

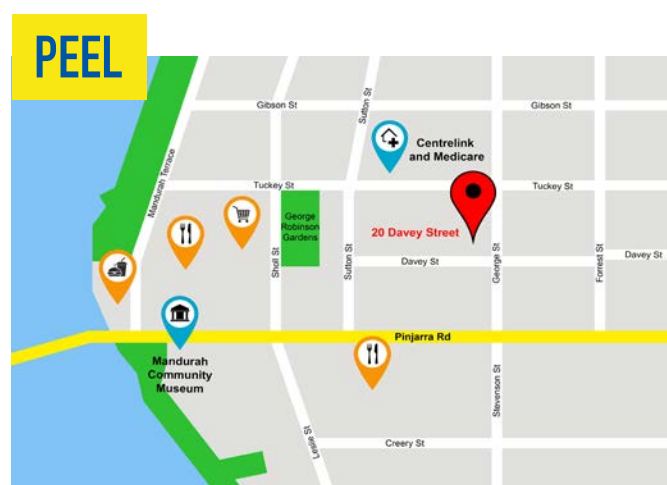
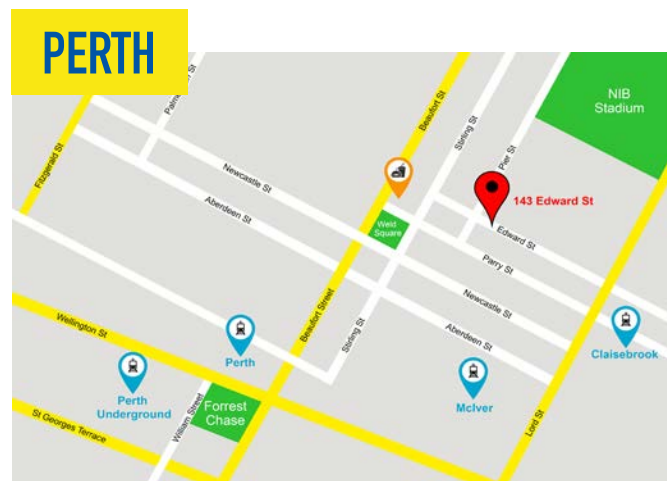


PASSAGES

YOUTH ENGAGEMENT HUB

SERVICE FRAMEWORK

LOCATIONS



This framework was developed by YACWA Consulting, part of the Youth Affairs Council of Western Australia (YACWA) in consultation with Passages Coordinators Niamh Kiely and Jade Gillespie.

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INTRODUCTION

Passages fills a truly unique role in the Western Australian youth services system. We provide support to a population of young people who are street present, vulnerable, typically in crisis, and have no other service options or support to meet their basic needs. The name Passages was drawn from the service's original focus, which was to provide young people with a 'passage' to help them transition from one life to another.

Passages Perth (originally Bendat House) has been in operation since 1998, and is a partnership between St Vincent de Paul Society¹ and Rotary Club of Perth. Passages Peel is located in Mandurah and has been open since 2012. It is a joint venture with the St Vincent de Paul Society and the Rotary Club of Mandurah. Both the Perth and Peel centres were set up in response to the needs of street present young people in their respective communities providing unique specialist engagement services.

Passages employs a service model which is highly successful and achieves strong outcomes for a complex cohort of young people. The model is evidence based and is tailored to their unique needs.

In early 2018, Passages approached the Youth Affairs Council of Western Australia (YACWA)² to help document our model and develop this service framework.

YOUNG PEOPLE EXPERIENCING HOMELESSNESS HAVE THE SAME NEEDS, HOPES AND ASPIRATIONS AS OTHERS.

The framework has been developed from a review of the evidence-based literature, an analysis of Passages documentation, and in-depth interviews with Passages staff and clients. This document describes the key elements of the framework, including Passages' purpose, approach, the service components and service outcomes. A review of the best practice literature used to support the framework's development is included.

¹ Passages' work is characterised by the seven core values of the St Vincent de Paul Society, outlined in Appendix B.

² YACWA is the peak non-government body representing young people and the youth sector in Western Australia. With over 500 members state-wide, YACWA acts primarily as a human rights organisation that seeks to address the exclusion of young people in a rapidly changing society. YACWA's work is governed by four guiding principles: respect, equity, integrity and the celebration of diversity.

PASSAGES FRAMEWORK

WHO USES PASSAGES

- At risk youth 12-25 years
- Experiencing persistent disadvantaged
- Experiencing homelessness
- Complex trauma

OUR PURPOSE

To create a safe, supportive and person centred environment for young people experiencing a range of complex issues to address their needs.

OUR APPROACH

We are committed to providing a holistic, non-judgemental and individualised service that supports and meets the needs of young people who are the most at risk.

HOW WE WORK

LOW THRESHOLD AND CHANGE

Passages implements as few service requirements as practical to reduce the barriers for young people accessing the service. The objective is that support is provided to those most vulnerable and does not exclude individuals on the basis of past challenging behaviour, drug use or criminal activity.

TRAUMA INFORMED CARE

Passages staff are informed about, and sensitive to, trauma-related issues and commit to and act on the core principles of safety, trustworthiness, choice, collaboration and empowerment when engaging with young people.

THERAPEUTIC CRISIS INTERVENTION

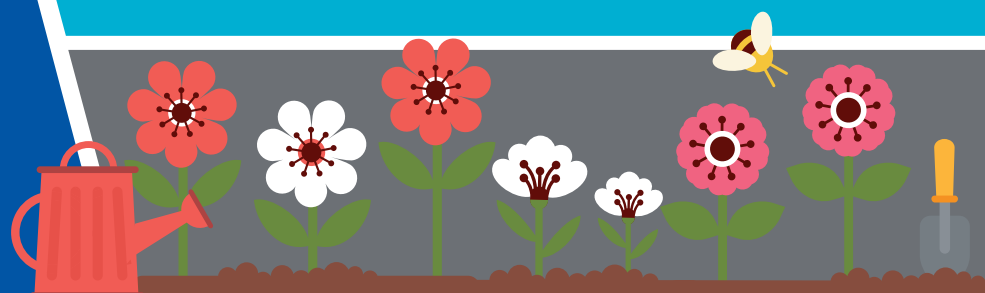
Passages youth workers respond to a young person's crisis in a caring therapeutic way helping promote and encourage self control and self awareness so they can manage and prevent further crisis.

SERVICES

- Youth Engagement Hubs
- Individualised Support
- Life skill development
- Outreach Support
- Specialised visiting agencies
- Information and referrals

OUTCOMES

1. Passages is a safe place
2. Young people can seek the support they need
3. Young people have their individual support needs met



OUR CLIENTS

Young people that typically engage with Passages have experienced significant, persistent disadvantage as a result of complex trauma, social exclusion, and/or service exclusion. They are frequently reluctant to engage with services.

The young people that Passages support usually experience one or more of the following issues:

- Street presence or homelessness
- Mental illness
- Chronic illness and disability
- Alcohol and other drug use
- Domestic and family violence
- Poverty
- Social isolation
- Complex trauma.

