The service offer for children experiencing homelessness and/or family violence: who, what, why, when

Dr Shelley Mallett (Hanover)
Violet Kolar (Hanover)
Andrew Nette (Hanover)
Dr Justin Barker (Australian Catholic University)
Professor Morag Macarthur (Australian Catholic University)
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Co-authors

• Violet Kolar (Hanover)
• Andrew Nette (Hanover)
• Dr Justin Barker (Institute for Child Protection Studies)
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Overview

• Aim and Method
• Context
• Key Findings: policy and practice
• What works for children?
• Recommendations: Where to from here
Aim of research

• A two-part study that examined the range of policies and interventions designed to support and improve outcomes for children affected by homelessness and/or family/domestic violence
Method

- **Literature Synthesis** - effective service models and practices *Resource Guide* maps
- *Australian mapping* of programs, service interventions and practice
- (Focused on children 12 years of age and under)
Children, Homelessness and Family Violence

• 105,237 people were homeless on Census night 2011

• Approx 27% were under 18 years
  – Of these 2/3rds under 12 years

• Children under 18 represent 29% of specialist homelessness services clients
  – Of these more than half were under 10 years
  – One third of children –family violence main reason for seeking assistance
Impact of homelessness and family violence

Homelessness

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

Family Violence

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

- National Partnership Agreement on Homelessness (NPAH),
- National Plan to Reduce Violence against Women and their Children (2010-2022),
- The National Early Childhood Development Strategy, and
- Closing the Gap on Indigenous Disadvantage.
NPAH Implementation Plans

• Only Victoria, South Australia and Western Australia have developed specific responses to the needs of children in their NPAH implementation plans
Keys gaps in services for children

• Lack of services particularly mental health

• Fragmented service system discourages the consideration of children’s educational needs

• Service silos operate prevents comprehensive approach to the needs of children

• transitional accommodation can re-traumatise children

• child protection system is unresponsive to the concerns of families who are homeless; (Nette and Mallett, 2013).
Current Practice: Children and Homelessness

- Service based
- Informed by ecological, holistic approaches
- Recognizes children’s need for stability, safety and predictability and how homelessness impacts on these
- Case management is the key mechanism for addressing the needs
- Prioritizes play therapy -1:1 and group to improve self-esteem, reduce anxiety, sadness and depression
- Some individual or parent/child work with parent/caregiver
Family/domestic violence services for children

- Interventions focused on development and behaviour issues
  - Resilience to enhance coping with trauma,
  - Coping and social skills to increase self-esteem
  - Understand and manage emotions, and reduce externalising/internalising behavior

- Target the mother, the child, or the mother and child.
  - The mother and child interventions stand out as the best approach (Barker et al., 2013).

- Group work most common and includes play and structured education to
  - Reduce aggression, decreased anxiety and improved social relations with peers.

- Group work with mothers to
  - Improve their coping, parenting and child management skills, emotional and practical support, and advocacy.
Areas of agreement

• Recognition of
  – child as primary client
  – need for child and family-centred practice
  – child involved in planning and decision-making
  – need for trained staff to work specifically with children

• Work with caregiver/parent effective for achieving positive outcomes for children

• Group work with children considered effective to build coping skills and self esteem

• Trauma-informed approaches important.
Areas that lack agreement

Lack of clarity about:

• **Terminology** - range of labels used (eg. child-focused, child aware, child-centred used)
• **Scope** of work,
• **role, timing and content** of trauma-informed practice,
• Required **capacity and skills of staff** in H/FV sector to deliver therapeutic responses, and
• **nature of involvement of parents/caregivers** in child-focused work.
• **intersection with mainstream** and other specialist children’s services
• **What service sector best placed to address needs** of these children
Ensuring positive outcomes: suggestions from the evidence

- ‘Think family’ service response that recognizes needs of parents and children
- **Integrated care plan** for children that can incorporate therapeutic approach where necessary
- **One size fits all will not work** - service partnerships critical
- **Quality of the relationship is critical** - parent child; the worker/child relationship (trust, modelling, relieving stress and worry)
- **Better screening, assessment and triage** would maximize service response
- Need for **workforce capacity building**
- **Intervention research to test efficacy of practice**
Conclusion: Who What Why When

• Systematically connect the evidence around impact to the service response for key age groups
• Frameworks for responding to children in these sectors
Further information

Shelley Mallett: smallett@hanover.org.au
www.hanover.org.au