University of
South Australia

Australian Centre for
Child Protection

Think Child, Think Family: Child and Family Sensitive Practice within Specialist Homelessness Services

Survey Report 2010

Christine Gibson, Research Fellow

Kylie Morphett, Research Assistant

Australian Centre for Child Protection

Improving the lives of vulnerable children

University of
South Australia

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Acknowledgments

Executive Summary

In 2009 a national survey of specialist homelessness services was conducted to investigate how the needs of homeless children were being addressed. A stratified sample of SAAP funded services was obtained and telephone interviews conducted with staff of participating organisations. The interviews explored how the services identified and addressed the needs of children, what else they thought could be done to meet the needs of homeless children, issues around the prevention of family homelessness, and what they perceived as barriers and facilitators to working with other services in relation to children and their families.

Data was gathered from 107 specialist homelessness services operating across Australia. Of these services

- Almost half had fewer than five staff members

- The majority provided a combination of crisis/short term and medium/long term accommodation

- Approximately half had a proportionally large number of Indigenous clients (more than 10%)

- The main client group of half of the services were women and women with children escaping domestic violence

- Many accommodated more children than adults

- A significant number had access to a Children's Worker.

The Needs of Homeless Children

Respondents said the needs of children presenting at specialist homelessness services related to their physical and emotional health, their education, and their material wellbeing. Services addressed these needs in diverse ways. The direct provision of assistance to children, making referrals to specialist services and the formation of linkages with other organisations were all seen as means of achieving positive outcomes for children.

To identify the needs of children specialist homelessness services used a range of methods including observation, parental report, child report, and formal assessment using existing or new tools. There was a lack of consistency across services in the methods and tools that were used.

Numerous suggestions to improve responses to homeless children were made:

- increasing levels of staffing in homelessness services and increase access to staff skilled in working with children

- increasing housing availability and improving the appropriateness of housing for families

- strengthening links between services and sectors to facilitate pooling of resources

- improved access to specialist services such as speech therapy, dentistry, and counselling

- creating more opportunities for recreational and group activities

Relationships with 'First to Know' Agencies and Others

Numerous examples of existing networks, partnerships, and links with other agencies were provided. The capacity of specialist homelessness services to address the needs of clients seemed to be enhanced by forging effective alliances and the development of purposeful networks. However, it was often not made clear how existing networks addressed the particular needs of homeless children.

The importance of belonging to networks and maintaining productive inter-agency relationships was widely acknowledged. Factors such as regular contact, positive personal relationships, shared values, and effective information sharing were perceived as strongly influencing productive relationships. The quality of these relationships did not seem to be determined by the presence or absence of formal agreements or partnerships, with many examples provided of effective informal links between services.

Prevention of Family Homelessness

Strategies thought to be successful in preventing family homelessness included client support and advocacy, direct financial aid and early identification of those at risk of becoming homeless with a subsequent referral to appropriate assistance. Purposeful links between homelessness services and other relevant agencies appeared to contribute to the prevention of family homelessness.

Respondents identified a lack of resources (manifested as a lack of affordable housing options and inadequate resourcing for early intervention programs) and reluctance on the part of those who are experiencing problems to disclose their difficulties as major barriers to the prevention of family homelessness. In addition issues such as other sectors lacking knowledge about or interest in homelessness and a fragmented workforce present systemic obstacles to prevention.

Professional Development

Respondents stressed the importance of internal and external supervision, training and induction. Having access to a Children's Worker or other in-house training and networking opportunities was considered to be helpful. The training that respondents found made the most difference to their work with children was that focused on child protection, child development and safety, trauma and parenting. To improve the accessibility of professional development initiatives for specialist homelessness services it was apparent that distance, cost and quality factors must be addressed.

The respondents acknowledged a growing awareness of the unique needs of homeless children and the shifts necessary to refocus attention onto this vulnerable group. Specialist homelessness services provided many examples of the creative approaches used to stretch their limited resources in order to improve outcomes for homeless children and their families.

Background

Children and Homelessness

The prevalence of family homelessness in Australia is increasing (Chamberlain & MacKenzie, 2006). For the 2007-08 financial year 76,900 children, almost three quarters of whom were under the age of 10, accompanied their parent or guardian to a Supported Accommodation Assistance Program (SAAP) service (Australian Institute of Health and Welfare, 2009). The actual number of homeless families with children is likely to be much higher as this figure does not include those who are staying with friends or family, living in insecure accommodation such as caravan parks or boarding houses or those who have been turned away from services due to a lack of vacant accommodation. Indigenous Australians are over-represented in SAAP services. Indigenous Australians make up approximately 2.5% of the Australian population yet in 2007-08 they accounted for 18% of clients in SAAP services (Australian Bureau of Statistics, 2008; Australian Institute of Health and Welfare, 2009). Indigenous children were particularly over-represented, being seven times more likely than a non-Indigenous child to attend a SAAP service (Australian Institute of Health and Welfare, 2009).

The most common reasons for children and their families to approach specialist homelessness services are domestic violence or relationship breakdown and issues concerning accommodation and financial hardship (Australian Institute of Health and Welfare, 2009). Structural factors such as limited housing supply, poverty and other economic and social stressors impact on the number of families who are homeless in Australia (Commonwealth of Australia, 2008). Homelessness has been conceptualised as the extreme end of a continuum of social advantage – disadvantage (Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993). Families experiencing homelessness often present to SAAP services with multiple and complex issues including poverty, disability, domestic violence, parental and child mental health problems, poor physical and dental health, parental (and sometimes child) substance abuse, educational disruption, offending behaviour, experience of intergenerational disadvantage and child abuse and neglect (Gibson & Johnstone, 2009).

Homeless children are at risk of developing health problems (Buckner, 2008) and they often experience increased emotional distress (Cumella, Grattan, & Vostanis, 1998). Many have witnessed domestic violence and due to relocation, have lost access to their possessions (Kirkman, Keys, Turner, & Bodzak, 2009). Homeless children are often subjected to numerous moves which can result in loss of friends and connections. They are likely to have changed schools numerous times. Recent Australian research found that:

> *It was evident that unstable housing adversely affected children's sense of security, their mood and behaviour, their physical health, and their overall experience of childhood.*
>
> (Kirkman et al., 2009, p. 2)

The primary Government response to homelessness in Australia for the last two decades has been the Supported Accommodation Assistance Program (SAAP). SAAP has been jointly funded by the State and Commonwealth Governments in order to 'provide transitional supported accommodation and related support services, in order to help people who are homeless to achieve the maximum possible degree of self-reliance and independence' (Supported Accommodation Assistance Act 1994, Section 5). Since the release of the White Paper in 2009, there have been major shifts at both policy and program level. The National Affordable Housing Agreement (NAHA)[1] is the Commonwealth/State Government framework that is replacing the Supported Accommodation Assistance Program.

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[1] This report often refers to SAAP services despite these services being in a period of transition. The research sample was drawn from the national SAAP database which remains the primary source of information on specialist homelessness services.

In their report into children in SAAP services Norris, Thompson, Eardley and Hoffman (2005) note that SAAP was not designed with the needs of accompanying children in mind. Often attention has focused on young people who present at specialist homelessness services unaccompanied by a parent or guardian, rather than younger children who attend with a parent or caregiver. Increasingly, there is awareness about the issue of homeless children and an acknowledgement of the negative effects of homelessness. The White Paper states that 'The potential impact of homelessness on young children is extremely serious and can only be addressed by a specific focus on their needs' (Department of Families, Housing, Community Services and Indigenous Affairs, 2008).

While the amount of research on homeless children, particularly research including those in younger age groups, has been limited, it is increasing. Recent research has explored children's' experiences of homelessness (Kirkman et al., 2009; Moore, Noble-Carr, & McArthur, 2007) and mothers' experiences of homelessness (Hulse & Kolar, 2009; NSW Urban Refuge Movement and the UWS Urban Research Centre, 2009). However there has been no national survey of specialist homelessness services in relation to young children and their families.

