



## **The experiences and effects of family homelessness for children**

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## Summary

This report examines the experience and effects of family homelessness for children.

It is important to acknowledge that many children in Australia also become homeless outside of their family unit, usually as a result of a breakdown in family relationships. The plight of these children is extremely serious and worthy of examination. However, as this literature review was completed to inform the Institute of Child Protection Studies' project, on children and parents' experiences of homelessness in the ACT, the literature review was narrowed to an examination of the issues confronted by children within families experiencing homelessness.

The first section of the report outlines the literature available, both within and outside Australia and highlights the apparent limitations inherent within these.

Section two provides a brief outline of some of the main definitions of homelessness currently used in Australia.

Section three provides a snapshot of the best available data on the numbers and characteristics of children within homeless families and also the reasons that their families have for seeking housing support and assistance.

The pathways leading to family homelessness are explored in more detail in section four, along with some of the key themes that were found in regard to children's experiences of becoming and being homeless.

The main findings from the literature review are reported in section five, which examines the effects that family homelessness has for children. The findings of Australian and overseas studies are used to describe these effects in terms of children's health, emotional and behavioural issues, education, social exclusion, family relationships and overall long term effects.

A special focus has been given in this literature review to examining the important relationship between the child protection system and homeless families (see section 6).

This issue has received little attention from policy makers and researchers in the past. However, this literature review found that it is an extremely significant issue to homeless families and one that merits further investigation.

Much of the literature that was reviewed for this report, focused on what improvements are needed to ensure that children's needs can be met. Section seven examines this area, with an emphasis on what changes need to occur for children to receive appropriate responses from SAAP housing support services. This is followed by a short conclusion summarising the key points of the report.

## 1. Overview of the literature available

### 1.1 Introduction

Over the last decade, it has been widely acknowledged that families are the fastest growing group in the homeless population in Australia. Today, homeless families are estimated to make up approximately a third of Australia's homeless population (AIHW, 2006b).

An examination of the statistics related to children is even more alarming, with children who accompany a parent or guardian making up 36% of all people attending SAAP services (AIHW, 2006b). The majority of these children are under 12 years of age (over 86%) and almost half are under 5 years of age (AIHW, 2006b).

Despite these alarming figures, that some have hailed 'a national shame' (Nicholson, 2006), children within homeless families have largely remained a hidden group. Children's issues and needs have not been given the consideration that they deserve by researchers and policy makers alike.

Many reports dealing with family homelessness, and indeed service responses to these families, have concentrated on parents' experiences, issues and needs, with children's experiences given little thought and attention. On the other side of the coin, the majority of research into homeless children has largely concentrated on homeless youth experiencing homelessness as individuals. For example, the seminal report completed on Australia's homeless children, commonly referred to as the 'Burdekin report' (Human Rights and Equal Opportunity Commission, 1989), acknowledged that 'there is a growing number of children who are homeless because the whole family cannot obtain adequate shelter', but excluded the issues facing these children from their report.

In fact, apart from the efforts of a small few, including Hanover Welfare Services in Melbourne, this is an area that has been sorely neglected within research circles in Australia. Therefore, the vast amount of the literature available on the effects of family homelessness on children has come from other countries. Trends of family homelessness

and the resultant issues faced by the children within these families were first noted in North America and Europe in the early 1980s – well before family homelessness was acknowledged in Australia.

This report draws on the key findings of these international studies, but primarily concentrates on literature published within Australia. This approach allows for children's experiences of family homelessness, and their resulting effects and needs, to be examined within the unique landscape of the Australian service system.

## **1.2 Recognising the needs of homeless children in Australia (an overview of the available literature)**

As mentioned above, Hanover Welfare Services in Melbourne have been somewhat of a pioneer in research on family homelessness in Australia. Hanover commissioned the first major study of family homelessness in Australia, completed by Australian Institute of Family Studies. This study examined pathways into homelessness for families and examined what the key policy and service interventions may be to both prevent, and respond to, this issue. The study was exploratory in nature and was completed by interviewing 33 families, including children over 12 years of age (McCaughey, 1992).

To follow-up on the study by McCaughey, which acknowledged the health difficulties experienced by many children in homeless families, Hanover embarked on a study of the impacts of family homelessness on children's health and well-being. This new study used a sample of 51 children chosen randomly from Hanover's client base. The findings highlighted the detrimental outcomes of homelessness that affect children's physical, emotional, social and educational development (Efron et al, 1996).

These reports highlighted that the issues of family homelessness needed to be explored further. This led Hanover to conduct a two year longitudinal study of 30 families with the aim of gaining a better understanding of the pathways out of homelessness and to identify the key issues associated with establishing and maintaining housing and family stability. The study also aimed to identify how children's development and family wellbeing was affected in the long-term after a housing crisis (Kolar, 2004).

Other key research reports completed on family homelessness in Australia that were reviewed for this report included:

- *'A long way from home'*, Bartholomew's 1999 study, which examined the extent and ramifications of homeless families in Victoria. Bartholomew conducted 30 in-depth interviews with families who had been referred to inner city hotel accommodation.
- *'More than just a roof' (2003)* – A study completed by Walsh in Queensland which gathered information from focus groups and interviews with 62 homeless families.
- *'Perth Aboriginal Family Homelessness Study'* completed by Roberts (2003) – a longitudinal study over 15 months examining the effects of homelessness with 61 Aboriginal families.

Importantly, in more recent times, some research has looked at the experience and effects of family homelessness from the child's perspective. These studies have been conducted with children who had experienced stays in women's refuges (Jurak, 2003 and Edwards, 2003).

In fact, a large contribution to the collective knowledge on family homelessness in Australia has come from the homelessness service sector. These have included small scale research studies based on clients' experiences and/or information gathered from services' databases (for example, see Resolve Community Consulting, 2004; McNamara, 2003; St. Luke's Anglicare, 2005) and various reports and articles which reflect on the practice experiences of services (for example, see Toucan Consulting, 2003; RPR Consulting, 2003 and 2005; CanFaCS, 2004).

The practices of the homelessness service sector in Australia are guided by government policy and program guidelines, predominantly under the auspices of the Supported Accommodation Assistance Program (SAAP). SAAP was introduced in 1985 in all states and territories as the main provider of accommodation and support services to homeless people in Australia (Norris et al, 2005).

SAAP services were not set up to meet the needs of children and children in SAAP services are still not recognised as clients in their own right (Wright-Howie, 2006:19; Norris et al, 2005:xi). However, over the last decade there have been many policy and practice developments in SAAP which have resulted in more attention being given to the service needs of children.

“In 1994, the [SAAP] Evaluation Steering Committee identified children accompanying adults as an area for special consideration and commissioned Thomson Goodall Associates to ‘identify issues associated with the needs of children in SAAP funded services’.” (Strategic Partners, 1997).

The findings of the Thomson Goodall report resulted in the Strategic Partners 1997 report, *Case Management with children in SAAP services – a family-oriented approach*. This report was written after extensive consultation which included interviews with 50 children. The report outlined the key obstacles to the effective work with children, and formulated good practice principles for working with children in SAAP services.

SAAP policy is also informed by annual and specially commissioned reports produced by the Australian Institute of Health and Welfare (AIHW). The AIHW is responsible for collecting and collating service statistics on SAAP clients from all SAAP services across Australia. These reports provide the best available data on the number and characteristics of people seeking and receiving housing assistance in Australia.

However, ‘accompanying children’ have only recently been included in the national data collection. “Before 2000-01 only limited data were collected on accompanying children. In 2001-02, the Client Collection was changed so that more information could be reported. Until that time, reliable estimates of the number of children accompanying clients into SAAP agencies were not available” (AIHW, 2006b). In addition to annual collections, two special collections have been conducted, which provide more information about children’s circumstances and use of services (see AIHW, 1999 and AIHW, 2004).

Arguably the report that provided the most comprehensive and current overview of children in SAAP was the specially commissioned report completed by the Social Policy Research Centre published in August 2005 (see Norris et al, 2005).

The Social Policy Research Centre report also outlined the growing commitment shown by Australian governments to children from homeless families. Children are now identified as a key target group in the federal government's national homelessness strategy (see CACH, 2001; CACH 2003).

The ACT government has also made a strong commitment to improve the circumstances of homeless families and to the supports and service responses provided to the children within these families (Department of Disability, Housing and Community ACT, 2003).

### **1.3 Limitations of the available literature**

As has been demonstrated above, exploring the effects of family homelessness on children is a new and emerging area for policy and research. Therefore, this literature review has relied upon a limited number of studies that have often been exploratory in nature due to low sample sizes.

There are also a number of additional limitations inherent within the available Australian and overseas literature. Some of these limitations are outlined below and they should be given careful consideration when reading the remainder of this report.

#### **1.3.1 Exclusion of children from research**

Children are rarely included in studies that purport to explain their experiences and the effects of family homelessness. In the majority of cases, especially in the limited number of studies completed in Australia, parents were relied upon to provide information on their child's behalf (for example see, Efron, 1996; Bartholomew, 1999; Kolar, 2004; Walsh, 2003; Roberts, 2003; Phibbs and Young cited in AHURI, 2004).

A large amount of literature now exists to reinforce children's rights and competencies, as well as the ethical responsibility of including children in research projects which seek to gain an understanding of their experiences and issues (see the first literature review written for this project). In addition to this, there are a number of other reasons why homeless parents may not be best placed to provide an accurate account of their child's experience. These include:

- Parents wishing to 'normalise' their children's behaviour due to fears of child protection intervention or being perceived as 'bad parents'. These fears were often cited in the literature as being widespread amongst parents in homeless families (for example, see Resolve Community Consulting, 2004:15; Bartholomew, 1996:126; Walsh, 2003:46; RPR Consulting, 2005:6; Kolar, 2004).
- Some parents may want to emphasise their child's problems in the hope of being provided with services or assistance to deal with these issues.

The literature often cited that one of parents' main needs was help with their child's behavioural problems (eg. Walsh, 2003:44). However, parenting and other family support services are severely lacking (ACTCOSS, 2002:59-61).

- The personal issues confronting parents (including the stress of their homelessness) may hinder their ability to accurately assess their children's experiences and issues.

Kolar (2004:71) acknowledged that in their study, "it is possible that the stress and struggle of daily life may have had some influence on how some parents had perceived their child's temperament and behaviour".

### **1.3.2 Widespread use of standardised measuring tools and scales**

As well as relying on descriptive accounts provided by parents, many studies have relied upon parents completing various health and psychological standardised measuring tools or scales. One of the most prominent tools used in many studies completed in the USA

and which was also used by Efron and colleagues (1996) in Australia, was Achenbach's (1991) Child Behaviour Checklist.

Although providing useful and easily quantifiable data, such tools should be used with caution. Many commentators, including Molnar and Rath (1990 cited in Douglass, 1996) note that they lack reliability and validity data for culturally and economic diverse groups. This is an important observation, as family homelessness in Australia is synonymous with poverty and characterised by high numbers of Indigenous people.

### **1.3.3. Age of children studied**

Older or adolescent children are significantly under-represented in the family homelessness population. This, in itself, received little attention and investigation by researchers and we are left with little guidance to ponder the reasons behind the young ages of accompanying children and their parents.

