What works for children experiencing homelessness and/or family/domestic violence?

An Abridged Report

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EXECUTIVE SUMMARY

The facts

- Children and young people are over-represented in homelessness service system, especially those under 12 years of age.
- The experience of homelessness and/or family/domestic violence can have a profound impact on children's:
    - health and wellbeing,
    - their engagement with school and their capacity to learn, and
    - their connections to family, friends and the wider community.

Current policy and service response

The current policy and service response is fragmented; indeed, funding and resources across the sectors are not sufficient to support the needs of children in a consistent and systematic way (Mission Australia, 2011). Overall,

- No consistent role out of programs or services, and there is no clear co-ordination between key, related National Strategies, and
- State and Territory strategies for these children are poorly developed.

Service system gaps

The gaps or problems in the service system include:

- a lack of services specifically targeted at children, particularly in mental health,
- service system is fragmented and discourages the consideration of children's educational needs,
- silos operate in service system generally, which prevents a comprehensive approach to the needs of children,
- transitional accommodation is not sensitive to the needs of children and can inadvertently re-traumatise them,
- according to workers in the homelessness sector the child protection system is unresponsive to the concerns of families who are homeless; and that it can actually disadvantage them - families are reluctant to fully disclose their circumstances, particularly fearing that their children will be removed (Nette and Mallett, 2013).

Improving policy response

A national framework informed by child and family-centered practice is needed to addresses the needs of children who experience homelessness and/or family/domestic violence. The framework should articulate how to:

- prevent families and children from becoming homeless,
- intervene early to stabilise housing where it is precarious, and
- better support children and families who are in crisis particularly where it involves homelessness and family/domestic violence.

Improving service response

A child-centered approach

Six principles (Thomas 2007) were identified for working with children in a child-centered way:

- Acting in the best interests of the child
- Engaging with children through the use of play techniques and by providing space
- Giving reassurance that the child is not alone, responsible, or to blame
- Feeling genuine empathy and respect for children
- Working at a level appropriate to the child's developmental capabilities
- Checking children's understanding of events.

Ensuring positive outcomes for children requires:

- Think family – parent-child relationship key factor to enabling positive outcomes for children,
- Therapeutic considerations – impact of trauma needs to be considered,
- Collaboration and partnerships – different levels of need among children and families,
- Relationships central to service provision,
- Screening, assessment and triage – these help identify issues and develop a better understanding of the demand for services,
- Skills and training – better capacity and increased resourcing so that services can more effectively respond to the needs of children.

Research

Overall, there is a lack of existing research that explicitly identifies interventions and approaches that address the needs of children who have experienced *both* homelessness and family/domestic violence. Indeed, the research and service literature reflects a clear divide and between the two service sectors.

The lack of rigorous evaluations of interventions and approaches used to work with children in both sectors means that evidence-based practice is extremely limited. The few studies or evaluations available have methodological difficulties. These two issues mean that findings are indicative rather than conclusive evidence of effective practice with children.

1. PURPOSE OF THIS REPORT

This report provides an overview of the key findings from a two-part study that examined the range of policies and interventions designed to support and improve outcomes for children affected by homelessness and/or family/domestic violence.

The two-part study: What works for children experiencing homelessness and/or family/domestic violence, includes a Literature Synthesis and a Resource Guide.

Part 1: Literature Synthesis is a review of peer reviewed and grey literatures (government and community agency reports) on effective service models and practices with children under 12 and their caregivers who have experienced homelessness and/or family/domestic violence. Its purpose is to identify the means by which interventions achieve positive outcomes for this target population. The Part 1 report also briefly outlines the impact of homelessness and/or family violence on children.

Part 2: Resource Guide maps Australian programs, service interventions and practice for children 12 years of age and under experiencing homelessness and/or family violence.

Both reports are available online at: www.hanover.org.au.

