

**LOOKING FOR GOOD PRACTICE AND OPTIMAL SERVICES FOR YOUTH
FACING HOMELESSNESS WITH COMPLEX CARE NEEDS AND HIGH RISK
OR CHALLENGING BEHAVIOUR**

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SUMMARY

This study employed qualitative research methodology informed by the grounded theory tradition to explore good practice and optimal services for young people presenting with complex care needs associated with challenging or high risk behaviour. In-depth interviews were conducted in three waves of data collection and analysis with fourteen experienced practitioners whose careers have included sustained periods of work with this group in a number of selected Victorian service systems.

The principal vantage point was the interface between the supported accommodation and assistance programs for homeless young people, statutory child protection and care, placement and support programs for young people at risk and juvenile justice programs for young offenders. The nature of the problem necessarily included some consideration of mental health and services dealing with substance abuse.

The findings propose a view of good practice giving emphasis to the accessible and assertive presence of a responsible adult to “be there” fostering relationships and skilled purposive intervention. Intervention should be planned, holistic, sensitive and responsive to particular needs. It provides active unconditional care. It attends to attachment and trauma concerns and works with short run goals and a long term perspective. Intervention is sustained until constructive disengagement can occur.

The complexity and challenge in the task of helping hurt youth warrants the support, strength and guidance of a multi-skilled team. Ideally the team will be described using normative terms. Optimal services are timely, congruent, seamless and robust in capacity to nurture, establish boundaries and meet developmental and therapeutic requirements. They should be connected to a community and there for as long as it takes, with ready access to suitable accommodation, purchasing power and flexibility of operation. To the greatest extent possible solutions are generated in the place where help is sought. Voluntary service commitment lasts till personal capacity and natural networks take over.

STATEMENT OF AUTHORSHIP

Except where reference is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from the thesis submitted for the award of any other degree or diploma.

No other person's work has been used without due acknowledgement in the main text of the thesis.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis were approved by the Ethics Committee of Berry Street Victoria on 20 October 2005, the Faculty of Health Sciences Human Ethics Committee on 7 February 2006 (FHEC05/188) and the Human Research Ethics Committee of the Department of Human Services, Victoria on 1 March 2006 (HREC 01/06).

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Signed: Lloyd S. Owen Date:

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