



COVID-19 INSIGHTS

Towards just futures

Children and young people on the edge of care, out of home and alone

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Every year across Australia thousands of children and young people under 16 leave home or go missing from out-of-home care placements. Many will be able to 'couch surf', staying temporarily with friends or relatives; some will eventually return to unsafe family homes. Others, unable to go home and with no-one left to turn to, may seek the help of homelessness crisis services.

This group of children and young people between the ages of 10 and 16 includes those who may be under a care and protection order and those 'on the edge of care' whose circumstances do not meet the criteria for legal removal, as well as those who have had limited contact with family services, and some with no prior contact at all.

Yet no formal, comprehensive response to this problem exists in any state or territory. Programs to identify children and young people at risk are patchy and under-resourced, and specialist crisis services non-existent. Because no department or agency holds sole responsibility for their welfare, children may be referred back and forth between service sectors without receiving the care and support they need. We identify this problem as one of *systemic carelessness*.

COVID-19 is making the problem worse, and unless timely action is taken to address the lack of care and support available, more children and young people will fall through the gaps between service systems.

Yet with enough political will, this problem is imminently solvable. What is needed is a change in how we think about what services are *for*, a shift from commissioning services with the short-sighted goal of triaging need, to forms of support designed to build capability in the longer-term.

This brief considers the shortcomings of existing service provision, and proposes a new approach based on 'extreme collaboration' across agencies to develop an alternative model of support that provides the care children and young people need to thrive.

The range of service responses considered for this cohort is typically dependent on whether they are subject to a statutory care and protection order.

We believe that the current approach of starting with which system owes a formal duty of care in each case perpetuates a culture of shifting responsibility elsewhere and dilutes the obligation that each agency bears. What is needed instead is mutual acknowledgement of a shared responsibility, enforced by clear accountability mechanisms, to ensure that all children and young people feel safe and cared for.

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Key points

- **There is a critical gap in Australia's child and family services systems and COVID-19 stands to make the problem worse**

In the absence of a specialised service response, children and young people who are forced to leave home, but who do not meet the criteria for a care and protection order, are routinely left to navigate a complex and fragmented crisis service system on their own.

COVID-19 is exacerbating the drivers of family conflict and making it harder for services to provide support to children and young people already in crisis.

- **Specialist Homelessness Services lack both the authority and the capacity to support children and young people who present alone**

Specialist Homelessness Services have become a refuge of last resort for children and young people out of home and alone. But SHS are funded to provide crisis accommodation for adults and young people over 16 and have no statutory remit to shelter unaccompanied children. In the absence of a specialist service for this cohort, some agencies offer accommodation on an ad-hoc basis, but do not have the capacity to provide appropriate care.

- **Existing child and family services do not have the capacity to provide the level of care and support that this group of children and young people need to thrive**

Child protection services are already struggling to meet the complex psychosocial and emotional needs of adolescent children in their care. These children cannot afford to wait for slow-burning reforms to fix the residential care system; they need to feel safe and cared for now.

- **With enough political will, this problem is imminently solvable.**

What is needed is high-level authorisation for collaboration across departments and between agencies to commission a specialised response that leverages the expertise of the community sector and the experiences of children and young people themselves, to develop a model of care that better meets the needs of this cohort.

Situation before COVID-19

The reasons why lone children become homeless are complex and multi-faceted

In every state and territory, the child protection system retains primary responsibility for the welfare of children at risk of abuse or neglect.

The reality is more complex. This is partly due to the inherent messiness of family conflict. Mallett et al. (2010) note that although family conflict is the primary driver of youth homelessness, the circumstances that precipitate individual children and young people becoming homeless vary. While some children and young people may be fleeing abuse or neglect, in other cases conflict may stem from a clash of values, inflamed by the widening gap between parental expectations, particularly if these are rigid or exacting, and the child's growing desire for independence.