Throughout this service framework, we are going to follow Alex and Jamie's journey through Passages to see how the service works for young people. Through their eyes, you will explore what Passages' approach, underpinnings and service components look like in practice.

Alex and Jamie are not real clients. Ethical and privacy considerations prevent us from using the stories of Passages clients in a public document. These fictional stories, however, are typical of Passages clients. Their experiences, thoughts, feelings and outcomes illustrate how and why our service works.

Alex

Alex is 15 years old and has self-selected to live on the streets after being in and out of care due to domestic family violence. Alex has now been street present for six months and has recently been introduced to drugs.

Jamie

Jamie is 21 years old and has experienced long term homelessness. She has been residing on the streets with her parents since she was eight years old. Jamie has been diagnosed with PTSD, anxiety and depression and is currently experiencing a drug induced psychosis.

"PASSAGES ENGAGES YOUNG PEOPLE WHO'VE BEEN EXCLUDED FROM SO MANY PLACES IN SOCIETY. WE LET THEM KNOW THEY'RE NOT ALONE."

Passages Youth Worker

OUR APPROACH

Passages is committed to providing a service that meets the needs of young people who are the most vulnerable or disadvantaged. Our service is characterized by the values of equality and non-judgement and adheres to Youth Work WA's Youth Work Code of Ethics (Youth Affairs Council of Western Australia and Western Australian Association of Youth Workers, 2014).

Passages takes a holistic approach to care, recognising that a young person's experience is often broader and more complex than what they present (The Residential Child Care Project, 2010).

Our approach is to assess a client's past circumstances or trauma that has impacted them, their ability to engage with the service and the way that they respond to and handle crisis. We then develop individualised support plans in partnership with the client. Importantly, Passages recognises these support plans are not always a linear process. Client support draws on individual support plans, but remains responsive to the young person's presenting issue(s) and needs each day.

PASSAGES RECOGNISES THAT THOSE YOUNG PEOPLE WHO ARE THE MOST DIFFICULT TO WORK WITH ARE ALSO, TYPICALLY, THOSE MOST IN NEED OF SERVICE.

THEORY AND PRACTICE UNDERPINNING OUR SERVICE

Our approach has three key service underpinnings:

1. Low Threshold and Change
2. Trauma informed care and practice
3. Therapeutic crisis intervention (TCI).

LOW THRESHOLD AND CHANGE

Passages recognises that those young people who are the most difficult to work with are also, typically, those most in need of service. Young people that have high needs, complex trauma or behavioural challenges are often unable to meet the participation requirements of less specialised services and are refused access or excluded from the service and support they need to make positive change in their lives (Depaul Ireland, 2013).

To engage this most at-risk demographic of young people, Passages employs a Low Threshold and Change approach to service delivery. Low threshold means that we implement as few service requirements as practicable to maximise a young person's access.

Passages does not exclude individuals on the basis of past challenging behaviour, drug use or criminal activity, and do not require referrals, abstinence from substances or disruptive behaviours or service compliance. Passages staff also understand that a young person's capacity to engage with the service may change from day to day and that to build an individual's capacity to meet higher service thresholds, basic needs such as food, a shower or immediate emotional support must first be met. These basic needs are often lacking in a young person's life when they first present to Passages. There is no penalty for disengaging with the service, because we recognise that individuals will engage with the service when they're ready and willing to make change in their lives.

Passages' low-thresholds are continuously monitored to ensure they remain as low as practicable while still maintaining staff safety, service sustainability and duty-of-care for the young people we engage. To support duty-of-care for younger Passages clients, individuals over 25 years of age are not permitted entry to the service. Passages maintains a referral process for these individuals to support them to engage with appropriate services.

To ensure the safety of clients, and the wellbeing of Passages staff, we maintain careful standards around accepting clients who display consistently violent or dangerous behaviour and those who have a history of sexual offences.

For clients whose behaviour may be an issue to the wellbeing of staff and clients, strategies are employed to address repeated behaviour issues and encourage safety, self-awareness and integration into the service. These strategies include positive behavioural support plans, time out from the service, and individual de-escalation techniques. Punitive measures are avoided where at all possible, as we recognise these individuals are also young people in need of support. Passages recognise that there is a possibility that these behaviours are a way of the client expressing an unmet need or a communication misunderstanding.

Additional information about the Low Threshold and Change approach is included in the literature review (pages 17 -18).

PASSAGES DOES NOT EXCLUDE INDIVIDUALS ON THE BASIS OF PAST CHALLENGING BEHAVIOUR, DRUG USE OR CRIMINAL ACTIVITY, AND DO NOT REQUIRE REFERRALS, ABSTINENCE FROM SUBSTANCES OR DISRUPTIVE BEHAVIOURS OR SERVICE COMPLIANCE.

Alex

Alex was introduced to Passages by an Alcohol and Drug service that provides in-reach services at the Hub.

"I was nervous to go to a new service and what people would think about me, but the Youth Workers were welcoming, they don't judge me on my drug use and didn't put pressure on me."

Jamie

Jamie had been refused entry to another service provider due to her severe mental health challenges; she was then directed to Passages by a family member who also uses the Hub. Jamie was welcomed into the service and was shown around by youth workers. Jamie was asked if there was any assistance we could provide today. She declined on this occasion but accessed food, showers and laundry.

TRAUMA-INFORMED CARE AND PRACTICE

There is a complex relationship between trauma exposure, social disadvantage and other poor health outcomes – including mental health, alcohol and other drug use, and importantly, homelessness (Australian Centre for Posttraumatic Mental Health, 2012). For individuals impacted by trauma, their self-worth, coping mechanisms, ability to engage with supports, and how they navigate relationships may all be affected (Substance Abuse and Mental Health Services Administration, 2015).

Most young people that engage with Passages have been significantly impacted by trauma in their lives. The experience of trauma is unique to each young person and can be the result of a number of factors, including the experience of homelessness, serious injury, sexual violence or exposure to the suffering of others (Australian Centre for Posttraumatic Mental Health, 2012). A high proportion of Passages' client base experience homelessness and are street present, which means that they are experiencing trauma on an ongoing basis.

To ensure clients receive adequate support appropriate to their circumstances, trauma-informed care and practice underpins all aspects of Passages' service provision. Trauma-informed care at Passages is individualised, focuses on personal and psychological safety and aims to promote a young person's sense of control over their life and environment.

Trauma-informed care is implemented at Passages through:

- Flexibility in service delivery
- Ensuring all Passages staff are trained in trauma-informed care and undertake regular professional development to maintain a contemporary knowledge-base
- Maintaining flexible case coordination among Passages staff to promote stability for services users
- Providing support that promotes genuine choice, collaboration and empowerment among clients using Passages to meet their needs and goals
- Maintaining the Low Threshold and Change model described above in recognition that trauma can impact an individual's ability to meet service requirements.

