

# Health and Youth Homelessness

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## Overview

- A brief look at YAA NSW Inc and it's related projects.
- The context of being homeless and the issues young homeless people experience.
- Are homeless youth a higher risk target group? A comparative look at the difference between the generalist youth population and homeless youth.
- A snapshot of the feedback from the accommodation sector around the health needs of homeless young people.
- What the HOT Project - YAA will focus on in 2005 - 06.

## A brief look at YAA NSW Inc and it's related projects.

- The Youth Accommodation Association NSW Inc (YAA) is a peak body representing the interests of homeless young people and youth accommodation services in NSW.
- YAA works towards reducing the risk and impact of homelessness for young people through structural / systemic advocacy
- YAA was established as a peak body in 1980 and receives core and project funding from the mid 1980's.

## A brief look at YAA NSW Inc and it's related projects (2).

- Vacancy Line Project:
  - Coordinates the Youth Emergency Accommodation Line (YEAL) that has the daily listing of vacancies in crisis refuges and an updated online vacancies of Medium - Long Term services.
  - Coordinates a directory of Youth Accommodation services in NSW.
- HOT Project:
  - Provides direct education and resources to young people and youth workers on issues relating to HIV/AIDS, Hepatitis and Sexual Health.

## The context of being homeless and the issues young homeless people experience.

- *‘For homeless youth, additional factors such as lack of self-esteem, economic power, psychological and social problems make this group separate and distinct from the rest of the general youth population.’*

- Mitchell & Rosenthal 1994

## The context of being homeless and the issues young homeless people experience (2).

- There are a number of factors that lead to a young person becoming homeless:
  - breakdown or conflict within the family,
  - economic pressures upon the family,
  - domestic violence,
  - sexual abuse,
  - rejection from family and peers as a result of same-sex attraction,
  - developmental difficulties including the onset of mental illness,
  - substance abuse
  - and violence.

## The context of being homeless and the issues young homeless people experience (3).

- To think of homelessness in general is to think of a person in terms of their housing situation. We may seek answers to such questions like:
  - How long have they been out of home?
  - Do they have somewhere to live?
  - Is where they live safe?
  - Will it be available tomorrow?

## The context of being homeless and the issues young homeless people experience (4).

- For young people, we need to look beyond young people as homeless youth to young people who are dealing with a range of issues.
  - Education,
  - Employment,
  - Criminal justice system,
  - Poverty,
  - Drugs and alcohol,
  - Family conflict,
  - Relationship (including same sex attraction) and
  - Self esteem issues.

## Are homeless youth a higher risk target group?

- Project I, a 5 year study of homeless young people (aged 12 - 20 years in 2001) in Melbourne conducted by La Trobe University's Australian Research Centre in Sex, Health and Society (ARCHS) identified a number of issues young homeless people experienced:
  - a) Sexual Health and involuntary sex.
  - b) Drug and Alcohol
  - c) Injecting Drug Use
  - d) Education
  - e) Sources of income
  - f) Mental Health and self harm

## Are homeless youth a higher risk target group? (2)

Of those who had engaged in vaginal sex:

Secondary high school students	Project I: Homeless youth
<ul style="list-style-type: none"><li>- 20% of Year 10</li><li>- 48% of Year 12</li></ul> <p>Lindsay, et al., 1997</p>	<ul style="list-style-type: none"><li>- 94% reported ever having engaged in vaginal sex</li><li>- 87% in oral sex</li><li>- 28% in anal sex</li><li>- 11% had 5 or more sexual partners in a 3 month period.</li><li>- Were sexually active at a younger age (14 years and 4 months).</li></ul>

# Are homeless youth a higher risk target group? (3)

## Condom use

Secondary high school students	Project I: Homeless youth
<p>- 73% of males and 55% of females (Year 10 Students) and 56% and 44%, males and females respectively (Year 12) had always used a condom.</p> <p>National Survey of Australian Secondary Students (NSASS) 1997</p>	<p>- Less than one-third always used a condom when engaging in vaginal and/or anal sex</p>

## Are homeless youth a higher risk target group? (4)

- Of those experiencing non consensual sex

Secondary high school students	Project I: Homeless youth
<ul style="list-style-type: none"><li>• 10.1% of Year 11 boys</li><li>• 16.5% of Year 11 girls</li></ul>	<ul style="list-style-type: none"><li>- 58.8% of young women and</li><li>- 45.2% of young men</li></ul>
Hibbert, et al 1996	