2. AIMS OF THE STUDY

Funded by FaHCSIA under the Child Aware Approaches Initiative, the broader study aimed:
- To understand the purpose and intended outcomes of service and practice approaches with children and their care-givers who have experienced homelessness and/or family violence,
- To identify what types of service models are effective with this population,
- To document and disseminate information about a range of service models and practice tools as a means of improving service responses for this population, and
- To provide evidence about practice that can inform the development of effective policy and programs for this population

3. WHY ARE THESE ISSUES IMPORTANT?

Following the Federal Government's White Paper on homelessness, the *Road Home* (2008), policy makers and service providers alike have recognized the effects of homelessness and family violence on children as well as their particular service needs.

To date, however, service responses across the States and Territories to children in the family violence and homelessness service sectors have been extremely limited, unevenly distributed and poorly integrated with programs in the child protection and family support services sectors.

Importantly, there has been little consensus in the homelessness and family violence sectors about the service models and approaches that should be employed with these children and their care-givers, and little discussion about which service sectors should deliver these responses.

While there is an emerging evidence base about the short and long term effects of homelessness and violence on these children (Moore et al, 2006; Kirkman et al, 2009; Keys, 2009. Kolar, 2004), the evidence about what works to prevent the long term disadvantage and disengagement that can flow from these experiences is both limited and fragmented.

It is essential that we document existing policy, service models and practice in Australia and overseas. Why? Because this evidence base will help influence service reform and effective approaches with vulnerable children, especially those with experience of homelessness and family/domestic violence.

4. HOW IS HOMELESSNESS DEFINED?

The ABS defines a person as homeless if they do not have suitable accommodation options and their current living arrangement:
- is in a dwelling that is inadequate, or
- has no tenure, or if their initial tenure is short and not extendable, or

- does not allow them to have control of, and access to space for social relations (ABS 2011, 2049.0)

5. HOMELESSNESS IN AUSTRALIA

Two key sources of evidence on homelessness in Australia are:

- ABS Census of Population and Housing: Estimating Homelessness (point in time estimation) and
- Supported Accommodation and Assistance Program (pre July 2011) / Specialist Homelessness Services Collection (post July 2011) administrative data.

How many people were homeless on Census night 2011?

An estimated 105,237 people were homeless on Census night 2011:

- 22,789 (22%) were homeless in Victoria,
- 26,744 (25%) were Indigenous people.

How many people used specialist homelessness services?

Across Australia, an estimated 229,247 people accessed specialist homelessness services (SHS, formerly SAAP) over a 12 month period in 2011-12:

- Just over a third of this group (34% or 76,950) were in Victoria, which recorded the highest number of people accessing specialist services (AIHW 2012:9).
- Indigenous clients accounted for 22% of clients who accessed specialist services (excludes those who did not disclose Indigenous status) (AIHW 2012, Table S2.4).

6. CHILDREN AND HOMELESSNESS

The total number of children and young people (0 to 18 years) homeless across Australia on Census night was 28,758 (in Victoria, the figure was 5,920):

- Almost two-thirds were under the age of 12 (62% Australia, 61% Victoria).
- In specialist homelessness services, a total of 67,277 children and young people were aged 0 to 17 years, which accounted for 29% of all clients (N=229,247):
- More than half (58%) of the 67,277 were aged under 10,
- In Victoria, 20% (or 15,503) were aged under 18 with 56% aged under 10.
- Of all Indigenous clients in specialist homelessness services, 17,492 (40%) were aged under 18; in Victoria, it was 1,483 (28%):

- Indigenous children under 10 accounted for the majority of those aged under 18 (nationally 64%; in Victoria 58%) (AIHW 2012, Table Vic2.2).

It is recognized that young people and Indigenous people are underestimated in the Census (ABS 2011); also in the Specialist Homelessness Collection, Indigenous status is not always reported (AIHW 2012).

Children experiencing homelessness - a growing problem

Between 2006 and 2011, there was a 14% increase in children under 12 years of age who were homeless on Census night 2011 (ABS 2011 Census).

Why are children homeless?

