

Seen and Heard: putting children on the homelessness agenda

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Australian Centre for
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INTRODUCTION

Children are emerging
as the new face of
homelessness in Australia.

The kids know what's going on and they see what's going on and they say mummy, mummy why are you crying? (Parent)

Children are emerging as the new face of homelessness in Australia. On Census night 2006 there were an estimated 12,133 children under the age of 12 who were homeless. This represents roughly 12% of the homeless population. The percentage of children who are homeless has increased more than 22% since 2001 (Chamberlain and Mackenzie, 2008).

Until recently, children in homeless families were largely seen by government as appendages, not as individuals in their own right. Their specific needs have historically been overlooked in policy settings and consequently by the service system considered as a whole. This is underlined by the fact that until recently children have not even been counted as clients in the national homeless data collection.

In the last few years, however, there has been a growing awareness that children who are homeless have specific needs which should be addressed. The Australian Government's White Paper, *The Road Home*, for example, reports on the emotional cost of homelessness on children, an issue which can 'only be addressed by a specific focus on their needs' (Commonwealth of Australia, 2008:11). *The National Early Childhood Development Strategy*, supported by the Federal Government and all States and Territories, highlights that children who are homeless or at risk of becoming homeless are among the most vulnerable and require particular strategies of support (Commonwealth of Australia, 2009: 28).

This snapshot maintains and extends this attention on homeless children, identifying:

- the number and profile of homeless children;
- why children become homeless;
- the impact of homelessness on children;
- service providers' current practices in relation to children; and
- families' experience of the homeless service system.

To do this, the snapshot draws on key findings from national and international research, and from a recent exploratory study conducted by a family homeless network comprising a small number of organisations which began working together as part of an Australian Research Alliance for Children and Young People (ARACY) collaboration.

The snapshot concludes with a recommendation to better support children and families who become homeless, or are at risk of becoming homeless, to ensure that these children are given focused attention and resources.

HOW MANY CHILDREN ARE HOMELESS?

More the 84,000 children accessed a specialist homelessness service in 2009-10.

In 2009-10, more than 84,000 children (under 18 years) across Australia accessed a specialist homelessness service accompanying their parent or guardian (Australian Institute of Health and Welfare, 2011). This is equivalent to one in 60 Australian children and one in every 38 children aged four years or younger. Many of these children were living in single parent families, with almost 25% of all homelessness service support periods provided to single parent households (AIHW, 2011). Most of these parents were women escaping family violence, although it is important to also acknowledge single fathers. Severe financial stress, family crises and eviction are also major individual-level causes of homelessness for children and their families.

Of the children who accompanied their parent or guardian to a specialist homelessness service in the 2009-10 financial year, almost three quarters (72%) of these children were under the age of 10. Nearly half (44%) were 4 years of age or younger, while over a quarter (28%) were aged 5-9 years (AIHW, 2011).

Recent research reported on by the AIHW indicates that significant numbers of people who need help from government-funded

accommodation are turned away each day (AIHW, 2011a). Family groups were the most likely to be turned away, including 82% of couples with children and 67% of individuals with children.

The actual number of homeless families and children in need of services is likely to be much higher than the figures above, as these capture only those who have accessed or tried to access a service. These figures exclude those who may be staying temporarily with friends or family or in insecure accommodation such as a caravan parks or boarding houses.

Indigenous Australians are over-represented in specialist homelessness services. Indigenous Australians accounted for 18% of clients in 2009-10 even though they represented 2% of the general population aged 10 years and over (AIHW, 2011). The situation of Aboriginal and Torres Strait Islander children was even worse, being "over-represented relative to their population size...26% of accompanying children were Indigenous compared with around 5% of the Australian population aged 17 years and under." (AIHW, 2011; 9).

WHY ARE CHILDREN HOMELESS?

Children experience homelessness when their family becomes homeless.