Due to their under-representation in the family homeless population, there has been very little research on adolescents who are homeless with their families. Most of the studies examined for this literature review focused on the issues confronting primary school aged children.

### **1.3.4. Problems with establishing direct cause and effect relationships with homelessness**

Direct causal links between the health and wellbeing of homeless children and their experience of homelessness are very difficult to establish. Much of the research completed in the USA in the 1980s, and more recently in Australia, purport to provide proof of the detrimental effects that the homeless experience has for children. Some of the findings have indeed been compelling and include:

- Studies finding that homeless children fair worse than their housed counterparts, of a similar age, on measures including developmental status, behaviour problems, school performance and health (see Bassuk & Rosenberg 1990 and Molnar et al 1991 cited in Buckner & Bassuk,1999:162; Efron, 1996:7);

- Studies that find homeless children are worse off in health, social, emotional and behavioural measures than their housed counterparts who are also experiencing poverty (Hausman & Hammen, 1993; Masten 1990 and Wright, 1993 all cited in Bartholomew, 1999:90-91);
- Direct correlations with the number of housing moves and negative effects experienced by children (Efron, 1996:7; Bahro, 1996:222); and
- Positive relationships found between housing stability and improvement in child outcomes such as health, general behaviour, family relationships, schooling and levels of social interaction (Kolar, 2005:5; Phibbs and Young, 2004 cited in AHURI, 2004).

However, recent research from the USA has questioned the fact that other co-existing issues, often found in homeless populations, had been excluded as possible causal factors from many of the above studies. All researchers would acknowledge that homeless children are often faced with multiple issues, including poverty, domestic and family violence, abuse and living with parents who may have mental health issues or drug and alcohol dependencies. Some research in the USA is now looking for and finding that other factors such as mother's psychological distress are more significant than housing status to children's outcomes (eg. Bassuk et al 1997; Masten et al 1993 cited in Buckner and Bassuk, 1999:163).

It should also be noted that much of this so-called 'second generation' of research in the USA, which began in the 1990s, has also failed to show the same magnitude of differences between homeless and housed children (eg. Boyd et al, 2003; Garcia, Coll, Buckner, Brooks, Weinreb & Bassuk 1998; Zeisner, Marcoux & Marwell, 1994 all cited in Haber & Toro, 2004:137).

No-one seems to be disputing the pervasive effects that homelessness may have for children. Rather this new research highlights the fact that the impact of homelessness on children needs to be understood as just one of a number of acute events and chronic stressors affecting children living in poverty (Buckner and Bassuk, 1999:164).

### **1.3.5 Over-reliance on statistical data in the Australian context**

Some commentators have noted that there continues to be an over-reliance on data collections (predominantly from SAAP services) to identify the characteristics and needs of homeless children in Australia (Parnell et al, 1999:14).

The lack of any coordinated public discourse on policy and practice issues regarding children and homelessness (Wright-Howie, 2006) and the scarcity of data available on this issue has led many of the research reports published within Australia to rely predominantly upon data collected and collated from Australia's SAAP agencies.

In Australia what we espouse to know about the number and characteristics of homeless people, the precipitating factors leading into homelessness and the various service needs of this group, has largely been elicited from data on, or studies done within, the SAAP service sector. This is a concern, as there are a number of issues (outlined below) which bring into question the reliability and validity of national and regional SAAP data reports and research which is confined to the study of SAAP clients.

### **1.3.6 Problems with the statistical data in Australia**

The main problem with our over-reliance on SAAP data was outlined succinctly by Norris and colleagues (2005:7) when they stated, "data on the use of SAAP services captures only a part of the homeless population...many homeless people do not use SAAP services and many others are turned away because their services are full". Available data also indicates that those who are turned away from SAAP services "do not make repeated attempts if they fail initially" (AIHW, 2006a:66).

Therefore, relying on SAAP data provides us with only a very small part of an important story. Homeless children are likely to be found in a number of different settings, experiencing a number of different issues, many of which we know little about. For example, ABS Census data indicates that "out of homeless Australians approximately half are staying temporarily with relatives and friends; 20% are living in boarding houses and other temporary accommodation; 15% are sleeping rough on the streets of our cities

and towns; [and only] 15% find a bed in the homeless service system” (AFHO, March 2006b).

We can only conclude that many homeless children may never enter SAAP services, and that these children are destined to remain ‘hidden’ from policy makers, researchers and service providers alike. Indeed, what happens to these children and whether or not their experiences and outcomes are different from those who receive accommodation and support from SAAP is an important question that is left unanswered.

Adding to the large population of homeless children missing from the data, is the fact that there is little guarantee that the children actually attending SAAP services will have their basic details and needs recorded accurately in data collections. Due to many collection issues - not least of which is that children have been made a very recent addition to SAAP data collection forms - some children may be omitted from forms altogether. Where they are included, it is unlikely that their needs would be accurately recorded because very few, if any, have their needs accurately assessed in the first place (Strategic Partners, 1997:19).

Another limitation noted with the SAAP data is that it may be more indicative of the funding priorities and allocations of the government, than of the actual homeless population. We can not be sure to what extent SAAP services are meeting the current level of need or whether the fact that there are very few services for some groups (ie. single fathers) equates to these groups being less likely to seek assistance from the SAAP service sector in the first place (and therefore remain under-represented in the data).

## 2. Definitions of homelessness

Heintjes (2005:1) states that “one of the few definitive statements that can be made about ‘homelessness’ as a concept is that it is complex, problematic and difficult to define”.

In light of the above quote, it is not surprising that the debate on appropriate definitions of homelessness takes up a significant part of the literature on homelessness in Australia. It therefore seems appropriate to provide a brief outline of the most common definitions that are currently used as a basis for research, policy and service provision on homelessness in Australia.

The most accepted and pervasive definition in use was developed by Chamberlain and McKenzie in 1992. Chamberlain and MacKenzie’s definition has been described as a ‘cultural definition’ of homelessness, in that it recognises that homelessness is a socially constructed concept (CanFaCS, 2004:13). This definition has been adopted by the Australian Bureau of Statistics (ABS) as the basis of counting homelessness.

Chamberlain and McKenzie (1999 cited in Walsh, 2003:19) identified three segments in the homeless population:

### *Primary homelessness*

People without conventional accommodation, such as those living on the streets, sleeping in parks, squatting in derelict buildings, or using cars or railway carriages for temporary shelter.

### *Secondary homelessness*

People who move frequently from one form of temporary accommodation to another. This group includes people using emergency accommodation (such as crisis shelters); young people staying in youth refuges; women and children escaping domestic violence (staying in women’s refuges); people staying temporarily with other households (because they have no accommodation of their own); and those using boarding houses on an occasional or intermittent basis.

### *Tertiary homelessness*

People who live in boarding houses on a medium to long-term basis. Residents of private boarding houses do not have a separate bedroom and living room; they do not have kitchen and bathroom facilities of their own; their accommodation is not self-contained; and they do not have security of tenure provided by a lease.

The other most widely used definition in Australia is the SAAP service delivery based definition of homelessness. The SAAP definition is used to define *who* is eligible for support, and as such includes people who may be seen, or who see themselves, as ‘at risk’ of homelessness. This definition is also used for SAAP data collection and reporting purposes (which as will be demonstrated in the next section of the report is often viewed as the best source of data on the numbers and characteristics of homeless people in Australia).

The SAAP definition states that a homeless person is:

“A person who does not have access to safe, secure and adequate housing. A person is considered not to have access to safe, secure and adequate housing if the only housing to which they have access:

- damages, or is likely to damage, their health; or
- threatens their safety; or
- marginalises them through failing to provide access to:
  - adequate personal amenities, or
  - the economic and social supports that a home normally affords; or
- places them in circumstances which threaten or adversely affect the adequacy, safety, security and affordability of that housing; or
- has no security of tenure—that is, they have no legal right to continued occupation of their home.

A person is also considered homeless if he or she is living in accommodation provided by a SAAP *agency* or some other form of emergency accommodation” (AIHW, 2006: xiii).

The Chamberlain and McKenzie and SAAP definitions are the two most commonly used definitions in Australia. However, in recent times there has been

an acknowledgement that Indigenous people's experiences of homelessness are quite different to that of the rest of the Australian population.

Roberts (2004:21) explains that, "Aboriginal homelessness needs to be considered as a 'multi-layered and multi-dimensional concept' that is vastly different from non-Aboriginal homelessness in its form, nature, context, causes and visibility". As such, it requires its own culturally appropriate definition of homelessness.

Keys Young were able to develop a culturally specific definition of homelessness by describing the different forms that homelessness can take for Indigenous people. These were:

- "Spiritual forms of homelessness: relating to separation from traditional land or family;
- Overcrowding: a hidden form of homelessness causing considerable stress for many Aboriginal and Torres Strait Islander families and communities;
- Relocation and transient homelessness: resulting in temporary, intermittent and often cyclical patterns of homelessness due to transient and mobile lifestyles, including the necessity to travel to obtain services;
- Escaping an unsafe or unstable home: particularly for women escaping domestic and family violence;
- Lack of access to any stable shelter: resulting in the worst form of homelessness" (Keys Young, 1998 cited in Walsh, 2003:19).

Researchers exploring the issues of homelessness for Aboriginal and Torres Strait Islander families consider this definition to be much more appropriate (Cooper and Morris, 2003 cited in Walsh, 2003:19).

### 3. Key statistics on homeless children in Australia

#### 3.1 Number of children

“Despite common perceptions of homelessness, children in homeless families form the largest group of people who are homeless in Australia” (AFHO, 2006a). More than 1 in every 3 homeless Australians (36%) who attend SAAP services are children accompanying their homeless parent(s) or guardian(s) (AIHW, 2006b:9).

It is impossible to know exactly how many children experience homelessness with their families each year. The best available data on homelessness comes from SAAP data. However, SAAP data only counts people who receive support and/or accommodation from a SAAP agency.

In 2004-05, 56,800 children accompanied their parents into SAAP services in Australia (AIHW, 2006b:9). 800 of these children accompanied their parents to SAAP services in the ACT (AIHW, 2006b:11). This means that, “nationally, 118 children for every 10,000 children in the general population aged under 18 years accompanied their parent or guardian to a SAAP agency” (AIHW, 2006b:11).

Although these figures are high, it must also be stated that 2 in every 3 children who need support and accommodation from SAAP are turned away from homeless assistance services each day (AIHW, 2006a:61).

Bartholomew has also estimated that “The actual number of families experiencing residential instability has been estimated to be at least double the number who seek housing support from welfare agencies” (Bartholomew, 1999:xiii-xiv). In keeping with this, Hanover welfare services estimates that approximately 90,000 Australian children experience homelessness each year” (Kolar, 2004:96).

### **3.2 Age of children**

Younger children are significantly over-represented in homeless families in Australia.

87% of all accompanying children entering a SAAP service were 12 years of age and under and almost half were under 5 years of age (44%). 10% of all accompanying children were aged 13–15 years and slightly less than 4% of children were aged 16–17 years (AIHW, 2006b:18).