Children, in general, experience homelessness when their family becomes homeless. The causes include both structural factors such as:

- poverty,
- unemployment and
- the crisis in affordable housing.

And there are the more personal or familial factors, which include:

- financial difficulties,
- eviction,
- substance abuse,
- health problems,
- relationship breakdown, and
- family/domestic violence.

7. CHILDREN AND FAMILY/DOMESTIC VIOLENCE

Homelessness and family/domestic violence are two issues that frequently go hand in hand (Spinney, 2012). This is what Spinney refers to as a 'double whammy' of disadvantage.

Family/domestic violence is one of the main triggers of homelessness (Homelessness Taskforce, 2008) and the main reason why women and children escape from their homes in Australia (AIHW, 2012:14; Spinney & Blandy, 2011):

- For 33% of all children in a specialist homelessness service, family/domestic violence was recorded as the main reason for seeking assistance (AIHW 2012:44).

- Other main reasons included 'housing crisis' (12%), followed by 'inadequate and inappropriate dwelling conditions' (9%) and 'financial difficulties (9%) (AIHW 2012:44).

8. IMPACT OF HOMELESSNESS & FAMILY/DOMESTIC VIOLENCE ON CHILDREN

Homelessness

An accumulating Australian evidence base is emerging on the short and long term effects of homelessness children, which can be divided into four main areas (Barker et al, 2013; Keys, 2009; Kirkman et al, 2009; Kolar 2004):

- **Health and well being**- stress, anxiety, physical issues, dental health, asthma and skin problems - respiratory, ear and infectious diseases in particular,
- Family relationships- conflict,
- Engagement with school/ early learning
- Greater risk for developmental and language delay among pre-schoolers,
- Mobility makes it harder to identify children' learning or special needs,
- Lost learning time,
- Concentration on learning effected,
- **Community** - disconnected from peers

Family/domestic violence

Family/domestic violence can involve a range of different experiences for children such as: experiencing violence directly, hearing conflict in another room and/or seeing the aftermath the following day (Helmer-Desjarlais, 2010). The impact on children can be profound and includes (Barker et al, 2013):

- Emotional and behavioural issues,
- Post traumatic stress, and
- **Parent-child relationship difficulties** (violence can impact on a parent's capacity to parent).

9. RESPONDING TO THE NEEDS OF VULNERABLE CHILDREN

Policy context

In Australia, the Commonwealth agency overseeing service system responses for children 12 and under who experience homelessness and/or family violence is the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA).

In December 2008, the Australian Government released its White Paper: The Road Home: A National Approach to Reducing Homelessness, which set the strategic agenda for reducing homelessness by 2020.

Acknowledging the increasing number of families and children who are becoming homeless, the White Paper states that "the potential impact of homelessness on young children is extremely serious and can only be addressed by a specific focus on their needs" (Commonwealth of Australia, 2008:11)

Two key interim targets for 2013 focused on children are:
- The number of children who are homeless or at risk of homelessness provided with additional support and engaged in education is increased by 50 percent.
- The number of families who are homeless or at risk of homelessness who receive financial advice, counselling and/or case management is increased by 25 percent (Commonwealth of Australia, 2008:18).

The needs of vulnerable children have been recognised in 5 key National Plans:
- National Partnership Agreement on Homelessness (NPAH),
- National Plan to Reduce Violence against Women and their Children (2010-2022),
- National Framework for Protecting Australia's Children (2009-2020),
- The National Early Childhood Development Strategy, and
- Closing the Gap on Indigenous Disadvantage.

National Partnership Agreement on Homelessness (NPAH)

The NPAH was developed to achieve the White Paper targets; it outlines the roles and responsibilities of federal and state/territory governments regarding tackling and preventing homelessness.