Passages clients are supported to develop a sense of stability, through continuity-of-care with case workers and staff. Passages staff undertake case coordination, so that a single staff member can take a consistent lead in supporting and case-managing a client, while engaging with other staff as necessary. Developing consistent, supportive relationships with staff helps to secure the stability young people need to engage with activities that assist them to make long-term change (Keys, 2004).

Additional information about the trauma and trauma informed care is included in the literature review (pages 18 -19).

THERAPEUTIC CRISIS INTERVENTION (TCI)

For many young people, crisis is a fact of life. Passages' approach is to recognise that crisis can be a natural result of adversity, that it can occur at any time, and to use Therapeutic Crisis Intervention (TCI) as a management approach.

"I WAS SO ANGRY AT EVERYTHING AROUND ME, AND THAT NOBODY CARED OR TRIED TO HELP. WHEN I TRIED TO SEEK HELP, THEY TOLD ME TO CALM DOWN BEFORE THEY'D HELP ME. HOW WAS I SUPPOSED TO CALM DOWN?"

Anonymous client

The TCI program was designed by Cornell University as system for crisis prevention, management and de-escalation. The foundation of TCI is that the successful resolution of a young person's crisis, requires an adult to respond in caring, therapeutic and developmentally appropriate way and to help the young person foster greater self-control (Nunno, Holdren, & Leidy, 2003).

All Passages staff are trained in TCI and use TCI principles to respond to clients in crisis by:

- Encouraging young people to practice self-awareness in how they respond to crisis and challenging situations
- Using active listening techniques during crisis
- Employing behaviour support techniques to help the young person in crisis communicate their needs and foster an environment that is conducive to de-escalation
- Using emotional first aid to provide immediate support to the young person in crisis
- Starting crisis co-regulation to assist the young person in managing their emotions and de-escalate the situation
- Employing the life space interview behavioural management technique with young people following crisis to foster more productive coping mechanisms for future crises (The Residential Child Care Project, 2010).

Over time, TCI helps prevent crises from occurring, effectively manages crises, and reduces injury to clients and staff. Additional information about TCI is included in the literature review (page 20).

Jamie

From a young age Jamie was exposed to family violence, homelessness, poverty and drug and alcohol use. Jamie did not attend school often and is socially isolated. As a result of this ongoing disadvantage, Jamie now uses alcohol and drugs to mask past traumas and has difficulties forming positive and appropriate relationships.

Alex

Passages youth workers identified that Alex was continuously presenting in a heightened manner over a two-week period. Over this time, youth workers built rapport with Alex and were able to explore what was going on. Alex was feeling unsupported and confused about his options. Passages worked with Alex to unpack these feelings and identify needs.

Alex

Whilst unpacking these feelings with Alex, youth workers noticed that Alex was becoming agitated. He began pacing the room and his responses became elevated. Alex would not make eye contact and began to shut down. Staff provided immediate support to Alex that allowed him time and space to drain his emotions. Staff recognised the impact of past trauma on current behaviours. Upon de-escalation, youth workers provided post-crisis support to Alex utilising active listening techniques, working alongside him to develop future coping mechanisms, and encouraging a greater sense of self-control.

SERVICE COMPONENTS

To best support young people that access Passages and help them achieve positive outcomes, there are five service components:

1. Youth Engagement Hub
2. Individualised support
3. Life skills development
4. Service partnerships
5. Outreach support.

These components do not operate in isolation from each other and are delivered flexibly and in response to the complex needs of Passages' clients. Young people often access all components of the service simultaneously in a holistic manner.

For example, the Hubs, whilst ostensibly a space for accessing basic needs, also act as a forum for the provision of individualised support and building life-skills. A young person may access the Hub and establish social networks, while receiving individualised assistance from staff to achieve their ongoing goals. Passages staff also utilise the Hub to build relationships with the young people and begin informal conversations about their support needs.

Jamie

Jamie accesses the Hub on a regular basis to meet personal basic needs. Jamie also uses the internet to connect with family. Due to Jamie's ongoing engagement, staff are beginning to build a better relationship with her and are getting a better understanding of Jamie's needs and possible future service provision.

YOUTH ENGAGEMENT HUB

The Passages Youth Engagement Hubs in Perth metro and the Peel region, offers centre based youth work that provides a foundation for the other service components Passages offers. The Youth Engagement Hubs enable young people to access practical and essential services in a safe and secure environment and at their own pace and discretion. The Hubs are spaces in which young people can access basic amenities, including laundry facilities, a washroom and shower, a kitchen, computer and internet access and mail collection.

Both Passages Youth Engagement Hubs in Perth and Peel operate Monday to Friday.

Young people are welcome to access and remain in the Hubs at any point during opening hours, and with no obligation to engage with other elements of the service until they are ready. This allows young people to engage with the service in a manner and pace at which they are comfortable. The Hubs enable clients to build relationships and trust with other users and staff, to rest and to explore their options without judgement or expectation.

THE YOUTH ENGAGEMENT HUBS ENABLE YOUNG PEOPLE TO ACCESS PRACTICAL AND ESSENTIAL SERVICES IN A SAFE AND SECURE ENVIRONMENT AND AT THEIR OWN PACE AND DISCRETION.

INDIVIDUALISED SUPPORT

Key to the work of Passages is the recognition that adverse life experiences and circumstances can diminish an individual's capacity for change and engagement. Passages draws on Maslow's Hierarchy of Needs in service delivery, allowing young people to address their basic and urgent needs as a means of building their capacity to engage in more lasting, positive change (Maslow, 1954).

Passages provide highly individualised support, both crisis and planned, to their clients.

Passages recognise that the support provided to young people needs to be highly flexible and adaptive as often a planned piece of work or intervention can be deferred in order to respond to or manage a crisis that has emerged in a client's life. The type of individualised support provided, and the outcomes worked towards, are directed by the young people themselves and youth workers meet clients where they are at, at each presentation. There is no barrier for an individual who does not achieve their initial outcomes or stopped presenting for a significant period of time.

Individualised support is provided through the Hub, which facilitates a relaxed and supportive environment for the young person. Staff facilitate access to ongoing support through individualised plans and/or referral to other specialist services as required.

Jamie

Jamie's mental health was quite unstable and youth workers identified that immediate support was needed. Staff discussed a variety of specialist support options that would be most suitable for Jamie and contacted a specialist mental health outreach support service to visit the Hub and provide support.

Like the Hub, the individualised support that Passages provides is time-unlimited, entirely voluntary, informal and non-prescriptive in the outcomes it works towards. Common examples of the outcomes or goals young people might work towards through individualised support include:

- Finding stable accommodation
- Building skills for employment, education and training
- Engaging with specialist mental health, alcohol and other drugs services
- Establishing support networks in their lives.

LIFE-SKILL DEVELOPMENT

The individualised support provided to young people through Passages is complemented by ongoing life-skill development initiatives that build their capacity and capability. Young people accessing Passages have often had little to no opportunity to develop important life-skills such as budgeting, healthy cooking, writing a resume or appropriate social communication.