Children experience homelessness largely when their family becomes homeless. The causes of family homelessness are both structural (such as the crisis of housing affordability, the decline of low skilled jobs, wage poverty) and personal or familial. The most commonly reported reasons for children and their families approaching specialist homelessness services are related to interpersonal relationships including domestic violence and/or relationship breakdown, and accommodation issues such as eviction or being asked to leave. (AIHW, 2011). While these are the commonly cited reasons for homelessness, families often present to specialist homelessness services with multiple and complex issues, including parental and

child mental health problems, poor physical health, parental substance abuse, educational disruption, behavioural issues, experience of intergenerational disadvantage, and child abuse and neglect (Gibson and Johnstone, 2009).

While children become homeless for many reasons, their experiences once homeless tend to show some commonalities. They often remain homeless or precariously housed for protracted periods of time, moving between placements in a variety of accommodation including substandard hotels, rooming houses, caravan parks and motels while they endure long waits for public housing due to a lack of housing supply.

WHAT IS THE IMPACT OF BEING HOMELESS ON CHILDREN?

...homelessness can affect children's physical and emotional health and wellbeing, their engagement with education and learning...

Evidence of the impact of homelessness on families in Australia is emerging (McCaughy, 1992; Kolar, 2004; Horn and Jordan, 2007; Hulse and Kolar, 2009).

There is growing national and international evidence on the impact of homelessness on children specifically. This diverse evidence base indicates that homelessness can affect children's physical and emotional health and wellbeing, their engagement with education and learning, including preschool and school, their relationship with immediate and wider family and friends and their connectedness to the community (Rafferty and Shinn, 1991;

Keys, 2009). Increasingly, the voices of children are themselves being heard in the research (Moore et al, 2006; Kirkman et al, 2009) which assists with the development of a deeper understanding of this impact. A recent review of the literature on children and homelessness (Keys, 2009) categorised the effects of homelessness on children into: health and wellbeing, family relationships, community connectedness and education.

Health and wellbeing: numerous quantitative studies in the US have provided evidence of elevated stress levels and mental health problems among homeless children, and

WHAT IS THE IMPACT OF BEING HOMELESS ON CHILDREN? (CONTINUED)

many studies have identified behavioural problems in such children. Developmental delay has been identified as a compounding issue for some homeless children. Poor dental health, asthma, skin problems, vision problems, and recurrent headaches are common physical issues. Finally, several studies have found that more frequent moves while homeless are associated with greater negative effects on children's health and wellbeing.

Family relationships: homelessness is thought to have an impact on both the quality of parent-child relations and the parental role. In some cases, where children assume caring for or protecting parents, the parent-child relationship can be inverted.

Community connectedness: the enforced mobility implied in homelessness has an obvious potential to disrupt connections with relatives, friends, neighbours and others.

Education: High levels of mobility often have a detrimental effect on schooling. Homelessness is itself an impediment to school attendance and academic performance. However, education is often

valued by children experiencing homelessness, as school may provide stability in times of insecurity and change. Continuity of schooling has also been identified as a significant predictor of positive wellbeing later in life.

Recent Australian research indicates the high prevalence of earlier periods of childhood and teenage homelessness amongst people who experience homelessness as adults (Flatau et al., 2009). This suggests that the impact of childhood homelessness can be long term and points to high rates of intergenerational homelessness.

The social policy implications of disrupted schooling, behavioural problems, and poor developmental outcomes and the potential long term social and economic costs are increasingly understood (Commonwealth of Australia, 2008: 52). *The Road Home* estimates that the long-term economic cost to the community of not assisting the children who pass through specialist homelessness services each year is close to \$1 billion per annum (Commonwealth of Australia, 2008:10).

SPECIALIST HOMELESSNESS SERVICES: HOW DO WORKERS SUPPORT CHILDREN? SUMMARY RESEARCH FINDINGS

The processes of identifying and assessing the needs of children and the range of services provided are inconsistent.

In late 2009 the family homeless network conducted a telephone survey of workers from 107 specialist homelessness services across Australia. A key focus of the survey was to explore what workers in homelessness services do on a day to day basis to specifically meet the needs of dependent children.

While service workers reported a clear understanding of the diverse physical, emotional and material needs of children of varying ages accessing the specialist homelessness services, it was evident that both the processes of identifying and assessing the needs of children and the range of services provided were inconsistent across the sector.