This means that 198 children for every 10,000 children in Australia aged between 0-4 years of age will accompany their parent/guardian into a SAAP service (almost 2% or 1 in every 50 children aged under 5 years of age). This is compared with 111 out of every 10,000 children aged 5-12 years in Australia (a little over 1%) and only 37 for every 10,000 children aged 16-17 years (AIHW, 2006b:20).

In the ACT the proportion of accompanying children aged 0-4 years is considerably higher than national data (Wright-Howie, 2006).

The age profile of children in SAAP seemed to be indicative of other studies and the overseas data.

### **3.3 Characteristics of children**

Children who accompany their parents into homelessness appear to be just as likely to be male as female (AIHW, 2006b:19).

#### **3.3.1 Cultural background**

Indigenous children are substantially over-represented in SAAP services and due to common patterns, notably a lack of access to services, these figures are likely to be an under-estimate of the proportion of Indigenous children experiencing homelessness.

In 2002-03, 22% of clients with accompanying children were Indigenous Australians; a higher proportion than in the total SAAP population (18%), and a much higher representation than in the Australian population (2%) (AIHW 2004a:7).

In Family Homelessness Pilot Project (FHPP) programs, 23% of families assisted were Aboriginal or Torres Strait Islanders.

In contrast to the over-representation of Indigenous Australians, children from other culturally and linguistically diverse backgrounds appear to be under-represented in the homeless population (See AIHW, 2006b; AIHW, 2004a; RPR Consulting, 2003).

For example, in SAAP services 95% of accompanying children were born in Australia (AIHW, 2006b:19). Whilst the special collection of children, published in 2004, found that 12% of clients with accompanying children were born in predominantly non-English speaking countries. This is less than the 16% of people in the Australian population overall (AIHW, 2004a:7).

### **3.3.2 Family type**

SAAP data shows that for many children homelessness encompasses moving from living with two parents to only one (Norris et al, 2005:50).

SAAP data shows that 86% of accompanying child support periods in SAAP are for children presenting with a female adult (predominantly their mother). A further 10% of child support periods are for those with couples, with nearly 4% of children presenting for support with an adult male (usually their father) (AIHW, 2006b:34).

The figures for the ACT differed quite significantly to the national figures quoted above. For example, only 59% of child support periods in the ACT were for children accompanying their female guardian (compared with 86% nationally), 23% of child support periods were for children presenting with a couple

(compared to 10% nationally) and 17% of child support periods were for children accompanying an adult male (compared to 4% nationally) (AIHW, 2006b:34).

It is not clear whether these figures indicate that there is a difference in the actual family types who experience homelessness in ACT, or whether they are more reflective of the SAAP services that are funded and available for families to access. For example, the ACT has the only SAAP facility in Australia that has been established for single fathers and their children (CanFaCS, 2004) – and this may account for the disparity in the numbers of children presenting with fathers in the ACT, compared to national figures.

### **3.4 Reasons for homelessness**

The most common reason why any person seeks assistance from SAAP is domestic violence – accounting for over 20% of cases. In addition, approximately half of the single females entering SAAP with children cited domestic violence as the main reason for accessing assistance (AIHW, 2006b:35).

It is therefore not surprising to find that the SAAP special report on children found that, “for client groups with children, domestic violence was the most common reason for seeking assistance, and around two-thirds of accompanying child support periods were provided where the parent or guardian needed assistance due to domestic violence” (AIHW, 2004a:17).

For couples entering SAAP with children, the main reasons for seeking assistance were ‘eviction/previous accommodation ended’ (24%), ‘financial difficulty’ (20%) and ‘usual accommodation unavailable’ (13%) (AIHW, 2006b:36).

While for single males with children, the main reasons for seeking assistance were cited as being ‘financial difficulty’ (23%), ‘eviction/previous accommodation ended’ (17%) and ‘relationship/family breakdown’ (15%) (AIHW, 2006b:36).

The ACT data again differed quite significantly to the national figures, with only 10% of all clients seeking assistance due to domestic violence. The most common reasons cited by all SAAP clients for seeking assistance in the ACT were 'eviction/previous accommodation ended' (16.2%), 'relationship/family breakdown (13%) and 'financial difficulty' (10%) (AIHW, 2006b:35).

## 4. Pathways to, and experiences of, homelessness

This section attempts to provide:

An overview of some of the most common causes and pathways into homelessness for Australian families; and

An insight into what the experience of becoming and/or being homeless actually means for children within these families.

### 4.1 Pathways into homelessness for families

One of the key themes that emerged from the literature review was that the pathways into homelessness for families can be complex and are many and varied.

Much of the literature, particularly those articles and publications coming from within the homeless service sector, emphasises the structural issues that preclude families from being able to obtain and maintain safe and suitable housing. These structural issues can include poverty, unemployment, race and gender inequality and perhaps most importantly a severe lack of affordable housing.

In Australia, over the last two decades, high rates of poverty and unemployment, coupled with decreasing affordability of housing in the private sector, and the decreasing availability of housing in the public sector, have resulted in an increasing number of families becoming vulnerable to housing crisis or homelessness (RPR Consulting, 2003:8; Norris et al, 2005:10).

It is thought that homelessness can now strike any family at any time. This may include families who have, hitherto, enjoyed long term stability. An accident at work, economic misfortune or an untoward death can pitch a family into homelessness through no fault of their own (Nicholson, 2006:22).

For other families, staying afloat and avoiding housing crisis has become a daily struggle (Bartholomew, 1999:138). Poverty and financial hardship, often resulting in eviction, are now among the most commonly noted causes of homelessness for families, especially couple families (Horn, 1996; AIHW, 2006b:32). Even after regaining 'stable' housing, Kolar (2004:2) found that financial problems were a common and constant concern for families over the two year period of their study.

It is also vital to acknowledge that there is another segment of the homeless population that have never experienced housing stability and for whom homelessness and poverty has become an entrenched way of life that is hard to break (McCaughey, 1992).

These different scenarios emphasise that family homelessness results from a "complex interaction of structural factors and individual capacities" (Walsh, 2003:10).

A good example of the insidious relationship of the structural and personal factors that can lead to homelessness is provided by Bell (2002:9), when explaining why Indigenous people are so over-represented in the homelessness population in Australia:

*"This high level of homelessness largely arises from chronic poverty, coupled with housing market discrimination, which results in insecure and unstable housing, and chronic overcrowding. The history of dispossession, discrimination and disadvantage experienced by Aboriginal and Torres Strait Islander people, along with continued and intense poverty and racism, has also generated serious problems in Aboriginal and Torres Strait Islander communities. These include substance misuse problems, mental health problems, family breakdown, and domestic and family violence,*

*all of which – particularly the last mentioned – are key causal factors for homelessness” (Bell, 2002:9).*

#### **4.1.1 Domestic and family violence**

Along with poverty, domestic and family violence is recognised as the most common cause of family homelessness in Australia (Norris et al., 2005:9). A brief overview of the statistics reviewed for this report confirms that for many children their experience of homelessness is inextricably linked with the resonating impacts of domestic and family violence. For example:

One in every two women with children in the SAAP homeless service system is escaping domestic violence (AIHW, 2006b:xviii).

Almost one-quarter (24%) of female clients escaping domestic violence in 2003-04 were Indigenous Australians (AIHW 2005:2).

66% of all families supported by FHPP programs around Australia were recorded as having family conflict, violence or abuse issues at levels significant enough to impact on the management of their case (RPR Consulting, 2005:24).

In 2003-04, 66% of accompanying children in SAAP were children who accompanied a female parent or guardian escaping domestic violence (AIHW 2005:1).

A review of Hanover welfare service statistics found that ongoing family violence was an issue in 40% of two-parent families and 30% of sole-parents had recently left violent relationships” (Efron, 1996:17)

The literature not only emphasised the prevalence of domestic and family violence for children in homeless families, but also outlined the lasting and permeating affects of witnessing such violence. “Most children who had lived with domestic

abuse have very intense feelings about what has happened. They may feel fear, anger, guilt, sadness, shame, confusion, helplessness or despair” (Hague et al, 1996 cited in Saunders, 2003:4).

There is also a growing body of literature in Australia that emphasises the need to address the ‘totality of violence’ within families. This literature recognises that “in some households there is a combination of children witnessing violence and also being physically and sexually abused themselves” (Wright-Howie, 2006:12 citing Tomlinson 2000). These children obviously face additional detrimental effects and may need more specialist support services.

Children who become homeless escaping this violence also face particular co-occurring stressors such as “loss of home, disruption of schooling and friendships, adjustments to refuge living and the public ‘breaking of the secrecy’ concerning the violence” (Laing, 2000:4). Children may experience mixed feelings at this time, including:

- “Relief due to ceasing of the violence;
- Grief and loss due to having to suddenly leave, the family pet, one parent, extended family, school or personal belongings behind;
- Guilt due to them blaming themselves for the violence;
- Fear that their mother will leave them, they may return to the violence or they may not see their father again;
- Anxiety due to the uncertainty of their future;
- Anger for varied reasons, including not wanting to return to the violence (some leave and return many times), or the blaming of one parent;
- Depression; and
- Withdrawal” (Stone, 2003).

#### 4.2 High incidences of mobility

Many of the children who have experienced family and domestic violence may become homeless quickly and without warning. However, as stated above many other children may never have experienced a stable home environment and their experience of homelessness includes endless moves into insecure and unstable housing. In Bartholomew's study "nearly one quarter of the sample had never had stable accommodation of their own" (1999:67).

It is not surprising then, that many of the studies found that family homelessness was often characterised by a high level of transience or mobility. Children experienced constant and significant change, with little knowledge of what their future held. Homelessness for these children had become a way of life, rather than a one-off event.

Examples of the number of moves commonly experienced by children in homeless families were provided in many of the Australian studies:

Efron and colleagues' (1996:19) review of Hanover Welfare Service statistics found that "more than 60% of the children had moved with their parent(s) more than three times in the preceding 12 months".

For families in Bartholomew's study (1999) the average number of moves in the 6 months prior to their latest stay in a hotel was 4.9.

McNamara (2003:27) found that 50% of the homeless families had occupied three or more homes in the past 12 months and 22% had occupied four or more homes in the last 12 months.

Odyssey House's study, with parents who had a substance dependency, found that on average, children had moved house over 5 times and attended 2 schools at an average age of 7 years (Odyssey Institute of Studies, 2004:8).

Nearly half of the parents in Efron and colleagues' study (1996) had moved house 4 or more times in the preceding 12 months.

Kolar's (2004) study uncovered that few families are able to exercise any real choice about where they were moving. This study found that one-in-three families reported that they had 'no choice' in where they lived (Kolar, 2004:43).

Mobility, combined with this uncertainty, results in children experiencing "considerable confusion, fears and doubts about what will happen in the future" (Strategic Partners, 1997:10). Other children participating in the Resolve Community Consulting study (2004:iv) "expressed concern about moving frequently and were anxious about being in transition and moving to permanent housing".

Along with uncertainty, frequent moves were also characterised by the loss of friends and extended family networks, opportunities to participate in sport and leisure activities and frequent changes of schools or child care arrangements. McCaughey (1992) also found that with each move in their ongoing quest for accommodation, families shed more and more possessions. These could include children's clothes, toys and other personal items such as diaries.