Passages runs ongoing programs through the Hub to help young people build these skills. The programs vary over time, as they are based on the wants and needs of current clients and previous engagement success. Examples of programs that are regularly run include:

- Cooking classes
- Employment assistance (including writing a resume and completing job applications)
- Financial literacy
- Sport and recreation activities
- Independent living skills.

For those young people that have limited social support networks or few opportunities to engage in recreation, the skill development programs provide vital opportunities to connect with others in productive ways. Engaging in these programs provides a pathway to social inclusion and allows relationship building and regular social interactions.

Alex

Alex identified that his lack of income was holding him back from progressing towards goals i.e. accommodation. Youth workers worked with him to access Centrelink during an in-reach visit at the Hub. Alex was supported to apply for Youth Allowance, healthcare card, Medicare and opening a bank account. Passages were now able to further support Alex to obtain longer term, stable accommodation.

Jamie

After receiving support for ongoing Mental Health concerns, Jamie reengaged with Passages with the goal of obtaining employment or education. Passages advocated for Jamie to be considered for an alternative education program where she could reengage with basic schooling at a pace relevant to her in a comfortable and undemanding environment. Jamie regularly attends the open opportunities program at Passages where she is supported with school work, obtaining essential work documents and building her resume in her quest for work.

SERVICE PARTNERSHIPS AND IN-REACH SUPPORT

Passages is a safe and supportive space for young people in crisis, and as such, creates conditions for positive and ongoing connection with other services that clients may otherwise be reluctant or actively unwilling to engage with. Strong advocacy and support is often required for clients with gaining access and engaging with new services or to reengage with services where relationships may have broken down previously.

Passages has a number of formal and informal partnerships with other key services for young people that aid youth workers in addressing and effectively responding to the often multi-layered, complex needs experienced by Passages clients. Passages works with young people to break down the barriers to seeking help, the most being, stigma, embarrassment and fear of judgement, preference on self-reliance, lack of trust and confidentiality and hopelessness.

The Hub hosts in-reach services through these partnerships, which facilitates help seeking behaviour and allows young people to access specialised support in a familiar environment, at their discretion and with the support from a youth worker if requested. By providing initial engagement in a safe space, clients are able to engage with services without fear or judgement and may be more willing to engage with them or other services in future.

Service partnerships include but are not limited to:

- Financial assistance
- Medical assistance
- Housing support
- Legal advice
- Mental health and substance misuse counselling
- Education, training and employment.

OUTREACH SUPPORT

A critical element of the Passages service model is connecting young people to specific services that can address their needs and help them activate change with regards to; income, justice, housing, drugs and alcohol, mental health support, education and employment and to develop relationships with service providers beyond Passages. Many of the young people engaging with Passages have little experience navigating service providers, and may find themselves quickly overwhelmed by difficulties finding and engaging with services.

To support young people, Passages introduced an outreach component in 2016, secondary to their centre based support, which allows Youth Workers capacity to actively connect young people to new services by meeting them off site, accompanying them to first referral meetings or ongoing appointments, court appearances etc. Outreach support is individualised to the level of need of the client. By providing clients with support and the tools to develop relationships with other service providers, Passages helps breaks down the barriers they have to seeking support and builds their capacity to manage their own support network resulting in more integrated support and improved outcomes.

The outreach component was evaluated in 2018 by an external consultant at Kalico Consulting. The program evaluation identified that by providing an outreach capacity, there had been a significant rise in young people contacting a service recommended by Passages from 74 per cent in November 2015, to 94 per cent in March 2018. In addition, 73 per cent of young people report that the presence of a worker at referrals made a difference.

The report also details feedback from external agencies with one saying;

"Their service was absolutely crucial for us in order to build rapport and trust with clients. This also assisted and motivated clients to engage in treatment and gain understanding of options and processes. The interagency collaboration helped information sharing, increased stability in attendance and engagement and improved realistic outcomes for the client."

Alex

Alex's successful Centrelink claim and accommodation referral were able to be more efficiently achieved by the service partnerships that exist within Passages. Hosting specialist support services within the Hub allows young people to engage with and navigate the system from a safe and trusted environment often resulting in increased successful outcomes.

OUTCOMES

SERVICE OUTCOMES

- Passages has three broad service outcomes:**
- Outcome 1** – Our service is a safe place for service resistant and at-risk young people
 - Outcome 2** – Clients are able to seek the support that they need
 - Outcome 3** – Clients have their individual support needs met

Passages also has one key outcome that relates to each of the five service components:

SERVICE COMPONENT	OUTCOME	MEASUREMENT
YOUTH ENGAGEMENT HUB	Clients engage with the Hub to have their basic and practical needs met.	<ul style="list-style-type: none">Use of Passages services i.e kitchen, shower, and laundry.Rapport building i.e. informal engagement with youth workersMonthly feedback form measures client's initial engagement experience at Passages Hub and allows them to suggest improvements.
INDIVIDUALISED SUPPORT	Individual's capacity for change and engagement increased.	<ul style="list-style-type: none">Number of young people requesting/receiving one to one support from youth workersNumber of young people requesting advocacy and/or follow-up supportNumber of young people proactively engaging with services or working on goalsProvision of informed referrals with YP being more aware of options/rightsMonthly feedback form allows clients to comment on goals or actions that they have worked on with Passages staff.
LIFE SKILLS DEVELOPMENT	Client physical, social, mental and emotional wellbeing improves.	<ul style="list-style-type: none">Participation in activitiesRequests for projects and programs via suggestions boxMonthly feedback form
SERVICE PARTNERSHIPS	Client makes more informed choices to access special support services.	<ul style="list-style-type: none">Engagement with in-reach services and referralsNumber of clients accessing specialist servicesDiversity of services providing in-reach support to address differing needsDecrease in repeat referralsNumber of successful outcomes using collaborative approach
OUTREACH SUPPORT	Client capacity for social inclusion and participation increases.	<ul style="list-style-type: none">Type of support provided i.e. active referralRecord of services referred to/engaged withHow many referrals led to successful outcomes i.e. housed or kept housed, income restored or kept, treatment received, legal requirements met, enrolling in or attending education, training or employment etc.Feedback and evaluation forms for young peopleFeedback and evaluation forms for external services

- Passages aims to achieve broad community level outcomes through its services, including:**
- Upholding of the human rights of young people
 - Increased community's awareness of the value of at-risk young people, and the challenges and barriers they face
 - Breaking down of social, legal, and justice barriers that unfairly discriminate against at-risk young people.

INDIVIDUAL OUTCOMES

Passages does not predict the outcomes that may be achieved by individual young people who come through our doors. On an individual level, the goals young people work towards reflect their wants and needs and reflect their individual capacity to engage with and achieve them.