Where there is a sustained pattern of family violence, abuse or neglect, a child's circumstances may be known to family services. This is most likely where families are struggling with the effects of poverty and intergenerational trauma and are connected to services. In some instances, a child or young person may be subject to a statutory care order and, if foster care is judged unsuitable, placed in residential care. But where an assessment is made that insufficient grounds for statutory removal exist, there is no formal provision to protect a child from continued abuse. In such cases, children and young people are at high risk of homelessness.

In other families, violence may be present but conflict between children and parents not reducible to a pattern of one-sided abuse. The conflict may or may not be visible to family friends, teachers or other caring professionals, and is unlikely to involve family services. In such cases there will not be grounds for a care and protection order, and formal removal into the out-of-home care system is inappropriate. However, without intervention or access to ongoing support, worsening conflict can lead to young people leaving, or being forced to leave, the family home.

Fragmented services and weak accountability are driving a culture of systemic carelessness

Complexity in family relationships is irreducible, but the way that family and child welfare services are commissioned leaves them particularly ill-equipped to

respond to the diverse personal circumstances which may require formal support or intervention.

Contradictory state and Commonwealth statutory frameworks and funding rules, barriers to effective coordination across government departments, fragmented service provision and capacity constraints on providers all contribute to a situation where, because responsibility for child welfare is distributed over multiple sectors, no single sector or agency holds ultimate accountability.

In the absence of clear accountability, children and young people who find themselves homeless and alone are by default being made responsible for their own welfare at an age when most peers still depend on their families to meet their physical and emotional needs. The shifting of responsibility onto the individual in this case is both inappropriate and unreasonable, as people under 16 typically possess neither the resources to live well independently, nor the capability set required to successfully navigate a fragmented service system without adult support.

We identify this problem as *systemic carelessness*. We define it as *carelessness* rather than homelessness, to emphasise that for children under 16 the primary problem is not a lack of accommodation, but a lack of appropriate care. We describe it as *systemic* because the failure to address this lack of care is not the failure of one service sector, but a shared policy failure across multiple agencies.

Specialist Homelessness Services are a refuge of last resort but lack capacity to support unaccompanied children

The exact number of children and young people currently homeless and alone in Australia is unknown, because no single agency has oversight. This is itself a barrier to mobilising momentum for a policy response.

Nonetheless the size of the problem can be inferred from the number of children and young people who present to homelessness crisis services without a parent or other caregiver. According to [Australian Institute of Health and Welfare \(AIHW\) data](#), across Australia in 2018–2019:

- 11,433 young people aged 15–17 presented to services alone.
- Of the total number of children and young people aged 10–17 who presented to SHS with or without

family, 10.3% or 3,802 were under a care and protection order at the time.

- Of those aged 10–17 under a care and protection order who sought assistance from SHS, 12.6% or 478 claimed to be living independently, and another 10% or 380 were living in residential care.

In the 2018–19 period, 28% of respondents of all ages gave domestic and family violence as their primary reason for seeking crisis accommodation. This group included a significant proportion (35.7%) of children and young people under a care and protection order seeking help, 26.9% or 1088 of whom identified as homeless prior to presenting at SHS.

These data sets have significant limitations. Because SHS are not funded to cater for unaccompanied children, publicly available data does not capture the total number of children and young people under 16 who have presented alone. However, state government inquiries provide some indication of the number of children seeking help. For example:

- According to the [report from a taskforce on under 16 homelessness in Tasmania](#), 98 children aged 12–15 presented alone to SHS in Tasmania in 2018–19.
- A [report from the NSW Ombudsman](#) states that in 2016–17, 5000 children and young people aged 12–18 presented alone to SHS, of whom a third were under 16.

Despite these numbers, SHS do not have the statutory authority to provide support to unaccompanied children under 16. Where children and young people are not under a care and protection order, SHS are legally required to gain parental consent before offering supported accommodation. Where a court order does exist, federal funding rules formally bar SHS from providing services to a client of the child protection system.

