected in the concern of the HYAP to distinguish the unique and intensive individual support *and* family work needed for highly vulnerable teens but which is usually outside the scope of SHS in their current form (NSW FACS n.d.). Nonetheless, clearly articulating the core issue as a need for *youth care* more immediately points to the holistic and complex nature of responses needed.

Speculative thinking aside, both young people and service providers also articulated a vision of what the elements of youth care, outside child protection services and Ashley Youth Detention Centre, could look like. Keira, for example, eloquently pointed to the need for an age-appropriate care facility that meets both physical and emotional need:

> Keira: I would really like to have a place to go to when I had first run away. I would have liked to be able to have food in my belly. There should be – I honestly think there should be places for children who can't cope at home and it's horrible being stuck in a place where you don't feel you belong or where you just want to die all the time. And I know quite a few girls and boys like that, and they've got nowhere and I seriously feel like there should be a place.

Mark, who understood himself as having avoided a trajectory into Ashley through working with TYSS, identified the elements of care that worked for him:

> Mark: And when [TYSS worker] came along and helped us out and, sort of, she probably drilled it in like a parent should. Hey, this isn't right, you know, you change your ways. But I guess – because my parent, my mother wasn't doing it, she was, in a way. So she was, sort of, looking out for me. Which I can never repay what she's done…

Like Keira and Mark, service providers clearly signaled the need for both places of care and for the provision of a particular kind of care – a long-term therapeutic relationship, provided by a key worker:

> Support worker (Youth Program): The relationship is what actually heals them. It's not anything else.

> Support worker (Youth Program): And that's what the young person needs. They don't need five case workers. Nobody talking to each other. I've always thought…that they need one key worker that can organise and support them in organising all these other things for them; so they need accommodation, they need Centrelink, they need all this stuff, but their brains are so scrambled and they've got so much on, they can't prioritise. So they need someone to listen to them, someone to support them in prioritising their needs, and for people to work together effectively. And I just don't feel like that happens. I think their lives would be so much easier.

For many, the commitment of time and effort to provide long-term engagement is central to an effective response. Vulnerable teens' need for relationships that *persist* 'no matter where you go' was a focus:

> Manager (Homelessness and Housing Services): What we need – blue skies – if it's not a legal guardian response, it needs to be a 'no matter where you go, we're going to be around and we're your link and we're your relationship, we can be able to work on these things as they come up', response.

> Support worker (Youth Program): This is not me having a gripe with CSS or Youth Justice at all. I think a lot of what they do is ridiculously hard. But the answer is not in their model. It's in another model. And that model is not in place. The model that is in place, that we're working with, that seems to work, is that relationship focused, long-term case management, where the time and money and effort has to be put into helping the young person's journey because we know they're really at risk and they're really vulnerable….There needs to be people that are really invested in what they want. What they need. And time just hearing them, listening to them. Giving them traditional love, which should be given in a normal family unit, but for one reason or another it's not been provided. I just think that's where kids seem to flourish the best, is when they receive a lot of that. Love is so many different things, but time, quality time, is really a key investment that a young person feels love…Often this idea of engagement, you know 'the young person doesn't engage'. It's just often the word for 'it is too hard'.

For others, it is systemic and even legislative change enabling new facilities of care for young people who do not receive an adequate child protection response that is required. These service providers clearly identified the lack of a 'protection mechanism' for young people unable to live at home and the related lack of residential care options for them:

> Manager (Housing and Homelessness Services): **If a child is at risk because of clear parental abuse or behaviour that's really simple, but if a child chooses not to live at home but on the surface it's good enough parenting, then there isn't a need for child protection involvement. But the child's risk level remains the same because for whatever reason they don't feel safe at home, so they don't live at home. They live everywhere else but home. So there is no one looking out for them and I think that's where we need some way of being able to look after that cohort above and beyond the child protection system. Either we need to change the legislation so that there is a protection mechanism for that, or we put another layer of support in to be able to do that effectively. And when we do that we need to have a system that's actually robust enough to be able to provide the support that they need, the way that they need it...**

> Manager (Youth Program): **I'd make it so that kids can access [TRC] without having to go on Orders.**

> Manager (Child Safety Services): **I think it should be medium- to long-term accommodation. I don't think short-term accommodation for this cohort is really suitable because they're – it's not a six-week problem, it's not an eight-week problem. Sometimes it can be three to four years, established pattern of counselling sort of thing...It needs to be medium to long-term. It needs to be built on principles of when we see trauma behaviours, but we react in a way that is consistent with that – seeing the behaviour for what it is. When a young person punches a hole in the wall and tells you to fuck off, it's not to be destructive or abusive. It's to show you that they're sad, angry, confused, upset and out responses need to match that, rather than kicking them out. It's about bringing them in.**