Whilst the individual goals young people work towards vary, there are some common outcomes we see for young people, including:

- Increased personal and social support systems
- Increased capacity to engage in daily life and community
- Increased hopefulness and independence
- Improved ability to respond productively to crisis and self-regulation
- Improved mental health and wellbeing
- Reduced alcohol and other drug use

It is important to note that in the context of Low Threshold and Change models of service there is no requirement or expectation for young people to engage with a change process, therefore for some individuals there may be less receptiveness for change and outcomes will be harder to evidence or quantify.

Instead youth workers focus on the stages of change theory and harm minimisation principles; holding on to a belief that there is a possibility for change, listening for change talk and using this as opportunity for intervention.

Passages celebrates the 'soft' outcomes achieved by the young people who engage in our service. These are often the small wins that cannot be broadly categorised into specific outcomes. For the young people who engage with Passages, these small outcomes are often those that have the biggest impact or may be the hardest won. For individuals with experience of complex trauma and regular service refusal, something as simple as an honest conversation with service staff can be hard-won and make a difference to the support staff are able to provide.

Individualised support goals are determined collaboratively between staff and clients. Collaborative development allows young people greater control in their service access, while allowing Passages staff to support goals that are achievable and allow incremental progress towards positive life change. Providing this control and empowerment

to clients is integral in how Passages embeds trauma-informed practice into its service.

Passages' individualised approach to client outcomes provides sincerity and a person-centred approach to the young people who engage with the service. Allowing young people to decide the supports they want to receive and the outcomes they want to work towards, helps them to have a sense of control in their lives and fosters greater engagement with Passages.

Alex

Since engaging with Passages, Alex has secured a source of income, obtained stable accommodation and is currently linking in with an education, employment and training service that visit the Hub. Alex still finds it difficult to regulate and self-manage his emotions, youth workers are continuing to support Alex with this.

Jamie

Jamie does not currently have stable accommodation and is still using drugs occasionally. However since accessing Passages she is now engaged with a Mental Health service and receiving ongoing support. Jamie continues to access the Hub to meet her basic needs and has been very proactive in engaging with independent living skills programs i.e. cooking classes. Although Jamie is not at a stage where she wants to apply for crisis accommodation Passages have supported her to apply for Department of Housing and is currently on the waitlist with the hope of obtaining a home for her and her family.

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LITERATURE REVIEW

INTRODUCTION

This literature review has been developed to support the Passages Engagement Hub Service Framework.

In this context, this review is intended to provide a brief overview of research into best practice service delivery for young people aged 12 to 25 experiencing persistent disadvantage, including those experiencing homelessness and those who have experienced trauma.

The literature review draws on service frameworks and models developed by similar services, and relevant peer-reviewed literature on youth homelessness service provision.

LOW THRESHOLD MODEL

Low threshold services are those that aim to ensure service requirements are set at a level that denies service access to as few people as possible. This approach recognises those most difficult to work with are often those most in need of service.

Target groups for critical services are often demonstrably incapable of meeting the expectations and demands of less specialised services and require far greater support to engage. Individuals needing support may not be able to meet demands of services, such as abstinence from alcohol or other drugs. Within a service using a low threshold approach, abstinence or compliance with treatment/harm reduction approaches is not a pre-requisite for service access.

Services have different thresholds that clients must meet to gain access and benefit from them. Thresholds can be categorised into four broad categories:

1. **Registration threshold** – the availability of the service and how much effort must be expended by an individual to access the service
2. **Competence threshold** – the ability of staff to respond to and meet the needs of clients
3. **Efficiency threshold** – how clients perceive the services' use of resources and how they prioritise clients
4. **Trust threshold** – whether clients trust the service being provided (often a requirement to ensure clients can cross all other thresholds).

Maintaining low threshold models can be stressful for staff due to potentially higher rates of exposure to violence, verbal abuse, alcohol and other drug use and other disruptive behaviours. Staff working in services which employ a low threshold model require greater support to prevent burnout and promote positive mental health.

Given the higher exposure to disruptive and difficult behaviours it is often easier for staff to raise service thresholds than it is to lower them. Services employing low threshold models require active monitoring and regular review to ensure that they remain at an accessible level for the most at-risk and in-need clients.

Staff employed within low-threshold model services require the qualities of tolerance, patience, and willingness to engage with difficult behaviour with a calm and consistent approach. As low-threshold model services are often intended to support service-resistant and unengaged individuals, staff should affirm and encourage help-seeking behaviour among clients by ensuring commitment to promised action and responsiveness to help-seeking. Additionally, staff have a responsibility to develop and maintain an understanding of the capacity of clients to understand their service thresholds.

Within a low-threshold model service, clients have a right to be treated with respect at all times. Despite reducing service requirements as much as practicable, clients are also expected to treat staff with respect, and violence and intimidation are unacceptable and grounds for service exclusion. Where individuals cannot meet service requirements, their experience of referral procedures should be swift and clear.

LOW THRESHOLD SERVICES AND HARM REDUCTION

The low threshold model has particular relevance to mental health and alcohol or other drug services, as many users of those services experience diminished capacity. In these instances, the low threshold model is employed as a tool to improve availability of harm reduction.

Not all clients are able or willing to achieve or maintain abstinence from drug or alcohol misuse. A harm reduction approach prioritises any activity that maintains or improves an individual's health or wellbeing.

Within a harm reduction approach, abstinence from alcohol and other drugs is encouraged and supported but is not a required service outcome.

Harm reduction may be supported through, a reduction of usage level, delay in usage, promotion of alternatives and encouraging of abstinence.

Staff working in a service that employs a harm reduction approach should present accurate information on the outcomes of alcohol and other drug use. Staff may express their own beliefs where relevant or requested but should not make judgements of clients. Staff should encourage and support anything that lessens harm, support and encourage minor improvements or positive steps and recognise this may be the most an individual is capable of at the time.

Conflicts can arise in services that employ both low-threshold and harm-reduction models when clients engage in behaviour that increases risk of harm to themselves or others. Whilst harm reduction activity should be voluntary, and low threshold means the person will not be excluded if not willing to engage, there are exceptions:

- when behaviour endangers others’ safety
- when treatment is a crucial part of a client’s plan that has been voluntarily agreed to
- when issues arise at an organisational level that undermines the sustainability or effectiveness of the service.

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TRAUMA

A traumatic event is defined as one which threatens an individual’s life, safety or security, or in which an individual is exposed to the death, injury or suffering of others. Experience of trauma can lead to a range of physical, cognitive, behavioural and emotional effects that may persist for many years. These effects may further impact an individual’s self-worth coping mechanisms, ability to engage with supports and their interpersonal skills.

Trauma and substance use disorders have high rates of comorbidity. Experience of homelessness under the age of 18 is a significant risk for developing substance abuse in Australia.

Similarly, individuals receiving treatment for mental illness are more likely to have experience of trauma, including homelessness. Many individuals experiencing homelessness that have severe mental illness such as depression or anxiety, also meet the criteria for post-traumatic stress disorder. Experience of trauma increases the risk of mental illness, and recent findings suggest it can also increase mental illness severity.