Unable to provide services, yet bound by a duty of care, some SHS providers opt to park older children in crisis accommodation until they become eligible for homelessness support at 16. However this compromise is deeply unsatisfactory: not only does it deprive 14 and 15-year-olds of appropriate care during a critical period of development, but SHS are not funded to support family reunification and cannot guarantee later access to longer term accommodation: [AIHW data](#) shows that in 2018–19, over half of

requests from young people aged 15 to 24 for transitional housing, and almost three-quarters of requests for long-term supported accommodation, went unmet.

Couch-surfing is not a substitute for formal specialised supports

The forms that homelessness typically takes for children and young people in this age group also make it difficult to gauge the numbers affected. ‘Couch-surfing’ is thought to be the commonest form of homelessness among young people generally (McLoughlin 2013). It is also largely invisible and unregulated (AIHW 2018).

In the absence of formal support services, the prevalence of couch-surfing among children and young people aged 10–16 should not be read as a preference. For some it may be a stopgap before returning home, but it can also precipitate a slide to entrenched homelessness (Hail-Jares, Vichta-Ohlsen & Nash 2020). Though often regarded as more benign than rough sleeping, couch-surfing is also associated with poorer mental health, possibly because couch-surfers are vulnerable to abuse and more likely to engage in ‘survival sex’—that is, transactional sex—in return for shelter (Hail-Jares et al. 2020; Watson 2011). This risk is particularly concerning in relation to children and young under the legal age of consent.

Child and family services lack the capacity to help families resolve conflict before it leads to homelessness

An institutional focus on managing risk in Australia’s child and family services systems has encouraged an over-reliance on removing children and young people from their families as the primary means of safeguarding their welfare (CARC 2015). Statutory removal reduces the immediate risk of harm within the family but does not ensure their safety in state care or take full account of the longer term costs of estrangement from family and kinship networks.

The overuse of statutory removal as a blunt tool also diverts resources away from alternative approaches to safeguarding children’s welfare. As services designed to mitigate risk, family services are not sufficiently oriented towards helping families resolve conflict. High caseloads, substantial reporting requirements and the adversarial nature of face-to-face interactions also make it difficult for practitioners to do the intensive relationship-based work that can help build

parents’ capabilities as caregivers and avert the need for legal removal (Mason 2012; Sen 2016). Because delay risks exposing children to further harm, authorities may be unwilling to take the time to trial a less radical and, in the longer term, possibly less risky approach.

Where the option for intensive family work does not exist, some children and young people who with support could have remained at home are removed, while families whose circumstances fall short of the criteria needed to obtain a court order do not receive the level of support they need to do better.

Once children and young people are taken into care, the rigidity of child protection legislation further diminishes the possibility that the issues that precipitated removal will be addressed or resolved, even where reunification might offer a better outcome in the longer term than a prolonged period in out-of-home care (Chowdry, Barker & Watts 2018).

Whether or not a care and protection order is issued, in the absence of effective support the children and young people affected by conflict are highly likely to miss out on the level of care they need and to remain at risk of becoming homeless.

Child protection services are struggling to meet the complex needs of vulnerable children in their care

Australia’s child protection systems are not equipped to provide the quality of care that vulnerable children and young people need in order to thrive.

The number of children in out-of-home care (OoHC) has grown rapidly by 53% between 2010 and 2019, yet outcomes for children and young people in the care system remain poor. The problems endemic in child protection across Australia are well documented: of the eight states and territories, only the ACT does not have a major reform program currently underway.

Problems highlighted across jurisdictions include high rates of placement breakdown, with two-thirds of children experiencing three or more moves in their first 12 to 18 months in the system, a lack of support to help foster carers meet complex needs, and lack of consideration to ensuring a good ‘fit’ between children and prospective carers (Withington, Burton & Lonne 2013). High levels of volatility make it difficult for children to develop the trusting relationships they

need to anchor them as they enter adolescence, contributing to a negative spiral whereby challenging behaviour leads to placement breakdown and more risky behaviour (Withington et al. 2016).