The Australian Centre for Child Protection[2]

A major priority of the Australian Centre for Child Protection is to advance child wellbeing and reduce the risk (and occurrence) of child abuse and neglect. One strategy to achieve this aim is to identify, develop and promote 'child and family-sensitive' practice across all service sectors. In late 2008 the Australian Centre for Child Protection and Mission Australia supported by the Australian Research Alliance for Children and Youth (ARACY) co-convened a national collaboration of researchers, policy makers and practitioners from the fields of child protection and homelessness.

A scan of the relevant literature was conducted in 2009 (Gibson & Johnstone, 2009) which found very little Australian research relating to homeless children and their families. To address this paucity of research the Australian Centre for Child Protection applied for, and received, a small grant from the Sidney Myer Fund to conduct a national survey of specialist homelessness services with the aim of identifying the ways in which the homelessness sector responds to children and their families.

The purpose of the exploratory study is to find out more about the approaches taken towards children and their families by specialist homelessness services. The survey aims to explore:

- How the needs of children in specialist homelessness services are identified and addressed
- What workers feel would aid them in their work with children
- What are the barriers and facilitators to working effectively with other services to meet the needs of homeless children and their families?

Whilst the government is working on population-based policies in an attempt to prevent homelessness the effects of policy initiatives such as an increased availability of housing stock will not be realised for some time. As the number of children accompanying a parent/caregiver presenting at specialist homelessness services will continue to grow, it is necessary to understand the breadth and depth of what is currently being done across Australia. It is hoped that this will provide evidence of what further efforts are necessary to effectively address the needs of such vulnerable children.

Method

Access to the SAAP database was facilitated by officers from the Department of Families, Housing and Community Services and Indigenous Affairs after permission was granted by the inter-governmental committee responsible. Dr

Tony Eardley of the Social Policy Research Centre, UNSW extracted the survey sample from the database according to agreed parameters.

Firstly the specialist homelessness services were limited to only those recorded as providing:

- crisis/short term accommodation and support;

- medium/long term accommodation; and

- multiple (types of accommodation);

and then further limited to those recorded as having one of the following as the primary target group:

- women and women with children escaping domestic violence;

- families; and

- cross-target/multiple/general[2].

After the research application was approved by the University of South Australia Human Research Ethics Committee (29 September 2009) potential participants were contacted. Initial contact with the services in the sample was made via email if an address was available. If no email address was supplied, information was posted to the contact listed. Information about the study, as well as the interview pro forma, was sent to potential participants[3] (see appendix 1).

Approximately one week after the information was sent, participants were contacted by phone to ensure that they had received the information and to ask if they were interested in taking part in the research. If the worker was interested in participating a time was scheduled for a phone interview. When the contact person listed was incorrect, every effort was made to find the appropriate person to interview. The minimum number of contact attempts made was one email and three follow up phone calls. Telephone interviews were conducted between October and December 2009 by researchers from the Australian Centre for Child Protection. These interviews varied in duration from 15 minutes to one hour and 15 minutes.

To be included in the study, services must have provided accommodation to homeless children and their families. During the course of the interviews it was discovered that some did not directly provide accommodation. This was particularly the case in Victoria where non government organisations provided case management and support services to those residing in transitional housing separately from the management of the housing itself, which was provided by a transitional housing manager. Such arrangements are evidence of the evolution of different approaches to addressing homelessness. For the purpose of this research it was important to include services providing support to those in transitional housing because many work closely with homeless children and their families.

Sample Characteristics

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[2] A small number of youth refuges were included in this category however the focus of this research remained accompanying children.

[3] An exception to this method of contact was the Queensland domestic violence services, where service contact details were not available as part of the SAAP database for safety reasons. In this case contact was first made with staff from the Department of Communities. They then forwarded research information on behalf of the Australian Centre for Child Protection to the selected services and provided contact details to the researchers.

A total of 644 specialist homelessness services met the initial criteria. From these 644 services a stratified sample of 153 services was extracted so that the number of services from each state represented the proportion of SAAP services located within that state. The sample was stratified to also reflect the composition of each state's SAAP services. The name of each service and contact information was provided to the Australian Centre for Child Protection in a spreadsheet format by Dr Eardley.

Interviews were able to be conducted with workers from 95 specialist homelessness services. When the same person was the contact for more than one service they were asked during the interview to identify if there were any relevant differences between the services. 96 respondents (one service returned responses by fax so no interview was conducted) represented a total of 107 specialist homelessness services.

It was determined during the initial contact that several services were not eligible to participate in the study. Seven were excluded because children were not seen by these services and another five no longer existed as a SAAP funded service. This resulted in the number of services eligible to participate being reduced to a total of 141. Of these 141 services only two declined to participate. No data was gathered from 32 services even though many had initially expressed interest in participating. Contacts reported that this was due to the unpredictability of working in a crisis service and heavy workloads at a very busy time of year, rather than disinterest in the topic.

Focus Groups

In order to supplement the data provided by workers in specialist homelessness services, members of the ARACY collaboration conducted focus groups with parents who had been, or were currently in a specialist homelessness service. Four focus groups were conducted; one each in Adelaide, Melbourne, Canberra and Sydney. A total of 24 parents participated. The participants had between one and seven children whose ages ranged from four months to over 18 years old. Relevant quotes from these focus group participants provide a client perspective in the report. They are indicated by [Parent] being placed in front of the quote.

Data Analysis

While conducting the interviews the researchers manually recorded responses to the survey questions on the interview pro forma. Once all interviews were completed the researchers collated the qualitative survey questions into themes. This was done by independent coding. Joint discussion of the categorisations then followed and agreement was reached before further analysis occurred. Responses to each qualitative question were then collated and the researchers jointly analysed each individual response to the questions in light of the categories already constructed.

Report Structure

The remainder of the report presents the research findings in the following order:

- Part one describes the characteristics of the services that took part

- Part two explores the needs of children in homelessness services. What are the needs of homeless children? How are those needs identified and addressed? Are there any other things that could be done in order to aid specialist homelessness services in better meeting the needs of homeless children?

- Part three describes inter-agency relationships that specialist homelessness services currently have, and explores the barriers and facilitators to the development and maintenance of these relationships

- Part four examines early intervention and prevention opportunities

- Part five describes professional development. What has been useful in relation to working with children, and what else could help?

Part One – Characteristics of Participating Specialist Homelessness Services

The majority (81%) of the 96 survey respondents were Managers, Coordinators or Team Leaders. Four percent were CEOs and the remaining 15% were in more direct client contact positions such as Support Worker, Community Development Worker and Senior Case Worker.

The majority (51%) of the 107 services participating in the research operated a combination of crisis to short term accommodation and medium to long term accommodation[4]. Crisis accommodation alone was offered by 31% of the participating services while 16% provided only medium to long term accommodation[5]. Two percent did not offer accommodation: one provided referrals to housing providers and brokerage funds while the other provided information, referral and co-case management for a specific target group. These two services were included in order to gain a fuller understanding of the range of services that homeless children and their families may access.

Half of all participating services had women and women with children escaping domestic violence as their main client group, another 26% had families as their main client group. Twenty four percent of services were general services or services that targeted more than one client group.

The number of children currently accommodated by each service varied from none to 106. Seventy-seven services reported accommodating fewer than 30 children. The number of adults currently accommodated ranged from none to 59. Seventy-nine services reported accommodating fewer than 30 adults.

Thirty four responses indicated that between one and three Children's workers were available to the specialist homelessness service. While no formal data was collected on the amount of hours that these Children's workers were employed, it appeared that many worked on a part-time basis.

Most (82%) services participating in this research employed 10 or fewer staff. Forty eight percent employed fewer than five staff.

Participants were asked whether they had a significant number of Indigenous or CALD clients and, if so, what proportion of their clients was in these client groups. Around half the services had at least 10% of clients that were Indigenous or CALD clients.

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[4] This figure includes services providing support to those residing in transitional accommodation.

[5] This figure includes services providing support to those residing in transitional accommodation.

Summary

A survey of specialist homelessness services was conducted to investigate how the needs of homeless children were being addressed.