Experience of trauma is unique to an individual and may take many forms. Discrete and isolated incidences of trauma are generally referred to as ‘Type 1’ trauma. Trauma that is interpersonal, prolonged or repeated is often referred to as ‘Type 2’ or ‘complex’ trauma. Experiences of Type 2 trauma in childhood often occurs at developmentally significant times and can result in complex emotional, psychological and practical consequences. While the effects of complex trauma can be varied and unique to individuals, the most common consequence is difficulty in regulating emotions and internal states.

In terms of its persistence and severity, the effects of Type 2 trauma can be considered ‘qualitatively distinct’ from Type 1 trauma and requires consideration of its type in approaches to an individual’s care.

People who experience trauma in childhood often later have trouble negotiating relationships and are at heightened risk of developing complex social and mental health problems, including post-traumatic stress disorder, substance use disorders and depression.

Experience of repeated or multiple types of trauma over a period of time is referred to as ‘complex’ trauma. Individuals with complex trauma generally require more intensive and long-term treatment and support in their recovery.

TRAUMA AND HOMELESSNESS

Homelessness and trauma have a complex relationship and both cause and effect one another. Experience of homelessness alone can be a cause of trauma, with the experience defined by a lack of stability and security. Experience of trauma can have a cyclical relationship with chronic homelessness, mental health difficulties and social disadvantage.

People who seek assistance from specialist homelessness services, usually do so to escape traumatic environments and experiences, including assault, child abuse and other forms of interpersonal violence. Over 90% of people experiencing homelessness in Australia have experienced trauma in their lives, compared to 57% of the general population. Research shows that adults experiencing homelessness have experienced high rates of childhood trauma, including physical and sexual abuse.

TRAUMA-INFORMED CARE

Trauma-informed care is a model of service delivery that recognises the negative effect of trauma on behaviour, health outcomes and overall wellbeing, and which promotes safety. Trauma-informed care promotes clients developing a sense of control over their life and a focus on a client’s strengths (as opposed to deficiencies or weaknesses). A service that is trauma-informed should take care to avoid re-traumatising its clients.

Trauma-informed approaches are distinct from interventions or treatments for trauma. Trauma-informed approaches recognise that:

- Survivors’ have the need and right to be respected, informed and involved in their recovery.
- There is a relationship between trauma and trauma symptoms, including substance abuse and mental illness.
- There is a need for a collaborative approach between workers and the trauma survivor, their family and friends.

Trauma-informed care provides benefits for clients, families and service providers through:

- Providing more opportunities for clients to engage in services that reflect a compassionate perspective of their problems
- Potentially providing a greater sense of safety for clients with history of trauma.
- Improving screening and assessment processes, including treatment planning, placement and reducing re-traumatisation risks.
- Improving staff knowledge-base and diversity of expertise as a result of workforce development practices associated with implementing trauma-informed care.

A trauma-informed approach should be applied across the entirety of an organisation or service. It is critical clients experience trauma-informed care from the first point of contact with an organisation, as a safe and secure environment will foster greater engagement. An individual with experience of trauma, who tries to access a service that does not demonstrate trauma-informed care at first point of contact, may be deterred from engaging further.

An awareness of trauma and its impacts should be incorporated into all aspects of a service, including its organisational processes and professional development. Staff should be provided regular training and supervision on trauma effects and supports.

Key elements of trauma-informed approaches include:
<ul style="list-style-type: none"> • Employing trained staff and implementing processes that recognise the impact of trauma and its far-reaching effects.
<ul style="list-style-type: none"> • Recognising and screening for the signs and symptoms of trauma in clients, families and staff.
<ul style="list-style-type: none"> • Integrating trauma knowledge into organisational policies, procedures and practices, including in training and professional development processes.
<ul style="list-style-type: none"> • Taking steps to avoid re-traumatisation among clients (with re-traumatisation being a re-experience of a past traumatic event resulting from an external reminder of the event).
<ul style="list-style-type: none"> • A flexible intervention approach that can assess and respond to a range of trauma exposures, including ongoing exposure.

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THERAPEUTIC CRISIS INTERVENTION (TCI)

Therapeutic Crisis Intervention (TCI) is a system for the prevention, management and de-escalation of crisis in children and young people. Initially developed for residential child care facilities, the foundation of TCI is the idea that successfully resolving a young person’s crisis requires an adult to respond in a caring, therapeutic and developmentally appropriate way. TCI aims to help a young person experiencing crisis to foster a greater sense of self-control and has demonstrated the ability to

substantially reduce critical incidents and the use of restraint to manage crisis.

TCI as a system, is applied across a whole organisation and should not be solely an individual staff member’s method of providing crisis support. TCI recognises that adults have significant influence over children and young people, and that they have an important role to play in their responses to a young person experiencing crisis and their eventual recovery.

There are five key elements of TCI:	
1.	Organisational support & leadership – Knowledge of crisis and how to respond to and manage it, should be clearly articulated in organisation’s policies, procedures and guidelines. Staff throughout an organisation or service should know how to prevent, de-escalate and contain a young person’s crisis behaviour. This should be supported by a framework within the organisation that values informed and developmentally-appropriate practice. Because TCI requires implementation within all levels of an organisation, support for TCI from executive leadership is vital to its successful implementation.
2.	Clinical participation – Developing and implementing an individual crisis management plan is critical to responding appropriately and therapeutically to a young person in crisis. These plans are most effective when developed collaboratively with the young person and team members.
3.	Supervision and post-crisis response – The provision of reflective and supportive supervision among staff members is important. Supervision should involve supervisors who are fully trained in prevention, de-escalation and intervention techniques, and can provide supervision to other staff members. All young people and staff should receive immediate support and debriefing following a crisis in a way that fosters ongoing discussion and learning from crisis incidents. The embedding of this supervision process, supports a professional environment that has reasonable and realistic timeframes and goals for staff responding to young people’s needs, as well as accountability and support at all levels of the organisation.
4.	Training and competency standards – The provision of comprehensive training and professional development in crisis management, prevention and de-escalation, as well as ongoing best-practice and evidence-based training should be provided to all staff. TCI training has stringent requirements that must be adhered to in order to ensure training is appropriate and effective. This should be refreshed semi-annually at a minimum.
5.	Documentation and feedback – Documentation and feedback to all levels of staff regarding instances of crisis are important to allow the organisation to review and improve upon individual organisational practice.

Implementing TCI in a service has the ability to result in:

- Increased knowledge and skills of staff to appropriately and effectively handle crisis
- Improved confidence of staff to handle crisis situations
- Improved consistency in responding to crisis among staff
- Reduction in fighting, serious verbal abuse, restraint and assault incidents.

SOURCE:
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YOUTH-FOCUSED HOMELESSNESS PRACTICE

Providing services to young people experiencing homelessness is necessarily distinct from service provision for a more general, adult-aged homeless population. Youth-focused practice must take into account developmental differences between young people and adults, and how experience of homelessness can impact emotional and behaviour development, as well as the limited ability of young people experiencing homelessness to develop life skills that can act as both protective factors against and pathways out of homelessness.

