

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

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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

- Australian Government Homelessness White Paper: *The Road Home: A National Approach to Reducing Homelessness* (2008)
- National Partnership Agreement on Homelessness (NPAH),
- National Plan to Reduce Violence against Women and their Children (2010-2022),
- National Framework for Protecting Australia's Children (2009-2020),
- 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

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