Data from 107 specialist homelessness services across Australia was gathered by telephone interview.

Almost half of the specialist homelessness services had fewer than five staff members.

The majority provided a combination of crisis/short term and medium/long term accommodation.

Women and women with children escaping domestic violence were the main client group of half of the services.

Many services accommodated more children than adults.

Of 96 respondents who were interviewed, 34 indicated that their service had a Children's Worker.

The services in the sample had a proportionally large number of Indigenous clients with approximately half having more than 10% of Indigenous clients.

Part Two – The Needs of Homeless Children

It was clear from the focus group discussions that parents experiencing homelessness found it hard to address all of their children's needs.

One focus group participant stated that

> [Parent] *It's (i.e. homelessness) making me fairly short and abrupt with my children at the moment because I am being pulled in a lot of different directions and I just don't have time, the energy, or the emotional wherewithal at the moment to give myself to them in a way that I used to be able…I'd sit down and read stories and colour in and play cars, blocks and all these sorts of things when they were really little, but I can't give them any of that now…I can't…it's just exhausting…and my mind is elsewhere, all the time.*

Another said

> [Parent] *The kids know what's going on and they say Mummy, Mummy, why are you crying?*

Given the limited capacity of some parents to fully respond to their children during a time of crisis, this research looked at what specialist homelessness services were able to do to assist homeless children to have their needs met. Respondents were asked what they considered the main needs of the children were, how the service identified and addressed those needs, and what else could be done in order to better meet the needs of homeless children.

Main needs of homeless children

Individual answers given to what respondents considered to be the needs of the children attending their service were influenced by the age range of the children seen. The limited exposure of some workers to children because of school attendance or the style and location of accommodation also influenced the responses. While many common themes were identified across all age groups (material aid, safe accommodation and stability) some responses were more frequent in relation to different age groups. For babies to five year olds the emphasis was on parenting (particularly attachment), physical and developmental needs and play. For primary school-aged children and teenagers the emphasis was on education as well as socialisation and behaviour management.

The responses were grouped into three categories: health (physical and emotional), material and educational needs.

Table 1 – Needs of children identified by specialist homelessness workers

Health		Material	Educational
Physical	**Emotional**		
Meeting developmental milestones	Access to counselling or other therapeutic services where required	Accommodation that is safe and long-term	Enrolment and regular attendance at school
A safe environment	Healthy family relationships, including secure attachment to parents	Food	Childcare/early childhood education
Access to allied health services e.g. speech pathology	Social interaction with peers and immediate and extended family	Clothing	Structured play for young children
Access to a dentist	Routine and stability	Nappies, bottles, prams	Tutoring
Adequate nutrition	Emotional support, including love, attention,	School uniforms, school books, money for school	Help with learning difficulties

	care and recognition	excursions	
Up to date immunisations	Recreational activities, including school holiday groups, sports and hobby groups	Toys	Special education for children with disabilities

Material needs were often described as 'basic' or 'physical needs' which required immediate attention.

> *Until their basic needs are taken care of it's difficult to work at an emotional level[6].*

Not surprisingly accommodation was the most frequently mentioned material need. Food and clothing were also mentioned often.

> *Their main need is to have a safe place to be.*

The literature suggests that homeless children are more likely to have health problems compared to those from low-income housed families (Buckner, 2008). While homelessness does not directly cause health problems in children, it may exacerbate them or delay their diagnosis and treatment. Respondents acknowledged this.

> *If parents are struggling financially it trickles to health and nutrition.*

> *Paediatric assessment is important. Basic health issues need to be addressed. Mums often don't notice health problems because of the trauma they've experienced.*

> *[Parent]My son is stable, he's settled, he's in good health and that's what I'm scared of – if I have to move before I get another house his health will just go downhill. So will mine, I don't know where I'll end up or anything.*

Most frequently mentioned were those needs relating to the emotional wellbeing of children. Access to counselling or other therapeutic services for children as well as issues around parenting were frequently reported.

> *(Children need) caregiver support. Often their capacity is reduced – the ability to be child focused is limited when mum is struggling with her own needs. Children often become the parent and their developmental needs aren't met.*

> *(Children need) to have some fun – a lot of families don't have fun because they are caught up in crisis.*

The importance of school was emphasised. School was perceived as being important not just for learning but because it provided routine and additional social support.

> *A lot of emotional and social support comes from continuing the routines of school.*

How children's needs were identified by specialist homelessness services[7]

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[6] All quotes from respondents throughout this report are in italics.

[7] Across different state systems the development and/or implementation of needs/client/case assessment frameworks is at various stages (e.g. Common Assessment Framework). Currently an ARACY funded project is attempting to develop a national assessment framework in relation to children's needs.

Homelessness services identified children's needs in a range of ways: from parental and child reports, observation and by acquiring information from other agencies (e.g. schools). The methods used to identify needs were both formal and informal.

Observation and parental report were very frequently mentioned, while getting information from other services was the least frequently mentioned. Observation was often used in combination with other methods of collecting information. In relation to more formal assessments, respondents used a range of existing tools or had developed their own. Formal assessment of children's needs (separately from parents) was more frequent in Eastern states partly due to government policy (required for accreditation in Victoria). Some respondents commented that although identification of individual needs and a case plan for each child was expected, there were no extra resources to conduct this work.

Some workers described talking to children and going through an age-appropriate assessment with them, often with their parents present. This was usually done in an informal way, for example talking to children or getting them to do activities. A number of respondents said that focusing on the individual child's needs, including assessment and case planning, was something that could be done better. They recognised the limitations of the methods used. Children of school age were not seen frequently by workers and reliance on parental reports may be insufficient. They also identified that training in communicating with children about their experiences and needs and the use of evaluated assessment tools could aid in the identification of a child's needs.

Respondents acknowledged the importance of the family as a holistic unit. Children were seen as part of the family unit and this was reflected by practice, with individual assessment of children's needs generally following an assessment of family needs. When case plans were developed separately, children's case plans were linked to their parent's plan.

Assistance offered by specialist homelessness services to meet children's needs

Respondents gave detailed descriptions of a diverse range of assistance offered to address children's needs. Assistance was provided directly by the service as well as by making referrals to other agencies. It was clear that what services were able to do to address children's needs varied according to the internal and external resources available to them.

Accommodation – Providing temporary accommodation, and aiding people to attain and maintain sustainable accommodation, is a major role of SAAP-funded services. In relation to families with children, respondents stressed the importance not just of providing accommodation but of providing *appropriate* accommodation. Appropriate accommodation for children was described as being safe and child-friendly. Where communal accommodation was offered some services had installed outdoor play equipment, and many had specific indoor spaces such as a toy room or a computer room. Where possible, workers tried to place families where there were sufficient bedrooms for the number of children, and where the house or unit had an outdoor space for children to play in. It was also preferable that the accommodation was close to facilities e.g. public transport, shopping, and schools.

> *We have an area devoted to childcare. It has a range of resources including play equipment, books, and DVDs.*

> *We provide suitable accommodation. This is what we're funded for. We refer for assistance if identified. Helping with housing applications.*

Basic material assistance – Specialist homelessness services provided for a family's basic needs including food and clothes. Additionally books, uniforms, toys, baby goods, and furniture were also provided. Because children often

attended at homelessness services after losing all their possessions, it was seen as particularly important for children to be given items of their own. For example:

> *Each child is given an age-appropriate backpack with pyjamas, toiletries, books, teddy etc. We applied to Alannah and Madeline Foundation for those; it was an easy way to show kids they are valued.*

Not all services provided material aid directly. Some had developed links with a local charity clothing store, or local educational booksellers to get a discount for their clients.

Provide and arrange transport – Workers often provided transport for children and their parents for school, recreational activities, and appointments. Alternatively, if public transport was within easy reach, they described giving timetable information or paying for tickets.