Among the most commonly suffered losses, felt by children of all ages, was that of the loss of their pets. Strategic partners (1997:21) found that "almost half of the children interviewed identified losing pets and it was the most strongly felt loss".

It is not surprising then that a reduction in the number of housing moves has been found to be critical in lessening the adverse impact of homelessness on accompanying children's health and development (Bahro, 1996:222).

#### **4.3 Inappropriateness of emergency and temporary accommodation**

For many homeless children the impacts of frequent relocations are compounded by unsuitable, and often, dangerous living environments that are commonly associated with emergency and temporary accommodation.

The type of emergency or temporary accommodation that families accessed appeared to be largely influenced by the availability of informal and/or formal supports. However, all of the temporary accommodation arrangements accessed by families were associated with problems of different levels of severity. In addition, all of the temporary arrangements made by families seemed to have unintended negative consequences for their children's health and wellbeing.

Much of literature indicated that many families, in the first instance, move in with other families (either their own extended family or friends) in what is commonly referred to as 'doubling up arrangements' (Walsh, 2003). However, stays with friends or relatives would often be tense and end in conflict and another move (Walsh, 2003:34).

Whilst staying with extended family, parents often stated that they lacked any sense of control over their own lives, including losing parental control of their children (Roberts & Burgess, 2003:5). Also, contrary to popular belief, many participants in Robert's study reported that they usually had more expenses when staying with their extended family (Roberts & Burgess, 2003:6).

Moving in with extended family members was commonplace for Indigenous Australians facing homelessness. This could often have unintended consequences for the tenants of the home, by placing them at risk of eviction. The Aboriginal Family Homelessness project also found that, for children, "the experience of living in overcrowded conditions can leave them with feelings of dependency, hopelessness and in continued poverty" (Roberts, 2004:24).

It was common that many families would end up 'burning-out' their informal support networks. This resulted in families turning to formal housing support

services in search of emergency or temporary accommodation. Unfortunately, many families are turned away by these services due to a lack of temporary or permanent housing availability. This leaves “many families...having to endure a number of short-term moves in expensive or unsuitable accommodation” (Efron et al, 1996:8). Families can end up moving in and out of a variety of accommodation types including private rental, public housing and cheap private hotels or caravan parks (McNamara, 2003:6).

Statistics show that homeless couples and men with children may find it particularly hard to access limited SAAP services (AIHW, 2006a: xviii). The CanFaCS report found that “homeless children in their father’s full-time care are at increased risk of sleeping in cars and on the streets (as a result of the lack of available accommodation options for sole father families) than are homeless children in other family types” (CanFaCS, 2004:91).

The South Australian Family Homelessness Discussion Paper of 2001, also reported that, “Homeless couples with children were mostly found in impoverished dwellings (sleeping out, in squats, sleeping in cars, humpies and improvised shelters) while single parents with children were predominantly found in SAAP accommodation” (Stephenson & Hume 2001 cited in Brown, 2006:15).

Some studies found that, faced with no other options, welfare services are also referring an increasing number of families who are in need of accommodation to facilities such as private hotels and caravan parks (Bartholomew, 1999:xiv; Kocaj, 2005). These types of accommodation settings are often highly unsuitable and unsafe for children and provide little help to families trying to stabilise their housing and children’s circumstances.

For example, Cornish and Porter assert that the “families placed in this type of accommodation are highly marginalised and vulnerable, and are often being placed in the accommodation without follow up support, in locations that are

isolated from services, transportation and without phone contact” (Cornish & Porter, 2004:11).

Therefore, it is not surprising that Bartholomew’s study found that “placing families in private hotels as a form of emergency accommodation was shown to systematically increase the risk factors for prolonged homelessness, while simultaneously reducing any protective factors the family may have been able to draw on” (Bartholomew, 1999:xv).

Other commonly noted problems encountered by children with this type of emergency accommodation, or other SAAP funded facilities such as shelters and refuges, include:

An increased exposure to adults experiencing a range of issues including substance abuse, mental health, and family violence (McNamara, 2003:6);

The inability for families to have any sort of routine or structure for their children (Halpenny et al, 2002:2; Eddy, 2003:7);

The poor design and lack of space of much shared and temporary accommodation that can put child safety at risk (Hutchinson, 1999:29 UK);

A lack of privacy, which can cause particular distress for older children (Bartholomew 1999 and Halpenny et al 2002); and

A lack of safe play opportunities for children leading to boredom and potential conflict with other children, siblings or adults (Strategic Partners, 1997:20; Halpenny, 20002:2)

Given all of these factors it is not surprising that children can suffer many short and long term effects that are directly attributable to the nature of their temporary accommodation and more broadly their whole homeless experience. These effects are explored in depth in the next section.

## 5. Effects of homelessness

The trauma and stress of homelessness effects children in different ways and at different developmental stages (Wright-Howie, 2006:13). However, regardless of age and the other circumstances surrounding the experience, it is now commonly accepted that homelessness has a detrimental impact on the development and general health and wellbeing of children.

The findings of the many overseas and Australian studies completed with homeless families have particularly emphasised the effect that homelessness has in the following areas of children's lives:

- Health and wellbeing;
- Emotional and behavioural issues;
- Education;
- Social exclusion; and
- Family relationships

The long term effects that homelessness can have for children, particularly in terms of the impact it has on their opportunities for the future, are also discussed at the end of this section.

### 5.1 Health

Homeless children suffered many health problems that were found to be directly attributable to their homeless experience. These included:

- A variety of acute and chronic medical problems;
- Developmental delays; and

- Nutritional deficits

### **5.1.1. Acute and chronic medical problems**

Efron and colleagues' study, completed in Australia in 1996, found that homeless children suffer from a "higher than average occurrence of asthma, ear infections, skin problems and development delays" (Efron et al 1996:7).

They also found that "a quarter of the children [in their study] had been seen in a hospital emergency department at least once in the previous six months, and a similar proportion had had a non-emergency out-patient visit in that time" (Efron et al, 1996:37). These figures were reported to be much higher than that of the general population.

There has been very little follow-up to this study in Australia. However, Kolar was able to note that their study into family homelessness found a link between stable housing and the general health of children; "by the time of the final wave [two years later], nearly all children enjoyed good general health" (Kolar, 2004:71).

Bartholomew (1999:82) also found that 64% of participants in his study noted negative changes to their child's health or diets upon moving into emergency hotel accommodation. In addition, "issues such as...respiratory disorders, skin ailments, malnutrition, fear of exposure to infectious disease, and the presence of dangerous substances (such as drugs) [and] objects (such as syringes)...were commonly reported concerns of families" (Bartholomew,1999:89).

Much of what we know about the acute and chronic medical problems suffered by homeless children comes from research conducted overseas. Many overseas studies have consistently shown that children in homeless families are at a greater risk of experiencing illness (Nunez, 2000:58; Cummela, Grattan & Vostanis, 1998 cited in Halpenny et al, 2000:3).

Some of the major findings of these international studies have been:

- An over-representation of the number of homeless children suffering from asthma – noted to be more than twice the rate of the general population (Winreb et al 1998 and Nunez, 2001 cited in Walsh, 2003:9; National Center for Health Statistics, 1995 cited in Nunez, 2000:58; Burton et al, 1998:356);
- High rates of respiratory tract infections – affecting up to, or more than, 50% of homeless children (Halpenny et al 2002:4; Drennan & Stearn 1986 cited in Hutchinson, 1999:32; Davis, 1992 cited in Hutchinson, 1999:34; Burton et al 1998:356);
- High rates of ear infections among homeless children – more than 50% higher than the general population (Nunez, 2000:58);
- A higher than normal prevalence of birth problems and subsequent health problems for new-born babies (O'Brien et al 2000) including a high rate of babies born with low birth-weight (Federal Interagency Forum on Child and Family Statistics, 1999 cited in Nunez,2000:58);
- A higher than normal rate of infectious illness (Rafferty & Shinn, 19991 cited in Hutchinson, 1999:34);
- High rates of emergency room use and hospitalisation (Winreb et al 1998 cited in Walsh, 2003:9; Nunez, 2000:58; Burton et al, 1998:356); and
- High rates of gastrointestinal infections, dental problems, recurrent abdominal pain, stomach problems, diarrheal infections, dental problems and lead toxicity (Nunez 2000:58; Miller, 1998 and Parker et al 1991, cited in Efron 1996:25).

### **5.1.2 Developmental delays**

Developmental delays have also been noted as being common amongst homeless children. A pamphlet produced by the Victorian Children's Resource Program outlines a number of developmental delays that may be found amongst homeless children. These include babies, "showing little response when being played with and talked to and they may not smile" and preschoolers having "difficulties speaking" (Victorian Children's Resource Program, 2005).

A report on homeless families in South Australia identified that half of the children who are victims of homelessness exhibited major developmental delay" (Hardy, 1991 cited in Strategic Partners, 1997:6), while research in the USA has also found that "homeless preschool-aged children are more than three times as likely to manifest developmental delays as low-income, non-homeless children" (Rafferty and Rollins, 1989 cited in Nunez,2000:53).

### **5.1.3 Nutritional deficits**

There have been no known studies in Australia that have investigated the link between homeless children and nutritional deficits. However, a number of anecdotal reports have indicated that the diets of homeless families are generally poorer than the general population. For example, Bartholomew (1999:82) noted that 64% of participants in his study noted negative changes to their child's diets upon moving into emergency hotel accommodation. A finding backed by Drennan and Stearn (1986) from the USA who found that "children and adults in bed and breakfast accommodation were malnourished" (Cited in Hutchinson, 1999:39)

Other studies completed in the USA have found that:

One out of every five homeless children (19%) does not eat enough; a rate nearly four and a half times that of all children nationwide (4%) (U.S. Department of Agriculture, 1999 cited in Nunez, 2000:61); and

Obesity has been documented as the commonest nutritional problem in repeated samples of homeless children” (Miller 1998 and Wood et al 1990 cited in Efron et al, 1996:25).

#### **5.1.4 Access to health services**

Despite suffering poorer health than the general population, homeless families were also found to have less access to preventative and primary health care.

Efron and colleagues found that “medical assistance was sought on an acute needs basis, rather than health maintenance and prevention” (Efron et al, 1996:7). This was thought to be largely due to the increased mobility of these families, a lack of transport and financial difficulties.

Another example of the lack of preventative health care was the low immunisation rates among homeless children in Australia, which places children at more risk of infectious diseases (Efron et al, 1996:7; RPR Consulting, 2005:71). This is also a finding that is consistent with the overseas research, that found immunisation rates amongst homeless children were far lower than that of the general population (see Hutchinson, 1992 cited in Hutchinson, 1999:34; Royal College of Surgeons, 2001 and Focus Ireland cited in Halpenny et al, 2000:4; Burton et al, 1998:356 and Redlener, 1999, cited in Nunez, 2000:58).

#### **5.2 Emotional and/or behavioural issues**

Thomson and Goodall (1994:1) found that “children within SAAP services have all experienced disruption, grief and trauma, to varying degrees”. Therefore, it is not surprising to find that many homeless children suffer from emotional problems and/or behavioural difficulties.