Five main categories of *direct* assistance were identified across the service system. Direct assistance provided by individual services included:

- *accommodation:* providing temporary accommodation and assisting people to attain and maintain sustainable accommodation. Respondents stressed the importance of providing *appropriate* accommodation to children, which was described as having sufficient bedrooms for children and outside space for children to play in. It was also preferable for the accommodation to be located close to facilities such as schools, public transport and shopping.

- *basic material assistance:* providing food, clothes, furniture, books, uniforms, toys and baby goods. Children and their families often arrived at homelessness services without any possessions, and it was seen as particularly important for children to be given items of their own. One service reported: "Each child is given an age-appropriate backpack with pyjamas, toiletries, books, teddy etc. We applied to a foundation for those..."
- *transport:* providing transport for children and their parents to school, recreational activities and appointments.
- *group programs:* providing on-site or off site pre-school playgroups, art therapy sessions and pet programs depending on resources. Running groups within services was more frequent where there was a designated Children's Worker.
- *recreation:* arranging camps, excursions, activities and school holiday programs. Often these recreational activities were run in conjunction with other organisations, such as local sporting clubs or welfare agencies.

SPECIALIST HOMELESSNESS SERVICES: HOW DO WORKERS SUPPORT CHILDREN? SUMMARY RESEARCH FINDINGS (CONTINUED)

Two main forms of *indirect* support were identified:

- Networks of support: for example, links with the education and health services. Many services had connected with educational providers, such as childcare, primary schools and high schools. Numerous examples were also given of links with health services, such as regular visits by a nurse to the specialist homelessness service in order to improve the physical wellbeing of their clients.
- Specialist services/ referrals: when children were identified as needing disability services, psychological counselling and mental health support. Referring children and families to such services was one of the most frequently mentioned forms of assistance. However, it was thought that access to these services was often hampered by long waiting times and eligibility barriers.

While each individual service was likely only to provide some of the forms of direct and indirect support noted above due to capacity constraints, there was a strong focus on keeping children at the heart of service provision. Workers mentioned the importance of giving children direct attention, consideration, respect and time. There was also the recognition of the need to assist parents to address both their own and their children's particular needs.

SPECIALIST HOMELESSNESS SERVICES: THE EXPERIENCES OF FAMILIES WITH CHILDREN SUMMARY RESEARCH FINDINGS

Frustration in accessing the service system is common.

Simultaneous to the telephone survey of service workers, the family homelessness network undertook focus group research in late 2009 with parents currently or recently accommodated in specialist homelessness services in Adelaide, Melbourne, Canberra and Sydney. The groups explored parents' experiences of the homelessness service system, and identified three main issues: difficulty in accessing the service system, frustration at not being able to find an exit point, and concern about the effects on children of being homeless including while they were within the service system.

Frustration in accessing the service system was a common experience across the groups. For some, the unexpectedness of the events precipitating homelessness caught them off-guard; for others they just didn't know where to turn or found frustration and difficulty in accessing the service system.

"They were just like passing the buck to everybody else they're like, oh no we've got none but try this number, and then try this number or ring the other number you've just called back. Yeah, it was just really hard."

Parents' experience of the service system was also sometimes complicated by their own issues, particularly the reluctance to disclose detailed information about their circumstances. Two main types of reason were given: some could not conceive that they would get help for their particular issues and others felt that they would be penalised for these issues if they were disclosed.

There was much that parents found positive in their experience once they had found their way through the service system to tangible

support. Generally, they were satisfied with the range of services that they were linked to by their support workers. Childcare and counselling were identified as particularly useful. Additional resources, such as clothing, train tickets, outings, transport (ie. to and from their existing schools) or toys for kids were also identified as helpful.

A couple of parents noted that they were given parenting support, which they found helpful given the stress of being homeless and its impact on their relationship with or parenting of their children.

"I got support with the kids and their behaviour and stuff. I was finding it really difficult to deal with everything at once and I also got financial support, my finances were up the crapper. They referred me to other places and I also got counselling."

A second main issue of concern were difficulties in exiting the service system. Many found themselves trapped, unable to access public housing or the private rental market, especially in capital cities. Quicker access to longer-term housing was front and centre of many participants' needs.