# Are homeless youth a higher risk target group? (5)

## Alcohol and other Drug Use

Young people aged 14 to 19	Project 1: Homeless youth
<ul style="list-style-type: none"><li>- 19.5% had smoked tobacco daily</li><li>- 8.3% had consumed alcohol daily, 39.5 weekly and 34.6% had consumed less than weekly.</li><li>- 11.8% of females and 9.6% of males had put themselves in the higher risk category. (Higher risk category is defined as 7 or more standard drinks on any one drinking occasion (males) and 5 or more standard drinks on any one drinking (females)</li><li>- 24.6% had used marijuana / cannabis in the last 12 months.</li><li>- 0.4% had used heroin in the last 12 months.</li></ul> <p>The 2001 National Drug Strategy Household Survey</p>	<p>In the last 3 months:</p> <ul style="list-style-type: none"><li>- 72% indicated they smoked tobacco everyday (5 times the national average)</li><li>- Approximately 80% had consumed alcohol</li><li>- 40% of young women and 29% of young men's patterns of alcohol consumption had placed them in a higher risk category<sup>1</sup></li><li>- 70% had used marijuana / cannabis</li><li>- 26% had used heroin</li></ul>

# Are homeless youth a higher risk target group? (6)

## Injecting Drug use

Young people aged 14 to 19	Project I: Homeless youth
<p>-0.6% of young people had injected a drug</p> <ul style="list-style-type: none"><li>- 22.9% had injected heroin in the last 12 months.</li></ul> <p>The 2001 National Drug Strategy Household Survey</p>	<p>In the last 3 months:</p> <ul style="list-style-type: none"><li>- 28% of young people had injected a drug in the last 3 months.</li><li>- Of the percentage of heroin users, 26% had injected heroin.</li><li>- 11% had shared needles or injecting equipment.</li></ul>

## Are homeless youth a higher risk target group? (7)

- Research findings relating to Education include:
  - 38% of young homeless people were attending school or other educational institution (JPET)
  - 20% indicated they attend school more often after they become homeless where 46% attended less as result of homelessness.
  - A small number of young people (10%) were expelled, suspended or withdrawn from an educational program in the last 3 months.

## Are homeless youth a higher risk target group? (8)

- Research findings relating to sources of income:
  - 74% were on Youth Allowance
  - 85% were unemployed
  - 62% worked less than 20 hours a week and 26% worked between 20 to 40 hours per week.
  - In 3 months, young people supplemented their income by pawning goods (31%), borrowing money (30%), selling drugs (23%), stealing (16%) and begging (13%). Few young people were involved in pornography, or trading sex for money or a place to stay.

## Are homeless youth a higher risk target group? (9)

- Research findings relating to Mental Health and self harm:
  - 26% had reported a level of psychological distress indicative of psychiatric disorder.
  - 14% had reported clinical levels of depression
  - 12% had reported clinical levels of anxiety
  - 12% had reported clinical levels of psychosis
  - In the last 3 months, 11% had attempted suicide and 36% had self harmed.

## HOT Consultation

What are some of the health needs and concerns of Homeless young people?

- Free health care: pathology tests, x rays, dental care.
- Access to affordable specialist e.g chiropractor, physiotherapists.
- Not comfortable in accessing services, low self esteem, stigma.

## HOT Consultation (2)

How are their needs met?

- One service has a pilot project involving GPs and medical vouchers for free service.
- Having a stable place to live, subsidised rent, savings plan, education, family issues, conflict resolution, case management etc are offered.
- Close working relationship with the Sexual Health Clinic.
- Independent Living Skills Course.
- Self Esteem and Healthy Choices Program.
- Emergency Brokerage Fund: funds for specialist service / care.

## HOT Consultation (3)

What are some of the good strategies and practices that as a worker or as a service have implemented and used with young people?

- GP Voucher system
- Feel Good Night workshops
- Honest approaches to information exchange, free and open discussion and the provision of information
- Brokerage funds and flexible service delivery which is responsive to individual needs.