Children and young people who cannot be placed in home-based foster care are generally placed in residential care. Those in residential care are often the individuals who have experienced the most trauma, have the most complex needs and require intensive care support (Ainsworth & Hansen 2009). But despite promising pilots of therapeutic residential care (TRC) models in some jurisdictions, the quality of care children and young people typically receive in residential settings continues to fall short of that required for children to flourish.

As a result, children and young people in residential care fare worse than their peers in home-based care:

- 31% reported that they did not feel safe and secure in their living arrangements, compared to 5% in foster and kinship care.
- 10% were unable to nominate just one significant adult in their lives who they felt cared about them compared to 2% in foster care (AIHW 2019).

The insecurity and fearfulness felt by some children and young people in residential care was highlighted by a recent [ABC investigation](#) into the nearly 600 children and young people in Victoria who abscond from OoHC every year. According to research conducted by the Victorian Commission for Children and Young People, many of those who ran away reported being assaulted, threatened or intimidated, and in some cases, sexually assaulted, while in residential care.

Some of these children and young people may attempt to return to family but many others—like their peers outside the OoHC system—will end up homeless and alone and—whether couch-surfing or sleeping rough—vulnerable to violence and sexual predation by adults.

Impact of COVID-19

The social and economic impact of the COVID-19 pandemic will have already been felt by many of the children and young people in this cohort. Some effects are immediately observable and some will only become apparent in the months ahead. Others will emerge as the crisis recedes. Nonetheless, enough is known about the late effects of economic crises to warrant swift policy action now, to prevent COVID-19 cementing the social exclusion of children and young people on the 'edge of care' and trapping them in deep disadvantage for life.

COVID-19 is increasing the incidence of family violence and child abuse

As [predicted](#), the introduction of virus containment measures since mid-March has contributed to a 'shadow pandemic' of domestic and family violence, with practitioners reporting [a significant increase in both the incidence and the severity](#) of incidents.

Family violence is a common factor in the progression of children and young people into homelessness. However, research by Edwards et al. (2003) found that a significant proportion of violent incidents that precipitated young people leaving home did not fit the pattern of male violence perpetrated towards women and children, with maternal violence, particularly against daughters, common. Children who have witnessed violence or been victims of abuse may also use [violence against parents](#), especially mothers, once they enter adolescence (Moulds et al. 2016). Stay-at-home orders will have placed additional strain on already difficult relationships.

There is as yet no specific research into the effect of COVID-19 on the incidence of child abuse, but it is feared that the shutdown of schools, community activities and non-essential services will increase the risk to children by [making abuse 'invisible'](#). Reports of suspected abuse have declined since mid-March but are [expected to increase](#) as restrictions ease and children return to school.

Even as Australia emerges out of lockdown, the social and economic effects of COVID-19 are expected to elevate the incidence of family violence and child abuse. Unemployment, loss of income and increased financial insecurity are known drivers of male violence against women and children: an increase in the severity and incidence of family violence was observed

in countries that experienced deep recessions after the 2008 financial crisis (Schneider, Harknett & McLanahan 2016; UNICRI 2015).

COVID19 is worsening mental health and increasing drug and alcohol abuse

The pandemic presents numerous threats to the mental health and wellbeing of children and young people, and these risks are amplified for children who are already disadvantaged. These include the effects of social isolation and also the increased financial stress on families. A national survey of adults found that the prevalence of clinical depression and anxiety has doubled since mid-March, with those already vulnerable most affected.

It is believed that the impact on mental health has led to higher consumption of alcohol and other drugs with the potential for increased social harm. The abuse of alcohol and other substances by parents and some adolescents is a known driver of family conflict (Mallett et al. 2010) and of family and domestic violence.