While all State and Territory governments have explicitly recognised the importance of addressing children's issues resulting from homelessness and family/domestic violence, only Victoria, South Australia and Western Australia have developed specific responses to the needs of children in their NPAH implementation plans (Nette and Mallett, 2013):

- **Victoria** - Of all the State and Territories, Victoria has the most comprehensive and longstanding service response to children in the homelessness and family/domestic violence sectors. Child FIRST (Family Information, Referral and Support Teams) established in 2007 in nine sites as a single entry point to child and family support services, including homelessness, family/domestic violence and child protection). Children's Resource Workers across all Department of Human Services (DHS) regions; in 2010, the Children's Specialist Support Service established in half of the DHS regions and focused explicitly on case management for children entering homelessness and family/domestic violence services.

- **South Australia** – Together for Kids is a state-wide program that specifically supports children experiencing homelessness and/or family/domestic violence, requiring individual assessment and case management for every accompanying child. Child aware practice is a key criterion for organisations applying for state homelessness funding.

- **Western Australia** – Most programs addressing the needs of children 12 and under are delivered through the family/domestic violence sector; a number of refuges have as part of their service response a worker focusing on the needs of children. The only comprehensive service response identified is the Patricia Giles Children's Counselling Service. This delivers therapeutic counselling for children who have experienced family violence across ten refuges in the Perth metropolitan area.

These initiatives are not implemented state-wide; rather they have tended to be pilots that were selectively rolled out. Indeed, overall, service responses across the States and Territories to children in the homelessness and family/domestic violence service sectors have been extremely limited, unevenly distributed and poorly integrated with programs in the family support sector and child protection.

Child FIRST, for example, was introduced to overcome some of these problems. It was initially envisaged as a broad overlaying program and a bridge between child protection and other service systems. However, workers in the homelessness and family/domestic violence sectors believe that the initiative has developed into a purely child protection focused response. Workers have also experienced difficulty with referring children into the Child FIRST program (Nette and Mallett, 2013).

Research

Homelessness evidence base

Within the homelessness field, there is extensive literature that outlines the scope of the problem, identifies risk factors and causes, and/or describes characteristics and needs of people experiencing homelessness. However, rigorous evaluations of interventions and approaches responding to the unique needs of these populations are largely absent.

It is only relatively recently that the homelessness field has acknowledged that children should be recognised as clients in their own right with particular needs associated with their homelessness experience.

Domestic/family violence evidence base

Within the field of family/domestic violence there is sparse literature and research addressing interventions with children exposed to family violence (Graham-Bermann & Hughes, 2003; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007; Onyskiw, 2003).

Since 2000 there has been a shift in emphasis in the literature towards planning and evaluating interventions across a broad range of outcomes, rather than an emphasis on individual symptom reduction (Graham-Bermann & Hughes, 2003). This change reflects the recognition of the diverse range of factors that impact on the lives of children exposed to family/domestic violence.

Service system context

Developed out of the NPAH, increases in services for children in the homelessness and/or family/domestic violence sectors have developed largely without reference to the broader family services sector and State based child protection and specialist mental health services.

The growing awareness of the needs of children 12 years of age and under experiencing homelessness and/or family/domestic violence is not matched by an increase in resources. Most services are not resourced to look after the needs of children.

Examples of gaps or problems in the service system include:

- a lack of services specifically targeted at children, particularly in mental health,
- service system is fragmented and discourages the consideration of children's educational needs,
- silos operate in service system generally, which prevents a comprehensive approach to the needs of children,
- transitional accommodation is not sensitive to the needs of children and can inadvertently re-traumatise them,
- according to workers in the homelessness sector the child protection system is unresponsive to the concerns of families who are homeless; and that it can actually disadvantage them - families are reluctant to fully disclose their circumstances, particularly fearing that their children will be removed (Nette and Mallett, 2013).

Current practice

Informed by ecological, holistic approaches, case management is the key mechanism for addressing the needs of families and children who have experienced homelessness. Case management refers to a range of approaches that work to coordinate and facilitate collaboration and support to address the needs of clients.

Paramount for children and families who are homeless is the need for stability, safety and predictability, which is achieved by enabling access to housing, social support and education and early childhood care.