Children usually have different coping mechanisms to adults and children’s efforts to ‘manage’ their experience of homelessness may result in acting-out or

aggressive behaviours. On the other end of the continuum, some children will 'manage' their stressors by becoming withdrawn or shy.

The range of behavioural difficulties found to be more prevalent in homeless children include aggression, hyperactivity and anti-social behaviour, sleep disturbances and eating problems. Whereas the range of emotional problems detected by researchers include anxiety, excessive fears, depression, self-harm behaviour and anxiety (Vostanis, 1999:43; Walsh, 2003:9).

In Australia, Efron and colleagues (1996:7) found that "children in homeless families are clearly affected psychologically by the crisis of 'houselessness' and the complex issues that have led up to it".

The Efron (1996:7) study found that "over one-third of children in the study had significant behavioural disturbance, as rated by their parent(s)". Interestingly, there was also a relationship between the number of home moves and the degree of behavioural disturbance.

Efron's findings have been confirmed by observations in the small scale study completed by Resolve Community Consulting (2004:iv) which found that behavioural problems were prevalent amongst homeless children. Walsh's study completed with families in Queensland also produced similar findings, stating that "emotional impacts and behavioural issues for children were consistent themes in focus groups" (Walsh, 2003:41).

Bartholomew's study of families housed in emergency hotel accommodation in Victoria also found that 50% of families noted negative changes in their children's behaviour upon moving into emergency accommodation (Bartholomew, 1999:82).

If left unsupported, the emotional and behavioural problems suffered by these children are not likely to resolve. Efron's study found that after six months in supported accommodation there was little change in the children's behaviour

symptomology. Efron proposed that this indicated that current services may not be adequately addressing the needs of these children (Efron et al, 1996:38-39).

Studies from the USA (Drennan & Stearn, 1986; Heath, 1994; Zima, Wells and Freeman 1994 all cited in Vostanis, 1999:43 and Nunez, 2000:60), the UK (Amery, Tomkins and Victor, 1995 and Conway, 1998 both cited in Vostanis, 1999:43) and Ireland (O'Brien et al, 2000) have also found high levels of emotional and behavioural problems amongst homeless children, with as many as 38% of children having disorders of clinical significance (Vostanis, 1999:43).

Some overseas studies have also been able to make direct links with the levels of mobility or residential instability experienced by children and their acting-out or problem behaviours (DeWit et al, 1998 cited in RPR Consulting 2005:70; Page and Nooe, 2002 cited in Walsh, 2003:9).

### 5.3 Education

Homelessness has been found to severely restrict children's access to, and full participation in, the education system. The main obstacle that homeless children appear to face is the high level of mobility experienced by their families and the consequent disruptions this causes to their schooling (for example see: Efron et al, 1996; Bahro, 1996; Edwards, 2003).

Some Australian and international studies were able to confirm this by demonstrating that once housing stability was established children's engagement with, and performance at, school improved (AHURI, 2004:3; Kolar, 2004; RPR Consulting, 2005:70; Rafferty et al 2004 cited in Haber and Toro, 2004:137).

Disrupted schooling amongst homeless children was characterised by irregular or non-attendance at school and a high level of school transfers. Often all of these factors culminated in children leaving school at a young age. For example, Efron and colleagues (1996:19 & 35) found in their study, that "over half the school aged children had attended 5 or more different schools...and only 3 of the 17 children over 15 years were still attending school".

Other studies completed in Australia also emphasised that homeless children endure frequent changes of schools and that they often do not attend school regularly (For example see, Walsh, 2003:43; Eddy, 2003:6). In addition, an evaluation of FHPP programs found that "Aboriginal and Torres Strait Islander families were significantly more likely than non Aboriginal and Torres Strait Islander families to have children who did not attend school regularly [and] children from Aboriginal and Torres Strait Islander families were also more likely to have attended multiple schools" (RPR Consulting, 2005:70).

Nunez (2001) estimated that it can take between 4-6 months to recover academically from a change of school (cited in Walsh, 2003:10) while other studies

in Australia have demonstrated that it may take even longer for children to establish good social relationships within their new school.

For example, Strategic Partners found that “a number of children expressed concerns in relation to moving schools and the problems associated with settling in to a new one” (Strategic Partners, 1997:21) while Edwards (2003:20) also found that children often had feelings of shame when starting at a new school. Therefore, it is easy to see how disrupted schooling can have a direct impact on children’s abilities to form supportive relationships with teachers and/or peers (Strategic Partners, 1997:21).

Disrupted schooling also has a direct impact on the academic attainment of children.

Many overseas studies have found low levels of literacy and numeracy among homeless children (Nunez, 2000 cited in Walsh, 2003:10; Rafferty, 1999 cited in Vostanis, 1999:44; Bassuk and Rosenberg, 1998, Stronge, 1992, Steipen et al 1996 and Kozol, 1988 all cited in Power et al, 1999:130) with some finding that homeless children are also at greater risk of having to repeat school years (National Centre for Education Statistics, 1997 cited in Nunez, 2000:53).

In Australia, Resolve Community Consulting (2004:vi) found that “learning difficulties were prevalent among families” involved in their study. This is concerning, as some studies have demonstrated that children with learning difficulties were at a greater risk of falling behind with their schooling when faced with disruptions such as changes of schools or irregular attendance. These children can often fall through the gaps of the education system, with academic and learning delays often left undetected and undiagnosed until they are difficult to reverse (McNamara, 2003:7; Nunez, 2000:54).

Other compounding factors that can impact on homeless children’s participation in education were the financial stressors and living conditions that face homeless

families. Inadequate finances mean that children are not able to go on extra curricular activities or school excursions and may even not have enough money to buy lunch, whilst the living conditions of homeless families (especially when residing in emergency or temporary accommodation) were also found to negatively affect children's schooling (Strategic Partners, 1997:21; Halpenny et al 20002; Power, Whitty and Youdell, 1995 and Clarke, 1992 cited in Halpenny et al, 2002:53). Children rarely had any privacy or space at home to complete homework and their parents were also less able to help with homework due to their own stressors and/or poor educational background.

Therefore, a number of factors combine to affect homeless children's chances of participating in the school system and in gaining an adequate level of education. This not only impacts on children's opportunities and chances in the future, but also works to undermine children's self-esteem and the sense of belonging that the school community offers most children in our society.

#### **5.4 Social Exclusion**

Homelessness has been described as one of the most potent markers of social exclusion (Victorian Homelessness Strategy, 2002 cited in Kolar, 2004:9).

*Homelessness is a state in which people are not only excluded from basic shelter, but also from security, a place to belong, intimate relationships, neighbours, and all of the benefits of having a place to call one's own...Over time, exclusion from one aspect of the normally expected benefits and resources of society leads to exclusion from others, and to a compounding set of reinforcing disadvantages".*

(Talbot, 2003 cited in St. Luke's Anglicare, 2005:17)

The literature reviewed for this report emphasises that Talbot's explanation of homelessness and social exclusion (provided above) can be equally applied to adults and children.

This report has already outlined the high levels of mobility experienced by children in homeless families, and again, it is this mobility that seems to have the greatest impact on children's sense of social exclusion. The children in Edwards (2003) study identified that they had lost contact with their support networks when they moved. This often involved losing touch with extended family members. Extended family has been found to be an important source of support for children, by providing children with opportunities for interaction with their peers and also by providing children with a sense of belonging (Halpenny et al, 2002:31).

Difficulties with relating to their peers and making and maintaining friendships also appeared to be particularly difficult for homeless children. A study completed by Torquati and Gamble (2001 cited in Walsh, 2003:8) found that half of the homeless children in their study did not identify any friends in their social network while in Australia, Efron and colleagues found that homeless children had extremely limited social interactions (Efron et al, 1996).

McCaughey explains that frequent moves also left children feeling "alienated, wary of making friends soon to be left behind, and performing badly when they felt themselves to be outsiders" (McCaughey, 1991).

The feeling of being an 'outsider' or 'abnormal' was also apparent for children in other studies completed in Australia and overseas. McNamara (2003:7) noted that children "can suffer discrimination and stigma in the playground and schoolyard. This contributes to their sense of isolation and exclusion and can result in low self-esteem" while studies overseas stated that children can feel 'ashamed' (Condonis, Paroissien & Aldrich cited in McNamara, 2003:7), 'embarrassed' and acutely aware of 'not being able to lead a normal life' (Halpenny et al, 2002:33 & 39).

Therefore, by the time their families find stable housing, if they are lucky enough to do so, many children are left with little or no support system outside of their

immediate family. They may also have little self-esteem or confidence left to form new friendships. This, combined with a severe lack of finances to facilitate their involvement in social or recreational activities, means that many children will not be able to find positive ways of engaging with their new community.

### **5.5 Family Relationships**

McNamara found that “children of all ages are affected by homelessness in two ways. Firstly, through their own experience and reaction to the various traumas associated with homelessness and, secondly, via the experience of the state of mind of their parents” (McNamara, 2003:6).

The complex and multiple problems that can lead to homelessness, such as domestic and family violence, have already been shown to negatively affect children’s health and wellbeing. However, Kolar (2004:5) also found that “these issues can hinder parents in the way that they relate to their children and their capacity to fulfil their parenting responsibilities”. This then has further unintended consequences for children, who are often relying on parents as their sole source of support.

Bahro (1996) explained that the erosion of the capacity of parents to offer a positive and meaningful relationship to their child resulted from the unstable and unsafe living conditions they were experiencing and their preoccupation with addressing these.

Many studies in Australia and the USA have also found that when parents were experiencing homelessness they had a limited capacity to provide support and respond to their children’s needs (see Walsh, 2003; Hausmen and Hammen, 1993; Resolve Community Consulting, 2004).

Some studies found that children end up adopting a parenting role. This involved being relied upon to provide care for siblings, acting as a confidant to parent's problems and taking on extra responsibilities above that which would be considered normal for their age (see McNamara, 2003; Eddy, 2003; Barnes, 1999).

The unsuitable nature of emergency or temporary accommodation also seemed to raise tensions and put extra pressure on inter-family relationships, often resulting in conflict. Bartholomew's study found that 67% of the people reported increased levels of family conflict during their hotel stay (Bartholomew, 1999:96).

In many cases families are also forced to separate in order to find suitable accommodation (Walsh, 2003; CanFaCS, 2004; Bartholomew, 1999). This seemed to particularly affect older male children accompanying their mothers, as many women's refuges will not accommodate adolescent boys (ACTCOSS, 2002). However, other parents, voluntarily or involuntarily, had children removed from their care due to the unsafe environments in which they were living (see section 6 of this report on child protection).

However, much of the literature emphasised that despite all of the difficulties they face, many homeless parents and children demonstrated warm and loving relationships. McCaughey stated that "it is remarkable that their personal resources enable so many families to maintain warm and close relationships through all their vicissitudes" (McCaughey, 1991). More recently, Kolar (2004) noted that participants in her study described parent/child relationships in positive ways and sibling relationships were described as 'close' or 'very good' by their parents.

## **5.6 Long term effects**

It is apparent from the information already outlined in this report that the effects of homelessness can permeate every aspect of children's lives. They not only encounter many practical losses and difficulties but, as Evans (2003) found, "they

may have lost or never known self esteem, pride, fun, consistency, boundaries and a sense of safety and security”.