COVID-19 is exacerbating existing gaps in and putting increased strain on services

Restrictions on face-to-face contact are making it harder to provide support to families and young people already in crisis. In Victoria, child protection services have responded to public health measures by pivoting towards remote management of most cases and have cancelled scheduled contact between children and young people and their birth families except where reunification is imminent.

The shift towards remote service provision is adversely affecting those who do not have reliable digital technology. This divide makes it difficult for children and young people to take advantage of supports such as mental health services via telehealth.

Another concern is the increased strain on already struggling services. Reductions in federal funding for family violence services pre – COVID-19 have since been restored but some in the sector fear that a spike in demand combined with restrictions on the kind of help available will result in many victims being unable to access support. Meanwhile child welfare services are already operating at capacity, with caseloads in Victoria increasing by 42% since 2009.

These constraints, paired with a surge in the drivers of family conflict, are likely to lead to increase the risk of homelessness for children and young people already 'on the edge of care'.

The long-term impact of COVID-19 on disadvantage over the life course

Experiences of homelessness in youth can cause long-term scarring effects that manifest as deep disadvantage across the life cycle (Cobb Clark et al. 2014). Evidence from previous economic crises also suggests that younger people disproportionately bear the impact of unemployment, with the most disadvantaged in education and in the labour market the worst affected (Cuervo & Wynn 2016).

Disadvantaged young people with low educational attainment are particularly at risk of being scarred by the effects of long-term unemployment. There are concerns that the interruption of schooling during COVID-19 will compound the educational disadvantage children and young people who were already at risk of disengaging from education (Brown et al. 2020). Data from the Household Income and Labour Dynamics in Australia survey shows that young people not in full-time study or employment at the time of the global financial crisis were less likely to be in work a decade later, than their better educated peers. Labour force statistics (May 2020) confirm that young people aged 15 to 24 are bearing the brunt of the economic contraction triggered by COVID-19, with youth unemployment rising to 16.1%, more than double the rate for older workers.

Policy and program responses to date

Australian governments have responded to these challenges by making additional funding available. Funding packages announced by the Commonwealth since March include:

- an initial \$150 million for domestic violence support services
- \$669 million to expand primary health services via telehealth, in addition to \$74 million for mental health counselling
- \$6.75 million to fund headspace to deliver a 'digital work and study service' for young Australians

- an additional **\$6 million** for online and phone support services for people experiencing issues with drugs and alcohol.

State and territory governments also responded to the likely surge in demand:

- They have collectively committed an additional \$66 million in total towards family violence services, including **\$40.2 million** in Victoria for crisis accommodation for people unable to stay at home during the pandemic.
- They have also promised more than \$1 billion to address homelessness, including **programs to target rough-sleeping** as well as major **investment in construction of social housing**.
- The Victorian Government has announced a two-year funding package worth **\$77.5 million** to increase the capacity of family and child welfare services, with \$46 million to recruit an additional **450 child protection practitioners**.
- The Tasmanian Government has committed an additional **\$1 billion funding package** to assist disadvantaged households.

Additional resources to support services during a period of increased demand are welcome, but only the Tasmanian package includes dedicated funding to address youth homelessness, with **\$513,000** set aside to implement **the recommendations of the Under 16 Youth Homelessness Taskforce**.

Moreover, the barrier to more effective social services is not merely inadequate resourcing, but the way that services are commissioned.

Recommendations

We need to move from a service system focused on managing need to one designed to develop capability

No matter how difficult their circumstances, every young person possesses an innate desire to flourish. Solutions need to prevent children and young people becoming homeless, but they also need to provide young people with the resources and opportunities to develop the capabilities they need to realise their potential and live good lives.

To do this we need to address the **entrenched flaws in our human services system** that have allowed so many children and young people to be cut adrift. This means moving from a service system centred on managing

need and containing risk, to one designed to build capability and create possibility (Cottam 2018).