Research from the Australian Housing and Urban Research Institute found two critical elements of youth-focused practice, engagement with individual young people, and service accessibility. When these principles are applied at a whole-of-organisation level they can be mutually reinforcing – engagement with clients can inform ways to actively break down service barriers, as well as cultivate a reputation of trust and security for young people. Further elements of youth-focused practice are detailed below.

CONTROL OVER ENVIRONMENTS

Experiencing homelessness as a young person can have a unique emotional effect. Processing the loss of a home is often likened to ‘grief’ in academic research. Young people should be provided safe environments in service provision where they are given the structure and support to control their environment and create a sense of belonging within the environment and with associated people (such as service staff). Underpinning this is the importance of safety within the environment, as this sense of safety is denied to many young people experiencing homelessness. Where this safety is not present, belonging may be thwarted.

MEANINGFUL RELATIONSHIPS AND SUPPORT

Young people experiencing homelessness often lack significant relationships with adults who are able to support them to develop critical life and practical skills, such as those required to navigate the rental market and maintain a tenancy. Research outside of the homelessness sector has found the most critical factor for young people to maintain a rental is the support of a significant adult. Young people should be provided with opportunities to develop relationships with significant adults, and in turn develop practical skills that can support them to

exit homelessness and remain in stable, secure accommodation. This should include financial literacy, independent living skills, and relationship navigation support.

SERVICE ACCESSIBILITY

Young people are often highly reticent to access formal support services and may only seek help after assistance from informal networks has been exhausted or is unavailable. For this reason, youth-focused practice should be proactive in increasing service accessibility and reducing barriers (such as utilising a low-threshold approach). Service accessibility should be promoted through:

- Addressing the importance of identity and belonging
- Implementing active strategies to increase accessibility
- Providing home-like spaces that young people can make their own.

RECOGNITION OF IDENTITY

The experiences and identity formed as a result of homelessness is unique to each young person and this should be acknowledged when developing individual support to young people. Homelessness is often associated with significant hardship, unstable relationships with other people experiencing homelessness, and even resilience in navigating this difficult experience. These experiences have been found by some research to act as barriers to leaving homelessness, especially some social bonds that may undermine attempts to receive support and achieve stability. Youth-focused homelessness practice should be flexible in its ability to respond to relapses and barriers young people face with exiting homelessness and accessing support. Support should acknowledge the individual’s lived experience of homelessness. In acknowledging this experience, pity should be avoided as it has been found to be a particular barrier to effective engagement.

CONSISTENT AND RESPECTFUL SUPPORT

Often young people experiencing homelessness have had a history of negative or abusive experiences with adults and previous supports. This may lead to a lack of trust in available supports and a reticence to engage with a service until trust has been rebuilt. The time taken to build trust may be impacted by the experience of homelessness, trauma, and abuse and should be taken into account in providing youth-focused support. To navigate this, services providing support to young people experiencing homelessness should provide support for a significant period of time, in a way that demonstrates respect for the young person, and in a reliable manner. This may include providing time-unlimited support that allows the young person to engage at a rate they feel comfortable, as well as ensuring mechanisms are in place to ensure a consistent support worker is available to engage with the young person.

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THE TIME TAKEN TO BUILD TRUST MAY BE IMPACTED BY THE EXPERIENCE OF HOMELESSNESS, TRAUMA, AND ABUSE AND SHOULD BE TAKEN INTO ACCOUNT IN PROVIDING YOUTH-FOCUSED SUPPORT.

ST VINCENT DE PAUL

CORE VALUES

Passages’ work is characterised by the seven core values of the St Vincent de Paul Society:

	Commitment	Loyalty in service to our mission, vision and values.
	Compassion	Welcoming and serving all with understanding and without judgement.
	Respect	Service to all regardless of creed, ethnic or social background, health, gender or political opinions.
	Integrity	Promoting, maintaining and adhering to our mission, vision and values.
	Empathy	Establishing relationships based on respect, trust, friendship and perception.
	Advocacy	Working to transform the causes of poverty and challenging the causes of human injustice.
	Courage	Encouraging spiritual growth, welcoming innovation and giving hope for the future.

GLOSSARY

OF TERMS

Advocacy – Advocacy is the process of promoting, supporting and representing the rights and interests of people. It also involves the protection of an individual's rights and interests to get justice. Advocacy can involve acting, speaking or responding on behalf of the person, to ensure they have access to and receive services that meet their individual needs, and respect their right to choose.

At-risk of homelessness – A person is described as at risk of homelessness if they are at risk of losing their accommodation or they are experiencing one or more of a range of factors or triggers that can contribute to homelessness. Risk factors include but are not limited to; relationship/family breakdown, financial stress, mental health, family domestic violence, problematic alcohol, drug or substance use, lack of support etc.

Basic needs – the basic goods and services necessary for a minimum standard of living i.e food, shelter, clothing, sanitation etc.

Capacity for change – the ability of an individual to make a decision to amend or change a situation often determined by their ability to understand and retain information, weigh up information available, communicate decisions and level of consciousness.

Case co-ordination – a proactive approach to bringing together support professionals and providers to meet the needs of service users, to ensure that they receive integrated, person-focused care across various settings.

Change talk – Change talk is defined as statements by the client revealing consideration of, motivation for, or commitment to change.

Chronic homelessness – is continuous homelessness for one year or more or four or more episodes of homelessness in the last three years where the combined length of time homeless on those occasions is at least 12 months.

Client – A person who engages with Passages Youth Engagement Hub services.

Client led – A way of thinking and doing things that views the client as equal partners in planning, developing and monitoring care to make sure the care meets their needs.

Collaboration – A cross-sector alliance in which relevant individuals, groups and organisations agree to work together to collectively fulfil the range of obligations, actions and goals within a client's action plan to achieve positive outcomes in the best interests of the individual. Collaborative interagency approaches enable a young person a greater range of choices in terms of support networks and access to a range of information, skills and resources to meet a variety of needs.

Complex needs – Complex needs are not easily defined. They depend on the individual and their situation, and are often referred to as 'multiple unmet needs'. Complex needs can be viewed as a framework for understanding multiple, interlocking needs that span health and social issues.

Complex trauma – in contrast to 'single-incident' trauma, complex trauma is cumulative, repetitive and interpersonally generated, and includes ongoing abuse which occurs in the context of the family and intimate relationships. Complex trauma 'usually involves a fundamental betrayal of trust in primary relationships, because it is often perpetrated by someone known to the victim'.

Continuity of care – the degree to which a series of events is experienced by people as coherent and interconnected over time and consistent with their support needs and preferences. Continuity of care also recognises that an individual's need for support services may go beyond the scope and allocated support period of one particular service and aims to make the transition between support services as streamlined and inclusive as possible.

Coping mechanisms – the strategies people often use in the face of stress and/or trauma to help manage painful or difficult emotions. Coping mechanisms can help people adjust to stressful events while helping them maintain their emotional well-being.