Children's programs/groups – Many services provided examples of group programs that they ran for children, including pet programs, pre-school playgroups, Protective Behaviours and art therapy sessions. Playgroups were run particularly frequently and often included parents. Running groups within their own service was more frequent among those with Children's Workers. Those services without the expertise or resources to run a group specifically for children often had a good knowledge of children's groups available in the local area and referred children to groups run by other services. Particularly in refuges, the groups run depended on the age and number of children present at any one time. Children's groups often had a therapeutic role, and were perceived as a way of assessing how children were going, as well as providing fun and stimulating experiences for children.

> *We run playgroups. They have activities covering development e.g. art, craft, tactile activities, dancing, music. We have the flexibility to follow a child's interests.*

Recreational experiences – Many services reported providing recreational opportunities for children, and some also invited along those who had recently left the service. Examples included camps, excursions, activities, and school holiday programs. Some recreational experiences were offered to all children within the services e.g. a trip to the zoo or cooking lessons after school. Others were offered to individual children based on their unique interests and talents e.g. providing transport and financial assistance to join a specific sporting club. While participating in recreational experiences was assumed to be therapeutic for children, the aim of the activity was generally to have fun and to provide 'normalising experiences'. Recreational activities were often run in conjunction with other organisations e.g. a local sporting club or other welfare agencies.

> *Family outings e.g. to the zoo, picnic by the sea with no aim other than to enjoy life. Normalising activities, unstructured.*

Focus on children – Giving attention to children's needs was frequently mentioned as something that the service did. This was often done through assessment of an individual child's needs and subsequent case planning. Workers mentioned giving children focused attention, consideration, respect and time.

> *Children are not seen as appendages, they are seen as individuals in their own right.*

> *Being available to spend time with children is the main thing.*

Provide direct support to parent/s – Helping parents to meet the needs of their children was a major focus of specialist homelessness services. Providing direct support such as helping with housing applications, referring to or providing counselling, or helping parents to enroll in TAFE courses was perceived as indirectly benefiting children. Direct assistance with parenting was also provided by some services through running parenting skills programs such as Triple P or playgroups in which parents were encouraged to interact with their children and given suggestions about parenting.

Biggest (need*) is support to parents to strengthen their parenting roles.*

Provision of support to parents and support to children are intertwined. The support offered to children was greatly appreciated by parents, as illustrated by a focus group participant:

[Parent] My support worker comes around weekly…with Met tickets and things like that if I need it. There was an outing to see Bindi Irwin which one of the agencies got, that was pretty cool fun for the kids. The women's crisis services often bring out little toys and gifts for the children, things at Christmas time, Easter, whenever they've got spare things they'll bring out a little gift, which often makes it easier to have a conversation with them because kids can make so much racket, always jumping all over you. They try and do little things like that, they often offer to take us out to lunch.

Provide skilled staff and relevant policies – Having a worker who had expertise in working with children and who had a role dedicated to working with children was seen as very beneficial. Children's Workers had a range of roles including running children's programs, after-school care, counselling and parenting groups. A small number of Children's Workers provided advice to workers in other organisations. The roles of Children's Workers varied substantially between services, one thing all workers had in common was spending time with children. Some also mentioned having polices around child wellbeing and protection and staff training regarding child safety.

Children's Counsellor runs play therapy and art therapy groups and co-facilitates groups with two other services.

Links with Education – Education was identified by respondents as a main need of homeless children. Many services had developed links with local educational providers, including childcare, primary schools and high schools. Examples of more informal links included workers going to schools to discuss a particular child's situation with their teacher and helping parents with enrolment. Some services had developed formal links with schools, for example one had arranged for the children in their service to receive free after-school care at the local primary school. Several specialist homelessness services also provided direct educational assistance to children by providing help with homework, running tutoring programs, and providing access to a computer.

School liaison, have a school quite close. We have a good relationship with them. They take kids into after-school care without charging.

Links with Health – Numerous examples were provided of specialist homelessness services forging links with health services in order to improve the physical wellbeing of their clients. Services spoke of developing relationships with their local general practitioner so that their clients can be seen without a long wait, and a number had strong relationships with a child and maternal health service. Having child and maternal health nurses visit the service was seen as particularly useful. One respondent stated that a specialist health service targeting those who were homeless visited their service once a week and provided health care to those who would otherwise have accessibility issues e.g. transport, cost.

Referral to specialist services – When children were identified as having additional needs, specialist homelessness services made referrals to a number of other services including disability services, psychological counselling, and mental health. Referring children and their families to such services was one of the most frequently mentioned forms of assistance provided to homeless families.

Other suggestions made to meet children's needs

Respondents had many ideas about additional ways to address homeless children's needs. The ideas ranged from a specific change to their own service to system-wide changes, requiring an increase or at least a redirection of existing resources. Many respondents suggested:

Increased staffing – The most common suggestion in relation to meeting the needs of children was for more staff. Specifically, respondents thought that having a specialist Children's Worker would mean that more could be done for children, including running groups and spending more time with individual children. Having the resources to be able to extend the hours of current staff was another suggestion. A number stated that it was difficult to see school-aged children, as the workers were employed for school hours only.

> *Need to have more contact with children. Having a family worker skilled in parenting would be great. They would work with mum and children, some after-hours so they could see interactions in the home.*

> *Having more people experienced in working with children in the area, especially in therapeutic support.*

> *If we had funding for a Children's Worker, that worker could liaise more intensely with schools, take responsibility for the children's ongoing development and help with social issues. They could also develop a group for children.*

Increased housing availability and appropriateness for families – A common complaint by respondents was the difficulty finding families stable and secure housing. Many workers stated that more public housing and crisis accommodation was required. It was difficult for services to find emergency accommodation for single dads with children and women with teenage boys. Respondents experienced difficulties placing large families in either emergency or long-term housing.

> *Housing to settle children into. We offer short-term accommodation. 6-8 weeks is meant to be the maximum but sometimes families stay for 3-4 months. Mum knows she needs to leave after a certain amount of time. Children need to move schools….starts a merry-go-round of itinerancy.*

> *[Parent] My kid gets frustrated really easily. There's high tension because of the small area that we live in. It's a small two bedroom unit, it's very tiny. There's no backyard area for the kids…it can be quite stressful for the kids. They live on top of one another. They are only 5 and 6 and they know. They want their own rooms, they want their space; they want a backyard.*

> *[Parent] I think they see six children and they think, oh my gosh!*

Increased accessibility of services – A lack of available services was an issue for many. Specific mention was made of the difficulty in getting access to occasional child care, respite care and specialist services such as age-appropriate counselling. Access was difficult either because of a lack of relevant skills in the local area, the long waiting lists, unrealistic eligibility criteria, or the high cost for the service e.g. dentist. Another barrier to service accessibility was a lack of transport.

> *Access to therapeutic services – eligibility criteria is way too high.*

> *Some families have requested tutoring but it's difficult to organise because of lack of funding and transport.*

> *[Parent] Travelling would be the hardest, to go to childcare, to go to the doctors and stuff. With some services we have to travel further but at the moment we're really lucky because they're just 5 minutes around the corner, which is really, really good.*

Strengthened service links – Improving inter-agency relationships and information exchange was discussed frequently by workers. A number of workers described the negative impact on interagency relationships that different interpretations of privacy policies have. It was suggested that joint privacy policies could be developed. Collaboration regarding mutual clients was also considered to be a way that services could improve outcomes for homeless children. Education regarding homelessness was also mentioned by a number of workers, so that mainstream services and homelessness services had a shared understanding of the issues faced by homeless families.

> *Look at privacy policies and review to see if they are barriers.*

> *If all on the same page in relation to awareness, especially mainstream agencies, that would help.*

> *Education for teachers regarding the needs of children who have suffered trauma.*

Expanded opportunities for activities – Many workers stated that more activities for children who are homeless would make a positive difference to their lives. They suggested more out-of-hours activities, school holiday programs, camps, outings, opportunities to play, and specific programs such as Protective Behaviours and pet therapy.