Complex problems demand a collaborative approach to commissioning and service redesign

No single agency or sector can address systemic carelessness in isolation. An effective response therefore demands a different approach to commissioning: away from top-down policymaking and procurement within departmental siloes, towards a more intentional practice based on collaboration between agencies and across sectors with a shared purpose or clearly defined mission. Working in this way enables governments to address complex problems which require an agile, cross-sectoral response, and to more effectively leverage the expertise of non-government actors to develop innovative solutions.

A collaborative approach to commissioning requires ongoing political commitment

Because collaboration disrupts the boundaries between portfolios and departmental remits, collaborative commissioning typically demands high-level political authorisation and ongoing ministerial support to overcome bureaucratic resistance.

Establishing an effective authorising environment may involve elevating oversight of a priority issue to a higher level, as has happened in Victoria as part of the **redesign of the family violence service system**; or it may involve the creation of a new body to oversee the process of co-design and implementation, such as the committee charged to steer **the commissioning of the Education First Youth Foyers** in Victoria, or the **working group** appointed by the Tasmanian Government to implement the recommendations of the Under 16 Youth Homelessness Taskforce, which brings together representatives from the public and community sector.

These examples demonstrate that reform is possible where there is high-level authority to implement change across multiple agencies and service sectors.

Clear accountability is needed to confront the problem of systemic carelessness

Successful collaboration requires clearly delineated roles and responsibilities and enforceable reporting mechanisms to hold all parties to account.

Where roles and responsibilities are clear, a collaborative approach to governance strengthens accountability—horizontally between agencies, as well as vertically in both directions—thereby creating a mechanism to address the problem of systemic carelessness at multiple levels.

One recommendation made by the [Tasmanian Taskforce](#) is the creation of a [single point of authority](#) responsible for the welfare of unaccompanied children and young people out of home, with a direct line of accountability to the Minister for Human Services. Such a mechanism would provide clear authorisation for individual agencies to take prompt action to safeguard the wellbeing of any child or young person. This should involve timely assessment and referral to an appropriate service.

A developmental approach to service design and implementation creates new possibilities for codesign

Codesign is an essential element of effective commissioning. Since no single agency or sector holds the expertise required to design an effective policy response to systemic carelessness, it is incumbent on commissioning bodies not merely to seek input from stakeholders, but also to design processes that can leverage the expertise of service practitioners and other ‘experts by experience’ such as families, carers and young people themselves.

An adaptive or developmental approach enables innovation in complex environments by allowing real-time feedback on an emergent service model. In this case, an adaptive methodology that creates opportunities for ongoing engagement with practitioners, as well as with young people and their families, can help commissioning bodies develop creative solutions to practical challenges such as how to:

- share critical information about children’s circumstances across agencies and service sectors, while also protecting their privacy
- improve integration between services at the local level to strengthen the safety-net around vulnerable children and young people
- develop usable measurement frameworks for tracking program outcomes.

Service responses must go beyond crisis management to ensure that children and young people receive the care and support they need to thrive.

The [Youth Coalition of the ACT](#) proposes a three-tiered support model for children aged 8–15 years, including the following components:

- **early intervention and outreach** services which aim to improve the wellbeing of children aged 8–15 and families in the home by addressing the risk factors that increase family stress, through case management, family mediation and support. An example is the [Youth Hope Program](#) based in Tamworth NSW.
- **short-to-medium term respite or accommodation** which provides a flexible, safe, home-like environment for children unable or unwilling to stay at home, while supporting them to rebuild their family relationships through mediation and counselling. An example is the [Ruby’s Reunification Program](#) operated by Uniting Communities at four sites in SA, and currently being piloted by Youth Coalition of the ACT.
- **long-term supported accommodation in a safe, stable home-like environment** for children who cannot remain in the family home. Crucially this service would not exit young people into the homelessness service sector at 16 but would continue to provide accommodation and support into early adulthood. This component is based on the [homes run by the Lighthouse Foundation](#) in Melbourne.

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