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Play therapy is one of the primary child-centred interventions for working with children who have experienced homelessness. It allows children to deal with anxiety through safe, established and normal practice, which helps to improve self-esteem and reduce anxiety and depression (Barker et al., 2013).

For children affected by family/domestic violence, interventions are focused on development and behaviour issues. Interventions are about developing resilience to enhance coping with trauma, develop coping and social skills, increase self-esteem, develop understanding about family violence, understand and manage emotions, and reduce externalising/internalising behaviour (Barker et al., 2013). Interventions mostly involve group sessions and can target the mother, the child, or the mother and child. The mother and child interventions stand out as the best approach (Barker et al., 2013).

Group work with children experiencing family/domestic violence is the most predominant intervention and includes play and structured education. The benefits include reduced aggression, decreased anxiety and improved social relations with peers. Group work with mothers is focused on: improving their coping, parenting and child management skills, emotional and practical support, and advocacy.

The Resource Guide (Nette and Mallett, 2013) provides a comprehensive guide to the range of interventions targeted at children 12 years of age and under in the homelessness and family/domestic violence sectors.

10. IMPROVING THE SERVICE RESPONSE FOR CHILDREN

A child-centered approach

A child-centered approach gives a voice to the child's experience and recognises the child as the primary client. It has variously been described as child-inclusive or child-led. Research with children has shown that they experience and perceive challenges differently and that a 'one size fits all' service approach does not meet their individual needs (Moore et. al., 2007).

While positive outcomes for parents/caregivers can have benefits for children, if the individual needs of children are not assessed and addressed, then children will struggle to resolve the emotional and physical impacts of trauma on their own (McNamara, 2007).

Thomas (2007) identified six principles for working with children in a child-centred way:

- Acting in the best interests of the child
- Engaging with children through the use of play techniques and by providing space
- Giving reassurance that the child is not alone, responsible, or to blame
- Feeling genuine empathy and respect for children
- Working at a level appropriate to the child's developmental capabilities
- Checking children's understanding of events.

There has been little consensus in the homelessness and family/domestic violence sectors about the service models and approaches that should be employed with these children and their care-givers, and little discussion about which service sectors should deliver these responses.

While there is some agreement on general key principles underlining child-focused interventions, there is also significant confusion and lack of agreement about many aspects of child-focused practice (Nette and Mallett, 2013). Both are summarised below:

Areas of agreement

- Recognition of child as primary client,
- Growing recognition of children as clients in their own right and a commitment to child and family-centred practice
- Child involved in planning and decision-making as much as possible,
- Staff trained to work specifically with children,
- Evidence suggests that work with child's caregiver/parent is effective for achieving positive outcomes for children,
- Group work is common and effective, and
- Children's exposure to trauma makes trauma-informed approaches important.

Areas that lack agreement

- Lack of definition of what child-centred practice entails,
- Lack of common terminology; instead, a range of labels used (eg. child-focused, child aware, child-centred used),
- Lack of clarity about role, timing and content of trauma-informed practice,
- Staff capacity and skills to deliver therapeutic responses, and
- Lack of clarity regarding the nature of involvement of parents/caregivers in child-focused work.

Ensuring positive outcomes for children

Recognised by Scott (2009) and others, early intervention and better support are key to the prevention of long-term disengagement for children. Intermediate and long-term outcomes include: stronger social relationships, improved self-esteem and self-confidence, engagement in education and community connection.

Elements evident from the Literature Synthesis (Barker et al., 2013) include the need to 'think family', therapeutic considerations, collaboration and partnerships, relationships, screening and assessment, skills training for the sectors.