> *More funding so we could run more groups. We'd like to run parallel groups – one for mum, one for the children, to educate mums about effect of homelessness on children, the loss and grief they experience at leaving everything behind.*

Improved environment – Many respondents stated a desire to improve the physical environment of their housing to make it more appropriate for children. Specific improvements mentioned included larger accommodation spaces, age appropriate equipment (e.g. toys, computer, instruments), upgrading of playgrounds or play equipment, and structural improvements.

> *We have a great children's room but the building has structural problems. We'd like funding to fix it and for more equipment, updated toys and better computers.*

Targeted prevention and early intervention efforts – Suggested strategies to prevent homelessness included more early investigation and family support by child protection authorities, education about healthy relationships and parenting skills in schools and a greater range of educational options for children disengaged from school.

Broadened reach of existing service – A number of services wanted to reach a greater number of children through an expansion of the current programs. For example, one service wanted to provide playgroups for younger children while another wanted to develop the service reach in order to help parents who had had their children removed to regain custody. One respondent said they would like to be able to provide outreach services.

> *We could run more structured programs for women going through the restoration process.*

Training – Some respondents thought that training would aid the homelessness sector in work with children. Specific suggestions were development of sector standards for working in age-appropriate ways, the adoption of frameworks to guide child-sensitive practice, and building staff skill and confidence in the assessment of children's needs, enhancing child wellbeing and in dealing with impact of trauma. Another suggestion was the use of specialist support, for example having an experienced Children's Worker for isolated services to phone (similar to the Children's Resource Workers in Victoria).

> *Working with children requires a different skill base. Workers may not feel like they have the skills to do it – training issue.*

Summary

The needs of children presenting at specialist homelessness services related to their physical and emotional health, their material wellbeing, and their knowledge and skills.

Services addressed the needs of homeless children in diverse ways. The direct provision of assistance to children, making referrals to specialist services and the formation of linkages with other organisations were all seen as the means to achieving positive outcomes for children.

Specialist homelessness services acknowledged the lack of a consistent way to identify and then address the needs of each child. A lack of resources limited what they were able to do.

The way that children's needs were identified varied. Observation, parental report, child report, and formal assessment using existing or new tools were the methods used.

Numerous suggestions of things that could be done to improve responses to homeless children were made. All required either a redirection of existing resources or an increase.

Part Three – Relationships with 'First to Know' Agencies and Others

Existing relationships/networks

Respondents were asked whether they had relationships with 'first to know' agencies (those considered to be in a position to prevent homelessness) and if so, whether these were formal or informal. The question elicited a number of networks that homelessness services participated in. Only some of these relationships were formalised by means of a Memorandum of Understanding, a documented protocol or a contract.

Table 2 Informal/formal relationships between homelessness services and other agencies.

Agency/Body	Number of respondents with formal relationships	Number of respondents with informal relationships[*]
Centrelink	6	40
Child Protection Department	12	17
Health Services[#]	9	31
Housing Department	19	24
Non-Government Organisation	3	23
Police	21	22
Real Estate Agents	0	11
Schools/Education Department	1	24
Specific consortia/networks	10	0

[*]When the type of relationship was not specified, responses were counted as informal

[#] Health services include GPs, hospitals, community health centres, maternal and child health and general health services

It is perhaps unsurprising that formal agreements with the relevant state authorities responsible for Housing, Child Protection and Police are more common than with Education and Health authorities. It is hoped that Education and Health authorities will increase their engagement in collaborative efforts with specialist homeless services and others to address the needs of homeless children. There are current efforts to facilitate links between Education and Health and homelessness services (Department of Education and Early Childhood Development, 2009; Mental Health Council of Australia, 2009).

It is heartening that a lack of formal agreements is not matched by a lack of informal relationships between services. While formal agreements can be useful, as demonstrated below, some respondents also seemed to find informal relationships to be effective in addressing needs

> We have a health service focused on homelessness in our area. We work closely with the health service. We find we get a much better outcome when we work together, and there's a real sense of teamwork. Since developing an MOU about processes and procedures the outcomes for clients are much better.

> We have an MOU with Child Protection and Mental Health Services. They are not active though. Tried to kick off again but no one was interested. But we have good relationships, with lots of day to day contact, so an MOU isn't required.

> We do have formal interagency protocols but informal relationships are more important.

Respondents identified that there were numerous factors that influenced whether an inter-agency relationship was effective or ineffective. Barriers to the effectiveness of inter-agency relationships or networks were often precisely

the inverse of the factors described as those that facilitate effective inter-agency relationships. The following factors were felt to strongly influence productive relationships/networks:

Contact – developing regular opportunities to meet and communicate with other agencies was felt to be vitally important by many respondents. Frequency of contact helped to reinforce the importance of the relationship and to solidify participants' engagement around the agreed purpose. Some respondents expressed that a lack of commitment to regular participation or conversely, frequent 'meetings for meeting's sake' were not productive.

> *Getting Child Protection involved can be difficult.*

> *Between local agencies that have been there a long time there is a great working relationship.*

Resources – many workers commented that it was difficult to make time to network with other services due to high demand, insufficient staff numbers and a subsequent lack of time. A lack of resources also led to competition for funding between NGOs which could impact negatively on relationships. Long waiting lists for specialist services were mentioned as a barrier to effective inter-agency relationships.

> *Time constraints – workers have little time and it takes a bit of extra effort to build relationships.*

> *Access to funding is done on a competitive basis so don't share information etc. The interests of agencies themselves get in the way – competitiveness.*

Despite the difficulties posed by a lack of resources, most of these services were involved in dense service networks and did see value in setting aside time to establish and maintain links with other agencies. These networks were both formal and informal and connected members professionally, organisationally and structurally.

> *We have good networks for the manager and practitioner level. We share information, practice and lobby.*

> *Services have established their own identity and niche. There is an unspoken agreement to cooperate rather than compete. We aren't fighting for money.*

Personal Relationships - the quality of personal relationships with workers in other services/agencies was perceived as a key factor in the effectiveness (or otherwise) of inter-agency relationships. A lack of follow through, not knowing who to talk to within an agency, a high staff turnover and historically poor interactions between certain sectors were all barriers to effective personal relationships.

> *High staff turnover leads to loss of knowledge and relationships.*

There were numerous factors that were thought to positively influence personal relationships, including the development of trust and rapport, follow through by each service, and being able to develop relationships over time. There were examples of personal relationships being fostered through means such as formal case conference meetings, and through more informal meetings, such as getting together over a coffee to discuss common clients.

> *Stability of staffing is important because you build rapport over time.*

> *Personal contact – once you know someone in their agency and can pick up the phone and talk to someone, you get a much better response.*

> *Having the initiative to build rapport with other services and keeping up to date with them face to face, not just on the phone. Having one contact person who you know helps.*

Approach – Many workers stated that agencies with different goals, philosophies, or approaches to client service, were harder to form effective working relationships with. Professional differences could impact on inter-agency relationships, with some homelessness workers complaining that some agencies did not acknowledge their expertise.

> *Our team finds it frustrating that our expertise is not acknowledged by Family Services or child protection. They are dismissive of housing workers…SAAP workers being more highly valued would be useful.*

> *Lack a shared understanding -people come from different philosophical positions.*

Facilitators to effective relationships were a shared understanding or philosophy and similar goals. Examples were given of professional differences being overcome through a shared focus on client outcome, mutual respect, case conferencing and joint training.

> *We have one client with five different services involved in her case management. It works because we all attend case management meetings and have clear rules. The client feels supported as a result.*

> *Recognising the need to be client focused – working together for families.*

Knowledge/Information sharing - Unrealistic role expectations was a frequently mentioned barrier to effective inter-agency relationships, as was a lack of knowledge about each other's processes, eligibility criteria or confidentiality requirements.

> *Other services may think you have infinite caseloads.*

> *Other services not being fully aware of what we provide. Not having a full understanding of our criteria.*

> *Privacy legislation can impact as workers are unsure what they can and can't say about a family.*

Homelessness workers gave examples of overcoming this lack of knowledge about other services in numerous ways.

