

Emerging Solutions

Family Homelessness Research

Working with Children

In Australia, an alarming number of children are accessing homelessness services. In 2010-2011, 38% of all people accessing specialist homelessness services were children accompanying their parent or caregiver¹. This equates to one in every 58 Australian children aged under 17, and one in every 38 children under 4².

Given these high numbers, and the potential impacts of homelessness on children, increasing our understanding of family homelessness is important.

A study of crisis intervention and planned family support with vulnerable families

A National Homelessness Research Project

This fact sheet presents the findings of a research project³ in to the experiences of 88 families that were homeless or at risk of becoming homeless. These families accessed either crisis intervention or outreach family support services during the 14 month survey period and the research explored their experiences and outcomes over this time.

Research Highlights

Early learning and child care

Access to (high-quality) child care has been shown to improve children's social, educational and physical development; children's social and emotional wellbeing; and the social and economic well being of their families. The provision of high-quality child care and early-learning is an effective intervention for children from families experiencing social and economic disadvantage⁴.

In this research we found that young children in the family support sample were significantly more likely than those in the crisis intervention sample to be enrolled in child care, kindergarten or pre-school. Moreover, we see that over time the level of enrolment increased markedly so that by phase three almost 80% of these children were enrolled, which contrasts with less than 20% enrolled in the crisis intervention sample.

This pattern suggests that family support interventions are associated with higher rates of participation in child care, kindergarten and pre-school.

School

In the main, the majority of children and young people of school age were enrolled in school. However, the children in the crisis intervention sample had low levels of enrolment over the November to February period when one school year was ending and another beginning. **This suggests that it is at the beginning and end of the school year that children and young people whose families are in unstable circumstances are most likely to miss out on educational opportunities.**

1. Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services SAAP National Data Collection annual report 2010-11*, AIHW, Canberra.

2. Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services SAAP National Data Collection annual report 2010-11 - Australia Appendix*, AIHW, Canberra.

3. *A study of crisis intervention and planned family support with vulnerable families*, Prof. Karen Healy, project funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

4. Australian Institute of Health and Welfare 2011, *National Outcome Measures for early child development*, AIHW, Canberra.

“...parents receiving outreach family support reported improvements in their families’ mental health.”

Another important finding from this research is that one in five children missed at least a day of school in the week prior to interview. The reasons parents gave for their children missing days of school were primarily financial difficulties and lack of access to transport.

School is not cheap: books, excursions, swimming lessons. I pay things off in instalments.

Health and wellbeing

Just under 30% of families stated their children were receiving specialist or allied health services.

Unfortunately, almost half of the families in the study identified that their children required specialist or allied health services, but were unable to access them. In particular parents noted the need for dental services, speech therapy, mental health care and assistance for children with learning difficulties.

I need help with my daughter. She's going through a lot of grief and hurt over what her family has been through.

Dental - because to go private it's so expensive. Children have work they need done on their teeth that we cannot afford. And, it's almost impossible to get an appointment at the dental hospital.

The finding as to the level of unmet need for specialist or allied health services is particularly pertinent given the social and economic disadvantage and marginalisation experienced by the families involved in this study. Literature on outcomes for children of families with these challenges consistently highlights their need for specialist services to address their health and wellbeing⁵.

Overall, parents reported minimal to no improvement in physical health over the course of the study. However, parents in the outreach family support

sample reported improvements in their families’ mental health, which they attributed to a range of reasons including improvements in their housing situation, leaving an unsatisfactory relationship and gaining better medical or psychological support for a mental health condition.

Child Protection Involvement

The numbers of parents who reported recent or current contact with child safety services over the life of the project ranged from over 10% to just over 25%. Furthermore, it is possible that this is an under-report due to the stigma attached to involvement. This finding reflects the growing literature regarding the extent of parents involved with the child protection system that are also experiencing, or at risk of, homelessness⁶.

Implications for Policy and Practice

Education

At a systems level, increased effort must be made to enable the most vulnerable children to participate in early learning and educational opportunities. Barriers to participation must be reduced and creative solutions found.