Couch surfing – A general term for moving from one temporary overnight arrangement to another, usually reliant on the goodwill of family, friends or acquaintances.

Crisis – usually associated with a negative or traumatic event or experience, such as a threat, perceived harm, death, or experience that poses physical or emotional harm or trauma.

Crisis Co-regulation – To provide support in a way that reduces stress and risk for the individual experiencing crisis.

Crisis intervention – The methods used to offer short term immediate help to individuals who have experienced an event that produces mental, physical, emotional and behavioural distress.

De-escalation – an intervention during a potentially dangerous, or threatening, situation in an attempt to prevent a person from causing harm to themselves or others.

Discrimination – intentional or unintentional actions that negatively affect people, based on biases and prejudices.

Empowerment – helping people to help themselves and better manage their lives.

Goals – Statements the client agrees to about what they expect to achieve. Goals may be crisis, short-term, medium-term and long-term.

Harm minimisation/harm reduction – 'policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.'

Help seeking – the process of finding and receiving support from others.

Holistic approach – An approach that emphasises the need to look at the whole person and consider their physical, environmental, emotional, social, spiritual and lifestyle situation. To achieve this, you attempt to understand the interplay of personal, relationship and social factors that affect the current situation for each client. This approach recognises that people need resources, support and knowledge so they can make choices that will better enable them to function in their environment.

Homelessness – is experienced when a person does not have a home in which you have shelter, can exercise control over a physical area, can maintain privacy and enjoy social relations and have legal title through tenancy rights or ownership. It includes rough sleeping on the streets, parks, cars, squats, stays in supported accommodation for the homeless, couch surfing (individuals and families staying temporarily with others), living in boarding and rooming houses without private facilities and security of tenure, and heavy reliance on short-term stays in motels, hotels and other forms of temporary lodging.

Hub – An engaging, welcoming space that promotes individuals access to services, activities, support structures, learning options and social opportunities in a familiar, safe and inclusive place that fosters a culture of collaboration between service providers to effectively meet the needs of service users. The inclusion of formal spaces with the capacity for community activities as well as spaces for informal gathering greatly enhances community engagement, belonging and social interaction.

Informed choice – is when a person is given options to choose from several support services, treatments, tests etc., knowing the details, benefits, risks and expected outcome of each

Life skills – these are the skills that are essential for living independently and includes skills such as managing money, shopping, cooking, etc.

Life space interview – a behavioural management technique used between staff and service users following crisis/challenging behaviour to foster ongoing discussion and learning from crisis incidents encouraging productive coping mechanisms for future crises and rebuilding any potentially broken relationships.

Marginalised – when people or groups of people are pushed to the margins of a given society due to poverty, disability, lack of education, also by racism or discrimination due to origin, ethnicity, religion, sexual orientation, etc.

Outcomes – a measurable change or benefit to an individual. It may be either an increase in a desired behaviour or a decrease in an undesired behaviour. It may also refer to an improvement in circumstances or psycho-emotional measures.

Outreach – the activity of process of bringing information or service to people who might not otherwise have access to those services. A key component of outreach is that the groups providing it are not stationary, but mobile.

Person centred – An approach that keeps the focus on the client's wishes/needs and aspirations. It gives a worker flexibility to work with the client in a partnership that results consistently in responses that address their specific needs in a way they accept.

Positive behaviour support plan – a collaborative and therapeutic support tool that aims to; observe and measure behaviour, identify what causes or contributes to behaviour, identify appropriate responses to challenging behaviour to avoid further harm/escalation and choose possible approaches and strategies for change.

Primary homelessness – is experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings).

Referral – the act of directing someone to a different place or person for information, help, or action, often to a person or group with more specialised skills in a certain area.

Rough sleeping – is living without shelter or improvised dwellings such as sleeping on the streets and parks, in tents, in caves, in cars and in squats or on buses and trains and in buildings not designed for residential use.

Secondary homelessness – is experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, “couch surfing”).

Self-regulation – the ability to manage emotions, behaviours and reactions in accordance with the demands of the situation. It includes being able to resist highly emotional reactions to upsetting stimuli, to calm yourself down when you get upset, to adjust to a change in expectations and to handle frustration without an outburst.

Service providers – for the purpose of this document, service providers include those who currently work with people who are homeless or at-risk of homelessness or those services considered relevant for the purposes of supporting young people. It incorporates generalist and specialist service providers, government agencies, non-profit organisations and private sector service providers.

Social exclusion – Refers to the complex compound of disadvantages which can act to marginalise a person in terms of their access to resources and their capacity to be involved in their community.

Social inclusion – In the Australian policy context, social inclusion is conceptualised as the opportunity to participate in society through employment and access to services, connect with family, friends and the local community, deal with personal crises and be heard.

Social isolation – Social isolation describes the absence of social contact and can lead to loneliness. It is a state of being cut off from normal social networks, which can be triggered by factors such as loss of mobility, unemployment, or health issues.

Social participation – meaningful participation and inclusion in your community by meeting new people, enhancing relationships, trying new activities, exploring your community and identifying opportunities for your personal growth and development

Specialist homelessness service – Services that work to help people who are homeless or at risk of homelessness.

Specialist support service – Services that address specific needs, such as domestic violence or mental health services.

Stages of change – incremental processes that people pass through as they change a particular behaviour.

Street present – is a much wider term than rough sleeping, taking into account the street lifestyles of some people who may not actually sleep on the streets.

Strength based – A strengths-based approach recognises the resilience of individuals and focuses on the potential strengths, abilities, knowledge, interests and capacity rather than their limits.

Substance use – refers to all types of drug and alcohol use.

Tertiary homelessness – is experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).

Time-unlimited – where a service has no set support periods defined and a client can access the service as many times as they require and for as long as they wish.

Wrap-around – refers to a service delivery model that is a team-based, collaborative case management approach.

Youth work – “Youth work is a practice that places young people and their interests first. Youth work is a relational practice, where the youth worker operates alongside the young person in their context. Youth work is an empowering practice that advocates for and facilitates a young person’s independence, participation in society, connectedness and realisation of their rights”.

Youth worker – a person whose job involves working with and supporting young people, either individually or in groups, by developing and facilitating programmes that address social, behavioural, welfare, developmental and protection needs.

**PASSAGES FILLS A TRULY
UNIQUE ROLE IN THE WESTERN
AUSTRALIAN YOUTH SERVICES
SYSTEM. WE PROVIDE SUPPORT
TO A POPULATION OF YOUNG
PEOPLE WHO ARE STREET PRESENT,
VULNERABLE, TYPICALLY IN CRISIS,
AND HAVE NO OTHER SERVICE
OPTIONS OR SUPPORT TO MEET
THEIR BASIC NEEDS.**



Perth

143 Edward Street,
Perth WA 6000

P (08) 9228 1478
F (08) 9228 9572

E passages@svdpwa.org.au

Peel

20 Davey Street,
Mandurah WA 6210

P (08) 9583 5160
F (08) 9583 5170

E passages@svdpwa.org.au