> *Having really clear criteria so you're not getting referrals that don't suit and vice versa.*

> *Having a good understanding of the roles, responsibilities and capacity of other services.*

> *We often try to identify useful services and invite them to our staff meetings. The service can clarify what they do and we can put a face to a name. The relationship works better then and snowballs.*

Location – Whilst living in a regional or rural area was perceived by some as a barrier due to the distances between services, many more saw living in a smaller town or city to be of benefit when it came to inter-agency relationships. Because there were fewer services, it was likely that workers within the services knew each other face to face. There was also an acknowledgement that because there were few services, it was especially important that they worked together for the good of the families living in the area.

Of **274 'first to know' agencies** (respondents could list three)

Own/other non government organisations mentioned **59** times

Centrelink mentioned **52** times

Housing Department mentioned **43** times

Health/hospital mentioned **35** times

Police/court mentioned **29** times

Education/school mentioned **22** times

Child Protection Department mentioned **15** times

Real Estate Agency mentioned **13** times

Financial Assistance mentioned **8** times

Other (e.g. church, council) mentioned **4** times

We are a small community – have face to face relationships. Feel better about referring if you know the people, understand their service, and know the commitment of the people who work there.

Not a very large city so you know everyone. Because we live in small community able to have rapport even if it's not in an official capacity. You see people down the street or plaza.

Because of the shortage of services in the area, it's important to work well together – building trust is important.

Co-location of services was seen by some as a way to promote frequent and quality interactions between services.

Summary

Specialist homelessness services provided numerous examples of existing networks, partnerships, and links with other agencies. Their capacity to address the needs of clients seemed to be enhanced by forging effective alliances and the development of purposeful networks.

Factors such as regular contact, positive personal relationships, shared values, and effective information sharing were perceived as strongly influencing productive relationships.

The quality of these relationships was not determined by the presence or absence of formality.

The importance of belonging to networks and maintaining productive inter-agency relationships was widely acknowledged.

Whether existing networks addressed the particular needs of homeless children was not clear.

Part 4 - Prevention of Family Homelessness

Which agencies are the 'first to know'?

The recent national policy commitment to an increased focus on the prevention of homelessness led us to inquire what specialist homelessness services thought are the agencies that know when homelessness is imminent. It was hypothesised that, if specialist homelessness services are connected with such 'first to know agencies´ via established networks, efforts to prevent homelessness would improve. Interestingly responses to this question provided conflicting evidence. The focus for most specialist homelessness services is on providing temporary support while assisting clients to locate suitable sustainable accommodation, yet a few are also able to apply resources to prevent people from becoming homeless.

Some respondents considered the provision of temporary shelter to be prevention of homelessness. This question may have been poorly constructed or misunderstood or perhaps conceptual distinctions such as between prevention and early intervention made it difficult to grasp.

Other respondents clearly separated interventions that were preventative (such as negotiating a rental arrears payment plan with a Real Estate Agent) from their homelessness alleviation interventions (such as the provision of temporary accommodation). In spite of their clients being eligible for specialist services (formerly SAAP) due to their homelessness, many respondents identified their own service as 'first to know' with a role in preventing homelessness. The ability of specialist homelessness services to engage in such preventative activities seemed to be more possible when the scope of their agency was broad and when targeted funding and sufficient staff were available.

The majority of services responded that either their own or another non government organisation were the 'first to know'. This may indicate that specialist homelessness services are entwined within extensive referral networks. Information about vacancies or other assistance (such as financial aid) can be sought from within such a network in an attempt to respond to needs identified but unable to be addressed by a particular specialist homelessness service provider. In this way the membership of each of these networks may act to expand, define or limit the possible homelessness prevention actions available.

Barriers to agencies preventing family homelessness

Respondents were asked what they thought were barriers to first to know agencies effectively preventing homelessness amongst families with children. Most responses fell into one of the following categories:

Lack of resources – Inadequate resources directed towards the homelessness sector relative to demand manifested in various ways. Respondents thought that homelessness was difficult to prevent due to some of the following factors related to resources: a limited supply of housing, inadequate emergency relief for those in need, a lack of available services for those at risk of becoming homeless, and a lack of time and staff to work with families at risk.

> *Housing affordability. Anybody on a low income would struggle to be competitive in the private rental market and there are long wait lists for public housing.*

> *We need larger scale preventative efforts rather than a worker here or a worker there. We're careful about how much we promote our early intervention program because there are only three workers for the whole of the city.*

Client-related factors – These include clients having multiple and complex needs, clients not disclosing their problems with housing due to fear or shame, and clients not knowing where to turn or who to approach for help.

'At risk' clients need help but are scared their children will be removed.

Disclosure by clients. Homelessness is not something that people are proud of and they might not disclose it.

[Parent] Who wants to go to their son's school and tell their son's school that they're possibly going to be homeless?

Worker and workforce-related factors – These included barriers at the individual worker and agency level, as well as more systemic workforce issues. Examples included a lack of staff education and training on issues surrounding homelessness, an attitude that dealing with people's housing issues was not the agency's 'core business', and a lack of knowledge about where to refer those at risk.

Mainstream agencies might not know what services are available or how to contact them.

If it's not their primary focus, there's a reluctance to intrude on families. It's a training issue – not having the experience and expertise in taking on what they see as difficult issues.

Organisations follow their mandate - what they are required to do. When time and resources are pressed they focus on what they have to do, not what they would like to do.

In relation to more systemic workforce issues, respondents discussed a lack of information sharing between non-government organisations and government agencies, increasing specialisation of the workforce, staff retention problems, and a lack of coordination between sectors.

The biggest barrier is the lack of ability for agencies to work holistically with people. If it's a DV service, look at DV, if it's a health service, they look at health. There's a lack of linking the issues together and seeing a family about to go into crisis.

Communication between agencies isn't great. Hopefully changes that are being made will improve information sharing between government and NGOs.

'First to know' agencies successfully preventing homelessness

Despite the barriers, many respondents were able to give examples of prevention in cases when adequate resources were available and had been targeted in a timely manner. The responses indicate that it usually takes a team effort to prevent homelessness from occurring. This provides reinforcement of the positive role of networks and inter-agency relationships in addressing multiple needs before they escalate and become entrenched. There were also indications that solutions that involve connections between government, non-government and commercial entities at local, regional, state and national levels were being forged. It appears that recognition of a shared concern and a willingness to jointly address the problem of homelessness are growing.

Initiatives that respondents described as successful in preventing people from becoming homeless were typically one of the following: client support and advocacy, direct financial assistance, or referral to an appropriate agency for assistance.

Client support and advocacy - examples provided ranged from intensive case management programs to a worker providing information about available rental properties. Many of the more intensive programs had specific funding and involved a case worker acting in a coordinating role to ensure that the client was accessing all the services that they were eligible for.

Joint program - most clients are living in their own home and in the early stages of crisis. Workers make sure accommodation doesn't break down by linking with services and providing indefinite support. The Centrelink social worker and the NGO work together with the clients.

We have an early intervention program. Offer financial assistance, assist with Centrelink loans and liaise with landlord.

The Staying Home, Leaving Violence program was mentioned by a number of participants. This program supports a woman (and her children) who has experienced domestic violence to remain safely in her own home, with removal of the violent partner, emergency financial assistance, and referral for counselling.

Direct financial aid – This was a frequently mentioned preventative strategy. Available funds came from numerous sources including the Commonwealth and State Governments and the organisation's own fundraising efforts.

Interest free loan scheme – we share with other emergency relief services to pay bond/rent arrears.

Rental brokerage money has been very helpful if people are lucky enough to get a rental property.

The Housing Establishment Fund (HEF) in Victoria was mentioned numerous times. This program provides financial assistance to help people to remain in the private rental market. The funds may be used for rental arrears, bond, removal costs or essential furniture.

Referral - various examples were given of first to know agencies identifying families at risk and referring them to a service that could provide assistance, including the advocacy and financial aid mentioned above. For this to happen, the agency must have knowledge about what services are available in their area.

Real Estate Agents have identified people at risk of losing their private rental. They refer to us and we then negotiate repayments and arrange financial counselling.

We have a close relationship with the police. The police know where to refer for housing when they see difficulties arising.