- Access to Commonwealth assistance with the costs of child care (such as Special Child Care Benefit) should be simplified and homelessness considered a unique criterion for access.
- Commonwealth and State governments must ensure that access to transport and to basic items such as books, stationery and uniforms is not a barrier to participation in education. A flexible fund within State Government Education Departments for homeless families is a proposed solution to this issue.

- Given the transience of these families and the vulnerability of their children, specialist early childhood programs that are not place-based but rather targeted to vulnerable populations must be made available to children experiencing homelessness.
- Flexible education programs that can be delivered in a range of settings for children who are homeless (such as homelessness services) should be implemented.

Homelessness services and family support practitioners have an important role to play in connecting and supporting children to access and maintain participation in pre-school and school education.

- Crisis services can ask every family they assist if their child is enrolled in child care, pre-school or school and if not, provide practical support to assist.
- Family support practitioners working with families who are homeless or at risk of homelessness can develop an individualised plan for every child in the family that addresses their barriers to participation in education. Both enrolment and attendance at childcare and school should be a key outcome for support. Family support workers can assist by helping the family to talk with the school about the challenges they are facing. Families also require help with accessing the practical support they need to participate fully in their school environment. These practical supports include access to transport, food for lunches, and access to textbooks, uniforms and travel cards.
- Non-government organisations should invest resources into developing strong and positive relationships with schools and child care centres to improve access and address barriers to participation for families.

Health and Wellbeing

Parents identified that their children needed but were not accessing specialist or allied health services, particularly dental care, speech therapy, mental health services and developmental or learning support. These services are available in the community, but are not being accessed by these families.

- Connections between homelessness agencies and specialist or allied health services must be promoted. Moving positions from clinical settings to outreach models in the community should be considered.
- Crisis homelessness services can ask every parent about their children's health and wellbeing and whether they are connected with a General Practitioner or specialist health service.
- Crisis homelessness services can develop stronger links with local GP clinics, particularly given the centralised role of GP's in modern health care and their role in assisting patients to access specialist and allied services. Homelessness services should consider offering each child that accesses their service a referral for a GP appointment.
- Family support practitioners can provide critical advocacy and practical support for children to access specialist health services. Assessments and support plans for each child should include health as a dimension.
- Non-government organisations should invest resources into developing strong and positive relationships with specialist health and mental health services for children, and continue to seek opportunities for specialist services to work in a flexible way with this population.

5. Australian Institute of Health and Welfare 2011, *National Outcome Measures for early child development*, AIHW, Canberra.

6. Corporation for Supportive Housing 2011, *Silos to Systems: Preserving and Strengthening Families and Children Experiencing Recurring Child Welfare System Encounters and Housing Crises*, Corporation for Supportive Housing, New York.



Housing

The research found that there are substantial challenges faced by families who are homeless or in unstable housing. Without a stable home, it is very difficult to engage children in education and health care. Policymakers and practitioners must ensure that housing is the foundational step for improving the wellbeing of children who are homeless.

- Crisis homelessness organisations should focus on re-housing families in permanent, sustainable housing as rapidly as possible.
- Family support practitioners should maintain a focus on permanent sustainable housing throughout any work in addressing other significant challenges faced by parents.
- Housing policy should focus on improving the ability of families to exit the homelessness system, through increasing the supply of affordable housing.

Child Protection

In this research, a substantial number of parents had recent contact with the child protection system (ranging from over 10% to just over 25%). The intersection between homelessness and involvement in the child protection system is a pressing issue.

- Family support practitioners should address the issue of child protection involvement in their case planning with families experiencing or at risk of homelessness. Helping parents negotiate their involvement with child protection authorities and address any concerns about the welfare of the children is an important area of intervention.
- Crisis homelessness services should address welfare concerns for children, including immediate physical needs such as food, a safe place to sleep and freedom from violence.
- Housing and child welfare sectors should consider the pooling of funds to address the intersection of child protection and homelessness.

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