Unfortunately, the long-term effects of homeless experiences have not been a topic of investigation for many researchers. It was only possible to locate a couple of longitudinal studies which followed homeless children through to their adolescence. These studies found that:

“Problems that begin, or are exacerbated, in...hotel environments may persist for a substantial time after the families’ housing crisis is over. This is particularly true in the case of children who spend significant proportions of their formative years in these facilities” (Vostanis et al 1996, Parity 1997 cited in Bartholomew, 1999:90); and

“High percentages of children whose parents reported illness, poor nutrition, developmental delays, low social functioning, and other behavioural changes while in the hotel were found to have similar problems in later years” (Stretch and Krueger, 1992 cited in Bartholomew, 1999:90).

From the results of these studies and our current knowledge of the importance of early childhood development, it becomes obvious that children’s future opportunities are being put at significant risk due to their experiences of homelessness.

Much of the literature reviewed for this report highlighted that homelessness, along with poverty, is very often an intergenerational problem. It is apparent that a great number of adults who are currently homeless, have experienced homelessness as children (Bahro, 1996). This phenomenon is so widespread that there is now a general consensus of opinion among policy makers, researchers and those working in the homelessness service sector that children who experience homelessness are more likely to become homeless as adults and raise families who,

in turn, may also become homeless (AFHO, March 2006; ACTCOSS, 2002:59; CACH, 2001).

One of the main reasons cited as to why children remain entrenched in cycles of homelessness and poverty was the disrupted schooling that homeless children so often endure.

A successful educational career has been described as being one of the few mechanisms through which the cycle of cumulative disadvantage can be broken (Power, Whitty and Youdell, 1999:130). Educational attainment has been directly linked with employment opportunities, a key means to abating poverty, social exclusion and disadvantage in our society. While others emphasise that “positive educational experiences in childhood can [also] set the scene for life long skills development, enabling children to develop resources that will assist them to cope with the risks they may face” (Friendly, 2001 cited in Gibson, 2005:37).

Considering all of these factors, it is not surprising that some researchers found that many children identified feeling underlying fears regarding their own future (Hill, 1992:281) and their own expectations about their future life appeared to be very low (Strategic Partners, 1997:22).

## **6. Involvement in the Child Protection System**

The relationship between homeless families and the child protection system in Australia is an under-researched area. Therefore, the attempt made here to explore

the links between family homelessness and the child protection system has perhaps resulted in more questions than answers.

### 6.1 Incidence of child protection involvement

The Working Paper for the National Homelessness Strategy recognised that “Homeless families come into contact with child welfare authorities and protection services more often than other families” (CACH, 2001:51). However, it is impossible to know what the exact, or even approximate, figures are, as no national data exists to enable an examination of how many children who experience homelessness with their families also end up having some form of child protection intervention or vice versa.

Many of the service evaluations and research studies on homeless children reviewed for this report included statistics on how many children were subject to child protection orders. Therefore, an overview of these statistics (provided in the table below) provides one of the best insights we have on the strong association between child protection intervention and experiences of family homelessness in Australia.

Study or service statistics	Proportion of children experiencing homelessness who were subject to child protection intervention
Audit of case files at St. Luke’s Anglicare Family Services in Bendigo,	20% of families whose children were placed in out-of-home care were also homeless (St Luke’s Anglicare 2005:4).

Victoria	
Bartholomew (1999)	37% had had child protection involvement at some time (Bartholomew, 1999:133)
McNamara (2003)	22% of children in SAAP services had current contact with child protection services (McNamara, 2003:32)
Walsh (2003)	Over half of the families had children not currently living with them (mostly in care) (Walsh, 2003:viii)
Hanover service statistics cited in Efron study (1996)	Health and Community Services were already involved, or became involved with 16% of all families (Efron, 1996:20)
Edwards( 2003)	58% of children had cases in the child protection unit
RPR Consulting (2003)	5% of children in FHPP-assisted families were currently removed from their families, 6% had been previously removed and 7% had current child protection issues. Child protection issues were suspected, but not confirmed, in another 5% of cases (RPR Consulting, 2005:25)

An important addition to these figures from McNamara’s study (2003:45) was that “Aboriginal children were almost twice as likely to require support regarding care and protection issues (32%) than children from CALD backgrounds (19%) and more than twice as likely than Anglo Australian children (14%)”.

The table above suggests that the rate of child protection involvement in homeless families may sit somewhere between 20% - 50% of all homeless families in Australia. This is comparable, or perhaps slightly less than, statistics reported from overseas.

Research from the USA indicates that “homeless families disproportionately experience child welfare involvement compared with other families who live in poverty but who have not experienced homelessness” (see St Luke’s Anglicare, 2005:20; Alperstein et al 1998 cited in Efron et al,1996:25).

For example:

- “Metraux and Culhane (1999) report on a number of US studies where a significant proportion of homeless families did not have all their children with them and in some cases had none with them. This situation was attributed to child welfare intervention” (cited in Walsh, 2003:8);
- Cowal and others’ (2002) study in New York found that the rate of child placements into foster and kinship care for homeless families was 44% (cited in St. Luke’s Anglicare, 2005:20); and
- Cowal and others (2002) also stated that other US studies have placed both voluntary and involuntary out-of-home care rates for homeless families at between 28 and 60% (St. Lukes Anglicare,2005:20).
- St. Luke’s Anglicare (2005:20) asserts that the rates quoted above from the USA are similar to rates found in studies in the UK.

## **6.2 Factors contributing to the correlation between family homelessness and child protection intervention**

Some of the literature indicated that a strong correlation exists between family homelessness and child protection intervention because the personal factors that are likely to increase the risk of homelessness are the same as many of the factors that may place children at risk of abuse or neglect. The most dominant of these personal issues cited in the literature was the presence of domestic and family violence.

Overwhelmingly though, two key distinctions were made in the literature regarding the linkages between homelessness and child protection. In the majority of cases family homelessness was seen as a direct cause of child protection

intervention while some other studies found that child protection intervention was a direct cause of family homelessness.

### **6.2.1 Personal factors**

Many reasons were cited in the literature to explain why so many children who experience homelessness are subject to child protection intervention. Personal factors, such as mental illness or drug or alcohol abuse, that are recognised as risk factors for homelessness, have also been found to impact on parenting capacity. Therefore, these reasons were cited by some as explaining the close association found between the families experiencing homeless and those involved in with child protection agencies.

For example, a review of the FHPP found that “Child protection issues were significantly more likely to be present in cases that were identified as having high levels of complexity – 81% of high-complexity cases had current child protection issues with a case plan in place at service commencement, compared with just 19% of medium-complexity cases and no low-complexity cases” (RPR Consulting, 2005:25).

St. Luke’s Anglicare (2005:5) also recognised that “domestic violence, drug and alcohol abuse and mental illness are all issues that impact detrimentally on families and can lead to an entrenched cycle of homelessness and Child Protection intervention”.

### **6.2.2 Domestic and family violence**

Certainly, domestic and family violence (already outlined as a major contributor to family homelessness) has long been recognised as posing potential risks to children’s safety and wellbeing. International and Australian literature confer that children who witness or experience domestic and family violence are much more likely to be involved in the child protection system.

This may largely be due to the fact that in some states and territories in Australia exposure to domestic violence is included in legislation as a reason for notification of child abuse or neglect. Coupled with mandatory reporting regulations which apply to many health and welfare professionals, children experiencing domestic violence are increasingly becoming the subject of child protection notifications as a matter of course.

There is some evidence to indicate that the presence of domestic violence does not just impact on an increased risk of notification, but also increases the risks of children being placed into out-of-home care. In the UK it was found that “children whose mothers are experiencing domestic violence are likely to have the worst outcomes in child protection” (Farmer and Owen, 1995 cited in Saunders, 2003:4).

Clarke (2006:15) also states that “Several jurisdictions [in the USA] engage in the practice of labelling children abused or neglected and removing them from the custody of their battered parent even when there exists no other basis for removal outside of the child’s witness to domestic violence”.

The following statistics from Victoria, confirm that the Australian experience is probably no different to the USA or UK; “The Victorian Department of Human Services reported that in the year 2001-02, 56% of parents and children placed in foster care in Victoria had experienced domestic violence” (DHS 2003, cited in St. Luke’s Anglicare, 2005:33).

According to much of the literature, these figures reflect gender biases in the past and current practices of child protection agencies. Male perpetrators of violence remain ‘invisible’, while mothers are ‘blamed’ for a ‘failure to protect’ their children from witnessing violence in the home (Bagshaw & Chung, 2001 cited in St. Luke’s Anglicare, 2005:27).

A further explanation of this is offered by Waterhouse and Carnie who have explained that “more than any other criterion the attitude of the non-abusing parent (almost exclusively mothers) towards the alleged perpetrator is seen as a litmus test of children’s likely safety” (cited in St. Luke’s Anglicare, 2005:27).

These practices ignore the vital importance of the mother for their children’s safety and recovery (Wyndham, 1998:153) and act on a false assumption that the safest path for both victim and child is separation from the perpetrator. Statistics testify that “women who have separated from their abusive partner are fourteen times more likely than their coupled counterparts to be assaulted by their estranged partner...and in rarer instances, child murder, have been shown to increase following the separation of the child’s parents” (Clarke, 2006:153).

Given all of this evidence, it is not surprising that a recent report released by WESNET, has joined the calls for these child protection practices to be reviewed. Oberin and her colleagues (2005:31) assert that:

*“The current trend of removing children from their mothers because of so-called ‘failure to protect’ is damaging to children and must stop. Systems must protect both women and children from domestic violence”.*

### **6.2.3 Homelessness increasing the risk of child protection intervention**

Irrespective of whether children have witnessed or experienced violence in their home, a large amount of literature was found which supports the notion that homelessness in itself is a strong risk factor for child protection intervention.

In fact, it was alarming to find that there was much evidence supporting the hypothesis that ‘for child protection agencies homelessness quantifies as enough reason in itself for intervention’.

A report completed by Holst in 2002 found that, “workers reported an extremely high number of cases (practically all) where housing stress or unavailability contributed to child protection involvement with the families” (Holst, 2002 cited in St. Luke’s Anglicare, 2005:8).

This may be due to the increased visibility and resultant ‘scrutiny’ of families who have contact with the homelessness or welfare service system, due to their housing needs.

However, in St. Luke’s follow up study it was found that housing stress or unavailability did not just contribute to intervention, rather “several participants recounted situations where protective intervention appeared to be more directly influenced by family homelessness and related circumstances, rather than actual parenting concerns” (St. Luke’s Anglicare, 2005:5).

This situation has been mirrored in the USA where “a number of studies, including a report by the US Department of Health and Human Services...conclude that a large percentage of children are placed in care for the primary reasons that they lack housing” (Harburger cited in St. Luke’s Anglicare, 2005:22).

Bartholomew confers, that “in many cases the risk is not created by the family per se, but is instead a product of the accommodation” (Bartholomew, 1999:129). Bartholomew was referring to the increased risks that inappropriate temporary or emergency accommodation can provide to children. Compounding these risks, is the inability of many families to send their children to school regularly (RPR Consulting, 2005:5).