In addition to the examples of prevention/early intervention described above, some examples were provided of long-term population-based preventative strategies. A number of workers spoke about the importance of reducing the incidence of domestic violence as a key to reducing the number of families who are homeless. This approach was being facilitated through community education programs, particularly programs in school around healthy relationships. Education programs aimed at teenagers around how to maintain successful tenancies, and the life skills required for living alone, were also described. Lastly a small number of respondents described programs that aimed to increase the amount of suitable housing stock.

Summary

Specialist homelessness services reported different understandings of homelessness prevention and early intervention.

Preventative strategies thought to be successful included client support and advocacy, direct financial aid and the identification of those at-risk of becoming homeless with a subsequent referral to appropriate assistance.

Purposeful links between services and other relevant agencies appear to contribute to the prevention of family homelessness and also to benefit homeless families.

A lack of resources (manifested as a lack of affordable housing options and inadequate resourcing for early intervention programs), reluctance on the part of those who are experiencing problems to disclose their difficulties, and workforce issues were considered to be the main barriers to the prevention of family homelessness.

 Workers in other sectors lack knowledge about or interest in homelessness.

Systemic obstacles such as a fragmented and ageing general workforce affect the specialist homelessness services sector.

Part 5- Professional Development

Addressing the needs of homeless families requires a workforce with a diverse range of skills, access to the resources necessary for the tasks involved and to models of evidence-informed practice. How the skill level and knowledge base of this specialist workforce has developed was explored by asking about professional development initiatives which had made, or could make, a difference to services' ability to work with children.

Many respondents indicated the general importance of activities such as internal and external supervision, training and induction. Two respondents indicated they did not receive any training that had made a difference.

The general professional development initiatives most frequently mentioned as having made a difference are

1) Training around issues of child protection and safety

2) Working with children training, for example training on working with children with behavioural difficulties and the impact of domestic violence on children

3) Having access to a Children's Worker, or other in-house training and networking opportunities

4) Strategies for Managing Abuse-Related Trauma

5) Training specifically for SAAP services. Some States had training on working with children as part of their SAAP calendar.

7) Triple P and child development training

Other initiatives mentioned were cross-cultural and case management training, how to manage aggressive clients and Peek-a-boo Club (attachment-based domestic violence training).

Respondents indicated that further useful professional development could focus on:

1) How to work with children for example training on working with children with behavioural difficulties and the impact of domestic violence on children

2) Education around child development

3) Working with children who are experiencing trauma

4) Advanced training and refresher courses for Children's Workers and experienced staff

5) Legal information about child safety and legislative changes

6) How to conduct assessments of children's needs

It was evident that initiatives that created opportunities for the specialist homelessness workforce to attend training with others, such as Child Protection staff, would be welcomed. Respondents also raised issues relating to accessibility of professional development initiatives such as:

Distance – workers outside metropolitan areas complained of having to travel long distances to attend training.

Cost – services often could not afford to send staff to 'expensive' professional development opportunities. It was difficult to bear the costs of replacing a staff member for the time involved in both travelling to and attending training.

Quality - it was extremely important to attend an approved training session that specifically related to the needs of the service and was directly applicable to practice.

Suggestions to improve the accessibility of professional development initiatives included conducting training in local areas and increasing delivery options e.g. online training. Also, Government subsidy of a professional development initiative relating to working with homeless children and families was suggested.

The variety of the responses to questions about professional development indicates fragmentary investment in the creation and maintenance of the skills and knowledge relevant for working effectively with homeless children.

Summary

Respondents stressed the importance of internal and external supervision, training and induction.

Having access to a Children's Worker or other in-house training and networking opportunities was helpful

The training reported as making the most difference was around issues of child protection, child development and safety, working with children, Strategies for Managing Abuse-Related Trauma and Triple P.

To improve the accessibility of professional development initiatives distance, cost and quality factors must be addressed.

Conclusion

The main aim of this research was to explore the current practice of specialist homelessness services in relation to children and to identify the challenges that homelessness services are facing in addressing the needs of these vulnerable children. Those who participated in our survey identified a wide range of ways in which they addressed the health, material and educational needs of children. What services were able to do to address these needs varied according to the resources available to them, their staffing levels and expertise and their location. A common thread running through the interviews was that although homelessness services did a lot for children, given their limited resources and stretched capacity, there was more that they would like to do.

One worker stated that:

> *A lot more could be done but we do what we can.*

Respondents identified numerous improvements that they thought would aid them to better meet the needs of homeless children. These included increased staffing and funding for more specialist Children's Workers; greater accessibility of children's services; more affordable housing; strengthened service links; more child-friendly emergency and transitional accommodation; and more opportunities for homeless children to participate in recreational activities and therapeutic programs. The provision of additional professional development opportunities is another way to aid specialist homelessness workers in improving service responses to homeless children. Workers acknowledged the importance of further professional development in relation to working with children. Difficulties in gaining access to training were due to the associated costs, (for rural and regional services) the need to travel long distances, and the challenges associated with replacing key staff when attending training. Suggestions of more flexible options included access to online training, training offered in regional and rural areas, and government subsidy of high cost programs.

While gaining additional resources is one way to achieve improvements, another is to work closely with other services in order to pool available resources and avoid duplication. All respondents reported having productive relationships with a variety of other services and agencies. Most of these homelessness services belonged to several networks and had strong links with both government and non-government agencies. Numerous examples of working together in order to improve outcomes for those who were homeless were provided. Facilitators of productive working relationships reportedly included opportunities for frequent personal contact and the development of trust and rapport, shared values and philosophy, a good knowledge about each other's service, and being located close to each other. Conversely, barriers to effective working relationships were infrequent meetings or a lack of face-to-face communication, a lack of resources, a lack of trust (due to inadequate follow through), different philosophies or values, a lack of knowledge about what other services offer, and large distances between services. While most of those we interviewed perceived membership of networks as being very helpful, it was not always clear if existing networks were specifically addressing the needs of homeless children.

Preventing children from becoming homeless in the first place is no easy task, particularly given the limited supply of affordable housing in Australia, the stigma associated with being homeless and the lack of a coordinated response to homelessness across disparate workforces. Nevertheless, examples were provided of interventions that aimed to stop families from becoming homeless. Those mentioned as successfully preventing family homelessness generally had one of the following key features: direct financial aid for rent, bond or household expenses; provision of support services or advocacy (generally by a caseworker) and identification of those at risk followed by referral to assistance.

It was clear from the interviews that workers in specialist homelessness services cared about the children within their services. The respondents gave many insights about the impact that a combination of resourcefulness and passion with skill and concern can have when harnessed to address the needs of a group as vulnerable as homeless

children. Creative approaches allowed limited resources to be stretched in a range of ways. The respondents acknowledged a growing awareness of the particular needs of homeless children and the shift necessary to refocus attention onto this vulnerable group. As yet this awareness is not matched by an increase in capacity. However the willingness across specialist homelessness services to continue to build purposeful inter-agency relationships and networks and to develop relevant skills is promising.

The Australian Centre for Child Protection and other members of the national collaboration[8] will support specialist homelessness services in continuing efforts to creatively address the unique needs of homeless children and their families.

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[8] In late 2008 the Australian Centre for Child Protection and Mission Australia, supported by the Australian Research Alliance for Children and Youth (ARACY), co-convened a national collaboration of researchers, policy makers and practitioners who are interested in child wellbeing and homelessness. Since then sub groups of collaboration members have worked on several different projects and intend to continue doing so.

References

Australian Bureau of Statistics. (2008). The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples [Electronic Version]. *Cat. no. 4704.0*. Retrieved 31 March 2010 from http://abs.gov.au/ausstats/abs@.nsf/39433889d406eeb9ca2570610019e9a5/D5D682247B842263CA25743900149BB7?opendocument.

Australian Institute of Health and Welfare. (2009). *Homeless people in SAAP: SAAP National Data Collection annual report 2007-08*. Canberra: AIHW.

Buckner, J. C. (2008). Understanding the impact of homelessness on children. *American Behavioral Scientist, 51*, 721-736.