Alongside the development of new care options with capacity for complex engagement, service providers also emphasised the need to deepen both the capacity and breadth of specialist adolescent services. As captured in Recommendation 3, rounding out of the provision of specialist services is needed. Addressing key gaps in the current circle of adolescent support – specifically residential drug and mental health recovery services, trauma-specific mental health services and increased alternative education programs – would strengthen the overall efficacy of the system. Currently, it is observed that the lack of these services in Tasmania is extremely detrimental to the highly vulnerable teens who need them *and also* to the ability of existing services to make a lasting difference to their well-being.

Finally, as well as working to augment the work undertaken by Child Safety Services, as articulated in Recommendation 4, it is clear that adolescent-focused reform is needed within Child Safety Services. In a context in which the paucity of out-of-home care options arguably drives up the threshold for providing child protection services, change is needed in how adolescent risk is assessed and how alternative care options are delivered. Having innovative, best-practice child protection responses available for teens, for example, may ultimately change a culture of protecting scarce resources and enable different interpretations of young people's risk and of the value of Care and Protection Orders.

Together with the *Youth at Risk Strategy*, *Strong Families – Safe Kids* and the *Out of Home Care Reform* create a promising context in which responses to adolescents can be re-thought. In order to effect change, however, a program designed to implement youth care *outside* Child Safety is urgently required to respond to need which falls between the capacities of Child Safety and SHS. This is a fundamental gap which needs to be bridged as a safety net for those for whom out-of-home care options break down and those who, for whatever reasons, do not actively receive Child Safety services but need an age-appropriate care option.

'Bringing them in'

As argued throughout this report and captured in the recommendations below, bringing highly vulnerable teens in to safety, *and holding them there*, requires access to both long-term therapeutic relationships and long-term therapeutic environments. As service providers outlined, the capacity to listen, stabilise and coordinate are central elements of service delivery which are currently missing and are desperately needed in improved responses to highly vulnerable teens in Tasmania.

This report demonstrates that there is no shortage of passionate insight into how to make a positive difference in young people's lives. Harnessing this capacity requires political will and focusing it requires the creation of a funded program through which both policy and service innovation can actually take place. As Lindi argued, the hardest challenges in her life so far had been 'staying at home' and 'going to school'. The fundamentals of safety, shelter, care and education that Lindi points to are human rights that are taken for granted within the Tasmanian community. For Lindi, and other young people who took part in this research, they were instead hopes they often lived without.

In their daily work, many service providers strive to make these rights realities. They do so without a clear framework articulating, prioritising and coordinating the relational, residential and specialist needs of highly vulnerable young people. In the face of the extreme emotional and physical hardship experienced by vulnerable teens, and in an unfolding context of reform addressing the welfare of children and youth in Tasmania, it is surely time for a concerted, multi-agency effort to bring them in.

As outlined in the following recommendations, this is an effort that requires the establishment of both a government program and core care services aimed at highly vulnerable teens. In turn such services need the ability to interface with an appropriate range of specialist interventions. The question then remains, will improving responses to highly vulnerable teens remain 'too hard' for the Tasmanian government and community?

Recommendations

Make addressing gaps in adolescent care in Tasmania a priority.

In the absence of program delivery focused on the needs of highly
vulnerable teens:

1 **ESTABLISH** a specific program area within Services to Youth (Children and Youth Services) for Youth at Risk Strategy implementation, ongoing service innovation and tendering

In response to the gap in care existing between Child Safety Services and Specialist
Homelessness Services:

2 **CREATE** new care services targeted to highly vulnerable young people both with and without Care and Protection Orders, which include:
– Intensive family reconnection work
– Long-term, therapeutic, mobile case coordination and case work
– Innovative medium-term and long-term accommodation options

In addressing absences in the suite of specialist services available to teens
in Tasmania:

3 **EXPAND** existing specialist adolescent services to include:
– Trauma-specific mental health services with capacity for assertive outreach
– Residential mental health recovery services
– Residential drug detoxification and rehabilitation services
– Increased capacity and diversity of alternative education options

In ensuring obligations to provide statutory care and protection to highly vulnerable
teens are met:

4 **INCLUDE** responses specifically targeted to the cumulative risk and needs of highly vulnerable teens in the current redesign and reform of child protection and out-of-home care services in Tasmania

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