I am at the point where I don't even want to go to the inspections any more, I don't want to look at the rooms and say this bed'll go there, I don't want to do that any more. I just want to put the application in and...get knocked back...and go to the next one...put the application form in...do all the photocopying, all the forms...it's just awful...I just don't want to get emotionally involved anymore...it's too hard...to put yourself out there and get knocked back.

SPECIALIST HOMELESSNESS SERVICES: THE EXPERIENCES OF FAMILIES WITH CHILDREN SUMMARY RESEARCH FINDINGS (CONTINUED)

The result was waiting in accommodation designed for temporary stays or rotating between temporary accommodation over long periods while waiting for public housing.

This fed into the third area of concern regarding the impact of homelessness on their children, even when within the service system. The continued precariousness of their lives, and in particular the frequency of having to move as a result of short periods of support, was identified as one of the biggest factors affecting children. This was perceived to be both unsettling for children, as well as difficult for parents, both to explain to their children and to access the services their children needed.

One of the biggest implications of having to move frequently for homeless children was the frequent change of school. This was of concern to the children and their parents in terms of their children's mental and

emotional health and wellbeing, as well as their educational development.

I really feel for them...because they changed school four times...my kids have got my nature so they can talk to people, but is it fair on them?, I don't feel proud when I hear them and they go 'we changed school four times'...I feel embarrassed about that because I'm not giving them the stability of staying at one school.

Overall, parents were concerned at the ongoing effects of homelessness on their children's health and wellbeing, and on their relationships with them. Stable and ongoing accommodation seemed to have positive effects. Some parents who now had stable accommodation said that once housing was stabilised the family became closer again and that their children's behavioural issues, where present, had stabilised.

DISCUSSION

It is pure chance what supports and services families and children are able to access.

This snapshot of the evidence about children and homelessness illustrates that:

- children and young people are over-represented in specialist homelessness services, especially children under 5
- most come from single parent households, principally female headed households
- homelessness and housing crises can have a profoundly negative impact on children's health and wellbeing, their engagement with school, their capacity to learn and their connections to friends, extended families and communities.

While individual pathways into homelessness are diverse, income poverty and family breakdown are the key reasons people present at homeless services. However, while some families only require access to affordable housing others have multiple and complex needs that require the efforts of multiple service sectors, typically mental health, drug and alcohol, early childhood, employment and education.

Across the homelessness service system in Australia there is little consistency in the services and supports provided to children who accompany their families into homelessness. Several supports for families that are consistently provided or accessed by services include temporary accommodation, basic material assistance and transport. However, significant differences occur in the extent to which these services are provided, the quality of the services and the supplementary services available. For example, a sizeable proportion of homelessness services employ a Children's Worker, however the vast majority, two-thirds, do not (Gibson and Morphett, 2010). There are specialist homelessness services

which are able to provide educational assistance to children, for example help with homework, tutoring programs and access to computers, through their relationships with other services or through philanthropically funded programs. Some are able to negotiate outreach support from other local services, for example local health service visits to provide health care to those who would otherwise find access difficult.

From the perspective of children and families who are homeless, it is pure chance as to the sort of supports and services they are able to access across Australia. This is notwithstanding the great ingenuity and resourcefulness shown by services in the way that they work with children and families to attempt to meet their needs. The ability to respond to the needs of children was heightened when relationships with other services and sectors were positive. However, at present homeless service resources and funding are not adequate to address children's needs in a consistent and systematic way.

The benefits of supporting children as much as possible especially in their earliest years is well known. "Children who have good early childhood experiences before age six, in stimulating, nurturing environments have better outcomes throughout their life...better school grades, better self esteem, fewer social problems, and fewer health problems and are less likely to be teen parents, use drugs or be involved in crime" (Hertzman, 2003). This has been acknowledged in the Council of Australian Governments (COAG) *National Early Childhood Development Strategy*. From an early childhood development perspective, there is clear value in enhancing service provision to homeless children and their families.

KEY AREAS FOR ACTION

Prevention, early intervention and better support for children and families once homeless is necessary.

A consistent and nationwide framework is required to address the needs of homeless children, informed by child and family centred practice. This framework should articulate how to:

1. prevent families and children from becoming homeless
2. intervene early to stabilise housing where it is precarious
3. better support children and families once homeless.