Chamberlain, C., & MacKenzie, D. (2006). *Counting the Homeless Australia*. Canberra: Australian Bureau of Statistics.

Commonwealth of Australia. (2008). *The Road Home: A National Approach to Reducing Homelessness*. Canberra: Commonwealth of Australia.

Cumella, S., Grattan, E., & Vostanis, P. (1998). The mental health of children in homeless families and their contact with health, education and social services. *Health and Social Care in the Community, 6*, 331-342.

Department of Education and Early Childhood Development. (2009). *Supporting children, young people and their families affected by homelessness: Guidelines for Victorian schools*. Melbourne: State of Victoria.

Department of Families, Housing, Community Services and Indigenous Affairs. (2008). *The Road Home: A National Approach to Reducing Homelessness*. Canberra: Commonwealth of Australia.

Gibson, C., & Johnstone, T. (2009). *Investing in our future: Children's journeys through homelessness and child protection. A scan of the literature, policy and practice*: Paper submitted to the Australian Research Alliance for Children and Youth.

Hulse, K., & Kolar, V. (2009). *'The Right to Belong': Family Homelessnes and Citizenship*. Melbourne: Swinburne University of Technology and Hanover Welfare Services.

Kirkman, M., Keys, D., Turner, A., & Bodzak, D. (2009). *"Does camping count?" Children's experiences of homelessness*. Melbourne: The Salvation Army Australia Southern Territory.

Masten, A. S., Miliotis, D., Graham-Bermann, S. A., Ramirez, M. L., & Neemann, J. (1993). Children in homeless families: risks to mental health and development. *Journal of Consulting and Clinical Psychology, 61*, 335-343.

Mental Health Council of Australia. (2009). *Home truths: mental health, housing and homelessness in Australia*.

Moore, T., Noble-Carr, D., & McArthur, M. (2007). *Finding their way home: Children's experiences of homelessness*. Dickson: Institute of Child Protection Studies.

Norris, K., Thompson, D., Eardley, T., & Hoffman, S. (2005). *Children in the Supported Accommodation Assistance Program (SAAP)*. Sydney: Social Policy Research Centre.

NSW Urban Refuge Movement and the UWS Urban Research Centre. (2009). *The impact of housing on the lives of women and children - post domestic violence crisis accommodation*.

Appendix 1 – Information sheet and survey questions sent to participants

Participant Information Sheet - Think Child, Think Family: Child and Family Sensitive Practice within Homelessness Services
October 2009

The Australian Centre for Child Protection (www.unisa.edu.au/childprotection/) has received a grant from the Sidney Myer Fund to conduct a national survey about child and family sensitive practice in specialist homelessness services. Child and family sensitive practice aims to improve outcomes for families with multiple and complex needs, particularly the wellbeing of children.

This survey aims to explore how the needs of vulnerable children and their families are being met within specialist homelessness services in order to identify both promising practice and current challenges. The results of the survey will be used to disseminate exemplary practice with children and families, and to identify barriers to achieving positive outcomes, with the aim of informing policy and practice. Should you agree to participate, a summary of the findings, once completed, will be available on www.unisa.edu.au/childprotection/ and you will be sent a link to this summary.

Permission to draw a research sample of homelessness services from the Supported Accommodation Assistance Scheme database has been granted by the inter-governmental committee responsible. As this service is in the sample you have the opportunity to participate in the survey. Participation in the survey involves a telephone interview with a researcher from the Australian Centre for Child Protection. We estimate the interview will take around 30 minutes. The questions are attached to give you the opportunity to discuss them with your teammates prior to the interview.

Participation in the survey is voluntary. You are under no obligation to participate. You are also free to withdraw from the study at any stage. All information provided will be kept confidential. This research has been approved by the University of South Australia Human Research Ethics Committee. If you have any concerns about the project please contact Vicki Allen, UniSA Human Research Ethics Executive Officer on 08 8302 3118.

All records containing personal information will remain confidential and no information which could lead to your identification will be released. Notes of interviews will be kept for five years in locked cabinets at the Australian Centre for Child Protection, University of South Australia, Underdale Campus.

A researcher will contact you in the near future to organise a convenient time for an interview. Interviews will be conducted in October and November. If you would like more information or to provide times when you are available for an interview please call (08) 8302 2937 or email kylie.morphett@unisa.edu.au

Your involvement is sincerely valued. Thank you.

Christine Gibson
Australian Centre for Child Protection

Think Child, Think Family: Child and Family Sensitive Practice within Homelessness Services
October 2009

<div align="center">

SURVEY

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This survey focuses on homelessness and child wellbeing. This service has been selected to participate as it provides supported accommodation services to children and their families.

We'd like to begin by asking you a bit about this service and the client group. Perhaps we can begin by confirming a few details:

1. I understand that you are the Manager/Coordinator/Team Leader/Other
   Is that correct?

2. This service provides:
   Crisis/short term accommodation only
   Medium/long term accommodation only
   A combination of these
   Is this correct?

3. The main client group is:
   Families
   Women and women with children escaping domestic violence
   Women and children
   Cross target/multiple/general – please describe
   What proportion of clients is in the main client group?
   25% 50% 75% 100%

   3a Are there significant numbers of Indigenous, CALD, or any other specific group amongst your clientele?
   Yes/No
   If so, what proportion?
   Indigenous =
   CALD =
   Other =

4. How many people are currently accommodated by this service?
   4a How many are adults?
   4b How many are children?

5. How many full time staff or equivalents does this service employ?

6. What are the main staff positions?

Is there a designated children's worker? Yes/No

If so, what does their role involve?

7. Is this service part of a larger organisation? Yes/No

If yes, please describe.

As you'll be aware, there's been a lot of discussion about preventing people from becoming homeless in the first place. A focus has been on the role of 'first to know' agencies in preventing homelessness. We are keen to hear your thoughts about which agencies are 'first to know' for the families and children in contact with this service.

8. Which agencies do you think are the 'first to know'? Which would you rank as the top 3?

Examples	Prompted/unprompted	Ranking top 3
a. Education (preschool; childcare; primary)		
b. Health (primary; specialist)		
c. Centrelink		
d. Housing		
e. Police		
f. Real Estate Agencies		
g. Emergency Financial Assistance service		
h. NGOs		
i. AOD services		
j. Other (please describe)		

9. Does this service have formal or informal relationships with any of the agencies listed in Question 8? Yes/No

If yes, please describe

10. If formal, are the details of these relationships (e.g. protocols, MOUs etc) publicly available? Yes/No

If yes, please forward

11. Do you know of any examples of 'first to know' agencies successfully preventing children and families from becoming homeless?

Yes/No

If yes, please describe

12. What do you think are some of the barriers to effective preventative work by 'first to know' agencies?

Next, we'd like to understand how homelessness services juggle meeting the housing needs of families with addressing the immediate and specific needs of children.

13. What do you find are the main needs of the children seen in your service?

14. How do these needs differ based on children's ages?

15. How are these needs identified?

15a. How would you rate the effectiveness of this process of needs identification?

1 very   2 quite   3 moderately   4 a little   5 not very

16. Can you describe what kinds of things this service offers to meet children's needs?

17. Do you think that there are other things that could be done to meet children's needs? Please describe.

18. What would enable this?

Earlier we talked about 'first to know' agencies. Now we want to talk about what contributes to relationships between homelessness services and other services that aim to meet the needs of children.

19. What has been found to contribute to effective working relationships between services to address the needs of children?

20. What are some of the barriers to working effectively with other services?

Lastly, a couple of other questions

21. Have any professional development initiatives made a difference to how this service works with children?

22. Are there other professional development initiatives that could help workers to better meet the needs of children?

23. Research agendas are being developed in the fields of homelessness and protecting children - what do you think are key topics/questions for research in this area?

Thank you for your time. We will send you a link to the survey findings when the report is available.

**Australian Centre
for Child Protection**

University of South Australia
Arthur Lemon Avenue
Underdale SA 5032

www.unisa.edu.au/childprotection/