Think family

There is growing recognition of children as clients in their own right and a commitment to child and family-centered practice. The parent-child relationship is a key factor to enabling positive outcomes for children (Barker et al, 2013). Scott (2009) argues that services need to 'think family' which requires the incorporation of both the needs of parents and children. Scott developed a spectrum that places services on a continuum incorporating four elements with 'broad' being the optimum approach; the elements are:

- *Narrow*: Fulfilling core role only and not attentive to the needs of families/children ("families/children are not my concern").
- *Somewhat narrow*: Focus on core role and conduct assessment of needs of families/children which can lead to a referral ("families/children are a concern but someone else's job, refer on").
- *Somewhat broad*: Attentive to needs of family/children, which are incidental, but unavoidable ("Not my core role to address needs of family/children but I have to do it").
- *Broad*: The needs of families/children are an intrinsic part of core role ("families/children are part and parcel of my job").

Therapeutic considerations

Therapeutic interventions for children and parents affected by homelessness and/or family/domestic violence need to be nestled within an integrated care plan that addresses the diverse range of issues, including trauma, that children and families can face (Tischler, et al., 2009).

Collaboration and partnerships

Children and families have various levels of need; some will require intensive support and services and some will not – a 'one size fits all' approach is therefore, not appropriate.

One proposed strategy is to use a consultant model; the model provides a way to support existing services to build the capacity of organisations and develop ways of working with families and children. The expert consultant can support existing services to increase their capacity to respond to families and children generally, but also specifically to particular cases.

Relationship based service provision and support

Relationships involve a range of different parties and are considered central for several interlinked reasons:

- First, the relationship between the mother-child is paramount to facilitating positive outcomes for children and families.
- Second, the relationship between the client(s) and the worker is a key factor in receiving support. The client-worker relationship is a model of a supporting relationship with someone that clients can trust; this is especially important where children are clients, and
- Third, these other relationships act as models or examples of relationships with other people more broadly.

Screening, assessment and triage

Children and families experiencing homelessness and/or family/domestic violence generally fall out of the system due to high levels of mobility. This makes it very difficult to maintain contact with family or mainstream services, particularly health and education (Keys, 2009; Kirkman et al., 2009).

Better screening, assessment and triage would ensure the service response is maximised to assist children and families in the best possible way:

- As children and families have diverse, complex and interlinked needs, which can rarely be met by one service, a comprehensive assessment of clients' needs is essential.
- It is evident that an assessment tool would increase awareness and attention regarding the needs of this population group.
- Assessment enables treatment matching and also data collection.

Skills and training

Research confirms that there is uneven capacity of homelessness services to assess and respond to children's needs (Brown, 2006; Gibson, 2010):

- The level of training and experience working with groups of children within the homelessness sector will have an effect on the outcomes.
- Training in observational skills and basic child and adolescent development for homelessness workers has been recommended.
- Also recommended is support and training from early childhood specialists in order to build confidence and skills in working with children.

Research and practice

Stronger relationships are needed between research and practice; for research to inform practice. There is a need for existing practices to have clearly articulated intervention goals, objectives, tasks and the selection of appropriate measures, which will allow for more rigorous evaluation and feedback on the effectiveness of interventions. There is a clear need for future research and evaluations of programs that specifically address the needs of children who have experienced both homelessness and family/domestic violence.

11. CONCLUSION

Children and young people are over-represented in homelessness service system, especially those under the age of 12 years. The impact of homelessness and/or family/domestic violence can have a profound impact on children's health and wellbeing, their engagement with school, their capacity to learn and their connections to family, friends and the wider community (Barker et al, 2013; Mission Australia, 2011).

The current policy and service response is fragmented; indeed, funding and resources across the sectors are not sufficient to support the needs of children in a consistent and systematic way (Mission Australia, 2011). Overall,

- there is no dedicated national framework or program response,
- no consistent role out of programs or services, and there is no clear co-ordination between key National Strategies, and
- State and Territory strategies are poorly developed.

What is needed therefore is a consistent and nationwide framework that is informed by child and family-centered practice, which addresses the needs of children who experience homelessness and/or family/domestic violence. The framework should articulate how to:

- prevent families and children from becoming homeless,
- intervene early to stabilise housing where it is precarious, and
- better support children and families who are in crisis particularly where it involves homelessness and family/domestic violence.

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