Prevention

It is imperative from what is known about the impact of homelessness on children that more is done to prevent children becoming homeless in the first instance. A continued effort by the Government to increase the supply of affordable housing is essential. The importance of a family home, and especially a kitchen table where families can eat together or where children can do their homework, was of clear importance to the families involved in the research. The Government has made good headway in delivering social housing and it is essential that this continues.

Early Intervention

The objective should be to intervene early with vulnerable families prior to housing breakdown. Where housing has already been lost, rapid re-housing should be a priority in the belief that stabilising households stabilises children. Many parents report a complicated service sector that is difficult to identify, access, negotiate and leave. As a result, families often refrain from using services or wait until their situation becomes dire before they make any request for support. Time and again parents in the focus groups reported that it was an individual worker who helped families to navigate the service systems and finally help them to find assistance. Individuals who provide client support and advocacy can make a real difference at the prevention and early intervention end of the spectrum. In addition, existing programs and strategies that have been shown to work could be bolstered, such as the Household Organisational Management Expenses (HOME) advice program; financial aid, including interest free loans and rental brokerage funds; and referral by real estate agents of people at risk of losing their rental property to services which negotiate the payment of arrears and arrange financial counselling.

Crisis Support

Families with children who find themselves in crisis require a level of support which exceeds accommodation, material assistance and transport. Parents and children who come into homeless services have varied needs, and these should be appropriately assessed as a starting point. Some children will require intensive support and services; some will not. An assessment of all children entering specialist homelessness services will assist in ensuring that resources are best utilised.

Additional resources, through increased brokerage funding for example, are required to ensure that areas of remedial action discovered in the assessments can be addressed.

Consideration should also be given to employing a dedicated Children's Worker at all specialist homeless services who work with children. From the research, having access to in-house expertise seemed to improve the quality of service on offer. Whether the best 'application' of such expertise is to do direct work with children or build capacity in the team for child-centred practice or a hybrid of the two needs to be further explored. Nonetheless, these workers can clearly make a difference.

All the efforts outlined above, whether through prevention, early intervention, or in crisis support, need to be underpinned by practice which is strengths-based and child and family-centred. There is a broad consensus across the service sector dealing with disadvantaged families that the key to appropriately supporting homeless families and children is through building child and family-centred practice. This should be routinely done whether working with children, such as facilitating relationships with schools, pre-schools and referral to allied health services, or with the family or household unit, such as toward housing, employment or safety and in valuing and investing in supporting collaborative service provision and networks.

CONCLUSION

An evidence-based framework of support for children and their families is required.

There is an increasing awareness of the needs of children who are homeless and the value of preventing homelessness. This is manifest at both a policy level, particularly through *The Road Home*, and at a service level through the research findings presented. There is also increasing recognition of children as clients in their own right and not as appendages to an adult.

Two years on from the White Paper's release, good efforts have been made in a number of areas, particularly in addressing supply-side issues, developing more effective services for adult rough sleepers, and focusing specialist homelessness services more clearly on targets leading to the ultimate eradication of homelessness. However, while the White Paper makes a range of commitments to Australia's homeless children there appears to have been little in the way of realising these commitments. Thus far there has been little in the way of setting clear national targets, increased resourcing, or developing and supporting child and family centred practice in homelessness services although it is welcome that homeless children will be counted as individual clients within the service system from July 1, 2011.

There is a demonstrable need for better support for children and their families who become homeless or are at risk of becoming homeless. The current challenge is the limited data and evidence to inform what, when and how that support is provided. Future research needs to build on improved national data collection and have a significant emphasis on prevention and early intervention initiatives so to reduce the risk of children being exposed to the impacts of homelessness.

The current collaborators remain committed to progressing research to assist in developing a national framework of support which integrates with existing frameworks, policies and programs that relate to homelessness and children's wellbeing such as *The Road Home*, the *National Framework for Protecting Australia's children* and the *COAG National Early Childhood Development Strategy*. It is apparent that such a framework must enhance practice approaches which are child-centred and improve health and wellbeing and future life opportunity for children. Building accountability mechanisms for the delivery of evidence-based initiatives into the framework will help this to be achieved.

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