Parents were mindful of these risks and concerns, but because of the limited options available to them, they were simply unable to provide a safe environment for their children. In fact, Bartholomew’s study noted that “many of the moves

reported by families [prior to entering temporary or emergency accommodation] were made to protect children from the adverse conditions of previous accommodation” (Bartholomew, 1998:138).

Even when these families are ‘lucky’ enough to be provided with what is perceived to be ‘long-term stable’ housing, families with children can often be placed in public housing neighbourhoods pervaded by issues such as crime, violence and substance abuse, and where housing was of poor quality (St. Luke’s Anglicare, 2005:5).

In a final piece of irony found in the literature, the inability of the homeless service system to provide safe and suitable housing to families actually often prompted workers to report families to child protection agencies in the hope of being able to provide better housing and support outcomes to families (Bartholomew, 1998:40).

Bartholomew described these circumstances and contradictions as “‘systems abuse’, whereby the same system that placed families in a particular living arrangement now required them to alleviate the situation” (Bartholomew, 1999:129). He states that, “Systems abuse has occurred because the welfare system has not only failed to improve the situation of its clients, but has actually contributed to their cumulative disadvantage” (Bartholomew, 1998:40).

The compounding effects that these service system contradictions have on vulnerable families are enormous and keenly felt by homeless families. One of the participants in Bartholomew’s study provides striking evidence of how families are blatantly aware of their vulnerability. When asked ‘what homelessness means’, the participant stated:

*“Homelessness is being vulnerable. It means the kids are going to be taken off us, you can’t be a parent without a home”*  
(Bartholomew, 1999:103).

This very real ‘fear’ of child protection involvement experienced by parents was noted in most, if not all, of the Australian studies (for example see, Resolve Community Consulting, 2004:15; Bartholomew, 1996:126; Walsh, 2003:46; RPR Consulting, 2005:6; Kolar, 2004). In addition, due to the enduring effects of the ‘Stolen Generations’, this ‘fear’ is likely to be heightened for many Indigenous families (St. Luke’s Anglicare, 2005:27).

Fears of child protection intervention can further entrench the homelessness experience for some families and it provides a very real obstacle for services and workers to meet the needs of homeless families and especially their children.

The fear generated by possible child protection intervention was often noted by workers as an obstacle for effective engagement with families (Bartholomew, 1999:126; Resolve Community Consulting, 2004:15, Kolar 2004). This could be due to the families’ suspicion and confusion about the role of the worker and feeling threatened when their children’s needs are raised by workers.

Therefore, “workers both individually and as a team face difficult decisions about the timing and extent to which they intervene to address certain parenting issues. On the one hand they want to encourage and support good parenting in the family and ensure that family members feel confident in continuing to engage with them. On the other hand they want to address concerns about the safety, health and well-being of children” (Wright-Howie, 2006:20).

If workers can not get this balance right, the fear of child protection intervention and the additional pressures that this brings can lead families to flee their current accommodation arrangements and relocate (Bartholomew, 1999:129; Walsh, 2003:46; St. Luke’s Anglicare, 2005:5). This then results in further isolation and thereby increases the effects of the homeless experience for children.

#### **6.2.4 Child Protection intervention increasing families' risks of homelessness**

Since the findings of the Burdekin report (see O'Connor, 1989:45 and HREOC, 1989) it has been recognised that child protection intervention often provides a clear pathway to homelessness for children. However, what hasn't received much attention is the fact that child protection intervention can also lead to homelessness for the family from which the child has been removed, and that this then, has real consequences for any possibility of family reunification.

The St. Luke's Anglicare study (2005:4) found two main factors that increased families' susceptibility to homelessness when a child was removed. These were:

- The loss of Centrelink parenting benefits which resulted in a significant decrease in family income and made housed parents more vulnerable to housing instability; and
- Parents choosing to abandon stable accommodation in order to be closer to their children who may have been placed into care at a geographical distance from them.

However, St. Luke's assert that, "perhaps the most salient theme to emerge from the interviews relate to family reunification being contingent on parents' access to stable and suitable accommodation" (St. Luke's Anglicare, 2005:5). Bartholomew had raised this concern in his study in 1999, but went on to state that finding stable and suitable accommodation for these families was often an unlikely outcome (Bartholomew, 1999:128).

It is not known to what extent Child Protection workers assist families in the process of finding appropriate housing. Certainly, in Bartholomew's study (1998:40), the perceived inactivity of protective service workers was often seen as a problem by workers in the homeless service sector.

We also know that protective service agencies overseas have been criticised for giving the housing status of families a low priority and that “inattention to these needs hampers the ability of workers to provide protection for children” (Farmer and Owen, 1995:201).

Therefore, it was highlighted that, “Systemic failures are not only contributing to the difficulties faced by these families, indeed they are entrenching homelessness and prolonging children’s placement in out-of-home care” (St. Luke’s Anglicare, 2005:7).

### **6.3 Conclusion**

The discussion in this section highlights many structural and service system issues that need to be addressed if the best interests of children are to be protected.

If we are to confer with the popular belief that homelessness is a result of structural factors such as poverty, unemployment, social inequality and the lack of affordable housing, then holding parents accountable for their child’s homelessness and the resultant risks to their safety, health and wellbeing, appears to be an abhorrently unjust practice.

The very fact that the ‘state’ is not able to properly support these families and assist them to find safe and suitable housing, whether on a temporary or long-term basis, appears to provide a more reasonable assumption that it is the ‘state’ that should be held to account for the ‘neglect’ of these children.

When we consider these issues, it is little wonder that Bartholomew has received widespread support from fellow researchers and social commentators, in regard to his notion of ‘systems abuse’. However, his calls for useful dialogue and amendments to Child Protection policy and practice issues appear to have gone unheeded.

From a review of the literature it is clear that Child Protection practices need to be reviewed, as does the relationship of child protection agencies with the homeless services sector. Also of critical importance is an investigation into how families, at risk of homelessness and/or involvement in the child protection sector, can be better supported to improve their parenting capacity and the safety and wellbeing of their children.

## 7. Responding to the needs of homeless children

The best response to the problem of family homelessness, and the multitude of issues that children experience as a result, is to eliminate family homelessness from our society.

Kolar's study (2005:6) concluded that, "homelessness encompasses a complex mix of structural and personal difficulties. The elimination of homelessness, therefore requires a comprehensive and multi-layered approach". This approach should include:

- Addressing the structural disadvantage that precipitates homelessness for many including, poverty and unemployment;
- Increasing the supply of affordable housing;
- Combating the endemic of violence against women, particularly domestic and family violence;
- Addressing the inequality and disadvantages faced by Indigenous Australians;
- Developing prevention and early intervention strategies that would provide families with important safety nets and supports; and
- Enhancing the capacity of the homeless service sector (primarily SAAP services) to identify and respond to the unique needs of children who accompanying their parents into homelessness.

### 7.1 Addressing structural disadvantage

Much of the literature highlighted that "if poverty and lack of housing are at the core of homelessness, policies to end homelessness must attack both. Without change at the structural level, the individual interventions that seem to increasingly

be the emphasis of government policy, will be doomed to fail” (Bartholomew, 1999:142; Norris et al, 2005:xiv).

Kolar (2004:3), like many others, postulated that , “with income support payments around 20 to 30 per cent below the poverty line (Brotherhood of St. Laurence 2002), employment represents the only viable pathway out of poverty” (Kolar, 2004:3). Therefore, policies and programs are needed that can support Australians who are dependent on welfare payments to find and maintain long-term employment.

Furthermore, from as far back as the Thomson Goodall report into the needs of children in SAAP Services, completed in 1994, insufficient access to appropriate, affordable and stable housing has been noted as the main barrier facing homeless people. However, since this time we have witnessed a reduction in public housing stock and a private housing boom, which has resulted in very limited housing availability for low income Australians. This is a matter that demands urgent attention in all states and territories around Australia.

The other main cause of family homelessness, domestic and family violence, must also become a policy priority for governments (Bell, 2002:8). As with poverty and homelessness, the intergenerational cycle of violence will continue unless it is addressed and community attitudes towards violence against women are changed.

Finally, governments must also find a way to reduce the cycle of poverty and disadvantage suffered by Indigenous Australians, who are vastly over-represented in the homeless population. There has been little progress made in the enormous divide between the health and wellbeing of Indigenous families compared to other Australians. Therefore, a renewed commitment to address these issues, once and for all, is urgently needed.

## **7.2 Prevention and early intervention strategies**

There were also many calls being made by workers in the housing service system, for an increase in prevention and early intervention strategies. This would aid in reducing the number of families who end up in housing crisis. Principal among the suggestions was the expansion of the Australian Government's Family Homelessness Prevention Program (for example see recommendations made by Kolar, 2005:6). This program has received renewed funding and is now called the HOME Advice Program, but it is still limited to one service in each state and territory.

The other main prevention strategies mentioned in the literature were aimed at stemming the flow of families evicted from public housing. A number of reports stated that public housing authorities urgently needed to review how they deal with debt issues (Walsh, 2003:53; AHURI, 2004:3).

A few other authors also called for a review in public housing allocation priorities, to ensure that the needs of children are considered and addressed. For example, AHURI (2004:3) recommended that public housing authorities should give priority to households living in unstable housing and/or with a history of frequent moves and to families who have a child requiring school based remediation.

## **7.3 Appropriate responses by housing support services**

Most of the Australian literature concentrated on the need for the SAAP service sector to improve their current work practices with homeless families and more specifically, to improve their responses to the children in these families.

As has been borne out in this report, the issues faced by children presenting at SAAP services with their families can be many and varied. However, Jurak's study, that spoke directly to children in SAAP services, found that "the needs of the children who participated in the focus group were not dissimilar to other children

within the same age group: to feel heard; listened to; cared for; have fun; meet friends; express feelings; have companionship; and to feel safe” (Jurak, 2003:5).

MacNaughton who also directly asked children living in a women’s refuge what they needed, found that “being reunited with their family and having a place that was their family home were the things that they wanted most strongly”.

These demands or needs do not seem that unreasonable. However SAAP services are struggling to meet these needs due to various complexities such as a lack of resources, high case loads, difficulties recruiting and retaining staff and the competing demands of their client base (ACTCOSS, 2002).

Four key priorities emerged that need to be addressed by SAAP services if they are to improve their service response to homeless children. These were:

- Improving the supply of, and support provided in, emergency and temporary accommodation;
- Identifying needs and treating children as clients in their own right;
- Providing a holistic and strengths based child centred or whole of family approach; and
- Improving linkages with wider community services and supports for children and their families.

All of these areas are explored individually below.

### **7.3.1 Improving emergency and temporary accommodation**

There is a severe lack of emergency and temporary accommodation for families in Australia. The latest figures show that approximately 2 in every 3 children requiring accommodation on an average day are turned away by SAAP services (AIHW, 2006a:61). The ACT report the highest proportions of accompanying

children who were turned away – 81% - or 4 in every 5 children (AIHW, 2006a:61). The same report also found that SAAP had more difficulty in meeting the immediate requests for accommodation from people with children than they did for single people (AIHW, 2006a:xix).