## HOT Consultation (4)

What are some of the barriers that impact on services / workers in addressing the needs of homeless young people?

- Young people do not have follow up tests recommended by doctors due to the expense involved
- Huge unmet demand - not enough beds, especially males and Drug and Alcohol clients.
- Limited outreach / after care facilities.
- Increased admin requirements that take a worker away from direct work with young people.
- Geographic isolation.

## HOT Consultation (5)

Where do young people get their information from? e.g youth workers, pamphlets, videos, workshops, guest speakers etc.

- Youth Workers, Community Health Centres, Youth Services, Pamphlets and Workshops.
- Their peers, counsellors, newsletters and internet.

## Sexual Health

Does your service provide condoms and lubes and if so, are they easily accessible to young people?

- Condoms are provided and stocked primarily in bathrooms.
- Each resident is given a Care Bag upon intake that has items for personal use: toothbrushes, soap and condoms.

## Sexual Health (2)

If your service does not provide condoms and lubes to young people, where would you advise / refer young people to access condoms and lubes?

- Community Health Centres and Sexual Health Clinics.

## Sexual Health (3)

If a young person discloses that they are sexually active, what support might a service / worker provide in terms of accessing a G.P / sexual health clinic to get a sexual health check up?

- They are encourage to see a GP at the sexual health clinic
- One to one chat with the youth worker on safe sex negotiation, sexual boundaries and safety, having an exit plan, watch your drink, contraception, Chlamydia and others STI's and condoms.

## Alcohol and Other Drugs

What support might a service / worker provide to a young person who identifies that they have a drinking or drug related dependency?

- They are supported to access AOD Counsellors at Community Health Centres.
- They can be referred to a rehabilitation service and ongoing phone support and contact is provided.
- The Independent Living Skills courses includes a module on Healthy Living which concentrates on lifestyle decisions and their effects.

## Alcohol and Other Drugs (2)

If a young person returns to a service from a night out under the influence of alcohol / drugs, what support is given to ensure their immediate safety and the other residents safety?

- Safety of other residents and the youth worker is paramount, young person remains in their room and is monitored
- Depending on the level and extent of intoxication, they can be referred to an AOD service or a hospital.

## Alcohol and Other Drugs (3)

What is the existing service policy on alcohol and other drug use and / or possession of alcohol / drugs and injecting equipment on the premises?

- No drugs and alcohol in the service.
- If drugs are found they are handed to police or destroyed in front of a witness.
- Referral will be made to a specialist service to provide support for the young person.

# Mental Health / Suicide / Self harm and risk taking behaviour

What are some of the mental health issues and concerns of young homeless people?

- The cycle of drinking and drugging on weekends increases the sense of hopelessness young people feel.
- Borderline personality disorder, post traumatic stress disorder, psychosis, depression, self harm.
- Eating disorders, social disorders and phobias, drug induced conditions (schizophrenia, dissociative disorders).
- Inability to have empathy – through witness and experience of abuse, both sexual and physical violence.

## Mental Health / Suicide / Self harm and risk taking behaviour (2)

What level of support is provided to a young person in need of mental health assistance from the SAAP service?

- Referrals to community health for counselling and referrals to other mental health services.
- The level of risk (to themselves, property, worker, clients) is taken into account when offering support.

# Nutrition

What are the current concerns in relation to nutrition for young homeless people? (e.g obesity, diabetes, high blood pressure, dental health)

- Poor diet, low immunity, kidney and liver problems due to excessive alcohol consumption, bulimia, low blood pressure, anaemic and poor dental health.

## Nutrition (2)

Are young people responsible for preparing their own meals?

- Young people are assisted to choose a healthy menu and prepare meals for a group household
- In accordance with our in house living skills program, residents are rostered for preparation of the evening meal.
- Meals are chosen which are simple to prepare cost effective and nutritious.

## Nutrition (3)

Who does the shopping? What input and level of interest do young people have in relation to the food purchased in the service?

- Young people participate in choosing the menu, list of ingredients and make suggestions to the grocery list.
- Both worker and young people construct a shopping list.

## Nutrition (4)

Do young people have access to resources, workshops or guest speakers regarding nutrition?

- Young people have access to a Living Skills Program which includes nutrition.

# Final Comment

- What the HOT Project will focus on in 2005 - 2006.