ACTCOSS (2002:61) found that “new or expanded services are required to significantly increase the accommodation and support capacity of ACT SAAP to provide crisis and medium-term accommodation for couple and sole parent families”.

Apart from an injection of more places, SAAP services also need to be appropriately resourced and trained to ensure that they can meet the needs of children, whilst they are living in these environments.

Strategic Partners (1997:20-23) recognised a number of issues that need to be considered by SAAP services when accommodating children. These included the need to:

- Provide play and quiet study areas;
- Recognise the importance of children’s relationships with each other and provide opportunities for these children to come together;
- Provide recreational activities for children and specific activities for boys;
- Provide encouragement for children to express themselves; and
- Provide child care, specialist workers and child support programs.

The need to support children to talk with each other whilst staying in refuges was also highlighted by many other researchers (including McGee, 2000 cited in Saunders 2003:4; Jurak, 2003:23 and Edwards, 2003:4).

A number of other authors also called for more innovative service models, so that accommodation facilities could respond to the unique needs of families, rather

than family members having to be split up, or move on too quickly, just to suit the rigid guidelines adopted by services (for example, see Oberin & Marchingo, 2003).

### **7.3.2 Identifying needs and treating children as clients in their own right**

From a review of the literature it appeared that many women's refuges are currently a long way ahead of other SAAP services in responding to the needs of children. Many have specific children's workers and may also provide child care and other specialist services for children. Therefore, "it may be deduced that children accompanying a female receive more specialist supports than children accompanying other groups" (Brown, 2006:25).

However, a number of reports found that even where services had been allocated further resources to employ children's workers, these workers were often under-resourced and accorded low status by other workers (Strategic Partners, 1997). Accordingly, children's needs were still being seen as secondary to their parents and they were not being holistically assessed or addressed.

Strategic Partners (1997:19) also found that, "Very few of the children [included in their consultations] reported that anyone had talked to them about their needs...[and] in the families interviewed, none of these children had had a comprehensive needs assessment". Consistent findings to this were also found in other studies (for example, Resolve Community Consulting, 2004)

Therefore, simply providing all services which accommodate children with dedicated funds to employ children's workers or to maintain a regular capacity for providing support to children (as recommended by ACTCOSS, 2002:60), may not be enough to ensure that the needs of children are met.

A change must take place not only in the allocation of resources, but also in the culture of policy makers and SAAP agencies. SAAP (at all levels) needs to change assumptions that are based on the premise that focusing on outcomes for adults

will have a 'trickle down' effect for children (Gibson, 2005; Wright-Howie, 2006:21 & Toucan consulting, 2003:10; Brown, 2006). SAAP must begin to recognise the importance of assessing children's needs separately and ensure that this can become common practice.

Many reports consistently indicated that children need to be treated as clients in their own right. Unless treated as such, children's needs will not fully be recognised (Purdey, 2003 cited in Norris et al, 2005;2) and children's needs assessments, where they exist, may be undertaken as some sort of tokenistic 'good will' gesture.

Resolve Community Consulting (2004:vi) found that currently, when children's needs are included in the families needs assessment, "parental and worker focus is on children's physical needs rather than emotional and developmental needs". This is also indicated by the findings from SAAP data reports. These reports consistently show high incidences of contact or support with primary support services for children, while other needs such as mental health/counselling, education and childcare may be overlooked, considering the low incidence of current contact or support that children have with these services (McNamara, 2003:34; AIHW, 2006b).

These findings highlight that we need to ensure that children's needs assessments are thorough, holistic and followed-up with appropriate case management support that is provided in a planned and coordinated manner.

#### **7.3.4 Providing a holistic, strengths based child centred or whole of family approach**

*“Contemporary good practice in providing support to children and families within SAAP is based on goals of building family strengths through holistic models of support with separate but related or complementary programs for adults and children” (ACTCOSS, 2002:97).*

Unfortunately, the lack of flexibility in service delivery models, limited resources, problems with staff recruitment and limited staff training all combine to result in ‘good practice principles’ often remaining as rhetoric.

Therefore, the SAAP service sector is in need of more resources and training to ensure children’s needs can be identified and children can be treated as clients in their own right. Some of the other key areas identified in the literature review as requiring improvement to ensure that good practice models of service delivery can be provided included:

More flexible funding for specific child-based programs aimed at meeting the needs of children, including the use of brokerage funds;

More support for parents to build on their current strengths and parenting capacities; and

Follow-up support for children and families once they have exited SAAP programs so that children and families get the support they need to ensure that their housing is maintained and that their full potential can be realised.

### **Brokerage**

Child-based services or programs that can work in partnership with the support provided to families by SAAP workers would greatly enhance outcomes for

children. One such program is the Rebound program operated by Hanover Welfare Services. Kolar's, 2005 study recommended that programs similar in nature to Hanover's Rebound program be funded around Australia to improve outcomes for homeless children. "Rebound involves small expenditures to help children catch up with their learning, promote their personal wellbeing and participation in social events and sport" (Kolar, 2005:6).

Flexible brokerage funding has also been used to great effect by FHPP programs. "Pilot sites reported that the brokerage funds made a huge difference to their ability to support families flexibly and give families hope for the future". The funds were used for school fees, uniforms, school excursions, childcare, social and recreational activities such as family outings to the movies or the zoo (RPR Consulting, 2005:39).

Recognition of the importance of financial assistance for homeless families was also found in studies completed by Efron and colleagues (1996), Strategic Partners (1997), ACTCOSS (2002) and Walsh (2003).

### **Parenting support**

The literature also demonstrated that there was a definite need for SAAP services to increase and improve the parenting support they can provide to enhance the capacity of parents to meet their children's needs. Wright-Howie (2006:24) asserts that "a primary need of children who are homeless is to have their relationship with their parents improved, developed, supported and enhanced" (Wright-Howie, 2006:24).

This could include providing support to assist parents to learn to play and have fun with their children (Toucan Consulting, 2003:15) or more specialised parenting courses for parents experiencing homelessness (Resolve Community Consulting, 2004).

Specialised parenting courses for parents experiencing homelessness may be particularly useful, given all of the issues that combine to cause homeless parents enormous levels of stress. Walsh outlined that parents issues included: “the need for support in parenting, particularly in dealing with and managing children’s behaviour; dealing with the impacts of homelessness on the parents themselves and on their parenting; the lack of child care options; the fear of child protection intervention; a sense of embarrassment and fear of being judged as a bad parent; and inter-generational issues” (Walsh, 2003:44).

### **Follow-up support for families and children**

The literature reviewed for this report highlighted the current lack of ongoing support that is available for families once they leave SAAP accommodation. This was of particular concern, as many of the studies found that long-term support for families was crucial to ensure that their full range of needs could be met and that their housing could be maintained (Bartholomew, 1999; ACTCOSS, 2002; Roberts, 2004; Kolar, 2004; McCaughey, 1992; Edwards, 2003; St. Luke’s Anglicare, 2005).

Kolar’s study found that stable housing actually provides a foundation for families to begin to resolve their difficulties. In Kolar’s study, “as housing stabilised the use of welfare services had actually increased” (Kolar, 2004:4-5). Similar findings were noted in Bartholomew’s study (1999) and Robert’s study of Aboriginal family homelessness. In Roberts’ (2004) longitudinal study, 37 out of the 50 families interviewed in the final wave of data collection said that they needed support. The importance of providing outreach support to Aboriginal families so that they could maintain their tenancies was one of the key findings of the study.

Children have also expressed a need for continued support from refuge staff after they have moved on from this accommodation. Edwards study found that Children’s Support Workers had been particularly helpful to children linking into

new schools. However, the “children felt it would be helpful to have someone ‘who knows our story’ to continue with this support after they had exited refuge accommodation” (Edwards, 2003:20). Strategic Partners in their report from 1997 also recognised that children should be allowed to maintain contact with services after they had left the agency.

The need for ongoing support may also be particularly needed to address current patterns exhibited by homeless people in the ACT. ACTCOSS (2002:10) found that many people in Canberra actually remained homeless after receiving SAAP support. The report stated that, “when compared to national averages, clients of ACT SAAP services are less likely to access independent accommodation after support...[and] the proportion of ACT SAAP clients remaining homeless after support (61.4%) appears to be significantly higher than the national average (38.4%)” (ACTCOSS, 2002:45).

Therefore, follow-up support is not only needed to ensure that families can maintain stable housing, but also to ensure that families don’t keep falling through the gaps of the service system and continuing on a ‘merry-go-round’ of temporary and unsuitable accommodation.

### **7.3.5 Improving linkages with wider community services and supports**

As has been indicated many times throughout this report, SAAP services are overstretched and under-resourced. Therefore, they can not be expected to provide the diverse range of services needed by children to overcome the effects of homelessness. To overcome this problem there is a need to integrate the support that SAAP can provide with the broader range of community supports and programs available to children and families. This will complement and build on the supports provided within SAAP services (ACTCOSS, 2002:98).

Thomson Goodall's report released in 1994, found that there were "insufficient effective linkages between SAAP services and community resources – including generic and specialist services". The literature reviewed for this report indicated that this may still be the case.

There was much emphasis given to the need for SAAP services to form effective linkages and partnerships with a range of community and specialist children's services. The diversity of programs and services needed to respond to families from all cultural backgrounds and to children of different ages, with different levels of need is considerable. It is not surprising then, that it has been recognised that in some cases these services either do not exist or are extremely difficult to access (See ACTCOSS, 2002:59).

Some of the main services that were identified as being crucial to homeless families and their children included:

- Child care and playgroups (see Norris et al, 2005; Strategic partners, 1997:20; Eddy, 2003);
- Child mental health and counselling – SAAP data shows that counselling was the most common unmet need experienced by children within SAAP (AIHW, 2006b:53);
- Schools (see Edwards, 2003:5; Strategic Partners, 1997:21); and
- Family services including parenting support and financial counselling (see ACTCOSS, 2002; RPR Consulting, 2003).

There was also emphasis given to the need to address the social exclusion that homeless children experience, by increasing children's access to informal supports.

Informal sources of support tend to be more effective in enhancing personal functioning than formal sources (RPR, 2005:68) and they can also provide children with an important sense of belonging to their community. Providing children with the opportunity to join support groups and to participate in the general leisure and recreational activities that most children take for granted would result in many positive short and long-term outcomes.

## 8. Conclusion

This literature review has highlighted that due to a complex mix of structural and personal factors, significant numbers of children in Australia are at risk of, or are currently experiencing, homelessness with their parent(s).

The effects of homelessness on children are immeasurable. Children's development, health and wellbeing is put at risk, their schooling is drastically affected to the extent that they may leave school altogether, family relationships are strained and they have an increased risk of becoming isolated from their existing support networks and from having any sense of belonging with the community in which they live. In the long-term, many of these children will remain on the margins of society, at risk of continuing cycles of poverty, homelessness and in some cases domestic and family violence.

Despite the enormous detrimental effects that homelessness has been shown to have for children, their needs largely remain unidentified and unmet. Urgent changes to economic and housing policies are needed to address the lack of affordable housing that exists in Australia and to increase employment opportunities for parents. Changes are also required to policies and practices within the SAAP sector, so that services can respond to the diverse needs of homeless families and their children.



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