

Children and Homelessness

LITERATURE REVIEW

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Key Centre for Women's
Health in Society



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Children and homelessness in Australia

Thirty years ago the 'Burdekin report' on Australia's homeless children raised the issue of family homelessness (Human Rights and Equal Opportunity Commission, 1989). In the intervening period, homelessness has become a significant problem for Australian children. While we cannot know the exact numbers of children who experience homelessness, Census data and data collected from Australia's Supported Accommodation and Assistance Program (SAAP) indicate that the numbers are substantial and continue to rise.

Currently, SAAP is the major service delivery response to homelessness in Australia. The program is cost-shared by Federal and State Governments and provides recurrent funding to non-government, local and community organisations. The main aim of the program is to provide crisis and transitional supported accommodation and related support services to people who are homeless or at risk of homelessness.

In the 2006/07 SAAP data collection period, 69,100 accompanying children were assisted by SAAP funded services. Of these, just under one third (21,400) were in Victoria. An additional 24,900 children aged under 18 who were without accompanying parents or guardians received assistance from SAAP services (AIHW, 2009a). Australia-wide, one child in every 64 overall and one in every 39 children aged 4 years or younger accompanied a parent or guardian to a SAAP agency (AIHW, 2009a). Children were most likely to be accompanying a female adult, usually their mother; 22.3% of SAAP support periods were for a female with accompanying children, 4.1% for a couple with accompanying children and only 1.3% were for a male with accompanying children (AIHW, 2009a). Almost half (44%) of all accompanying children were aged 4 years or less and over a quarter (29%) were aged 5–9 years. As such, three quarters of all accompanying children were aged 9 years or younger. Indigenous children are over represented and children from CALD backgrounds under represented in SAAP services (AIHW, 2009a). Children attend services across the range of sub-sectors of the housing support sector – generic family, youth, domestic violence and cross-sector. Children who do not attend SAAP services are not included in these figures. The actual number of children experiencing homelessness is likely to be much higher than that reported by the SAAP data collection agency. The rise in numbers of accompanying children between 2005 and 2006 (up 26%) attending SAAP services mostly comprises a rise in support periods without accommodation (up 36%) rather than a rise in support periods with accommodation (up 5%) (AIHW, 2009a).

Alongside this rise in numbers has been an increasing recognition and acknowledgement that children attending homelessness services are a distinct group with specific needs. The Commonwealth Government's White paper, *The Road Home: A National approach to reducing homelessness*, notes 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, 2008:11). In Victoria, homelessness services are accredited against the Homelessness Assistance Service Standards (HASS) (2001) which include a specific section on supporting parents and accompanying children.

The SAAP program was not designed to meet the needs of children (Strategic Partners Pty Ltd, 1997) and it is only in the last 10 years that children have been considered as formal SAAP clients in their own right and comprehensive data on children has been collected. Despite this shift, government has not yet recognised interventions with children in relation to targets or funding.

There are increased expectations in the sector that services working with adults with accompanying children should also be working with children across a broad range of issues, for example connecting children to community, assessing and responding to health and developmental needs, and facilitating continuing attendance at school. This is a significant workload expansion for caseworkers. Several studies have found that children's needs are commonly unassessed and/or unmet due to lack of resources, staff skills and time, along with a perception that meeting the needs of parents will also meet the needs of accompanying children (Horn & Jordan, 2007; McNamara, 2007; Resolve Community Consulting, 2004; Strategic Partners Pty Ltd, 1997).

Introduction to the literature

Over the last two decades there has been a greater awareness of family homelessness.

This has translated into increased research in this area in developed countries, particularly the United States. Much of this research has concentrated on the impact of homelessness on children accompanying their parents into homelessness services.

As with the research into other homeless populations, especially young people experiencing homelessness, the research agenda has tended to be problem focused, identifying health, educational and developmental issues pertinent to children experiencing homelessness. Initially, studies aimed to ascertain the prevalence of particular health or developmental issues, or problematic behaviours among children who were homeless; cross-sectional quantitative studies on these topics continue to dominate the field in the United States. However, over time the research agenda has broadened to include a greater focus on the contexts of the often poor health and well-being outcomes identified. In Australia and the United Kingdom, the research has tended to be broader in scope and more varied in methodology, with qualitative research as common as quantitative. However as in the US, cross-sectional studies have predominated. Qualitative research has both contextualised the findings from the quantitative studies and extended our understandings of the experience and the effects of homelessness on children.

While children have been the subjects of a growing research field, they have rarely been active participants in research. Commonly, researchers have obtained information about children's health and well-being from their parents. Descriptive data is also collected from workers in the field. Researchers have until recently been reluctant to interview children for two main reasons. First, children have been perceived to be immature or unreliable reporters and second, valid ethical concerns exist around protecting vulnerable children from the risk of additional distress or trauma caused by research participation.

There has been a gradual recognition of both the importance of hearing directly from children and the right of children to be heard that has resulted in more engagement of children as active participants in research. Given the continuing emphasis on quantitative research about health and developmental progress, much of the engagement with children has been through the administration of scales and standardised tests. Few studies have given children an opportunity to give expression to their own experiences and understandings of homelessness.

Scope of the literature

The scope of the literature is wide, with a range of studies variously aiming to:

- Understand children's experiences of homelessness;
- Measure the effects of homelessness on children;
- Identify the needs of children and families at risk of or experiencing homelessness; and,
- Examine the appropriateness and efficacy of service sector responses.

Given the breadth of the field, this review does not attempt to provide a systematic or comprehensive review of the literature. Rather, it provides:

- A comprehensive overview of children's understandings and experience of homelessness, from the perspective of children, drawn from the qualitative literature, with reference to findings from the perspectives of parents and workers;
- A brief overview of the effects of homelessness, including quantitative and qualitative findings; and
- A brief overview of current policy and programmatic responses internationally and in Victoria.

Particular attention is paid to the Australian literature. Three relevant fields of enquiry are not covered in this review: Indigenous children and homelessness, the effects of violence and trauma on children, service models and practice.

Despite the importance and relevance of research in these fields, the scope of this report precludes its inclusion in this review. We note that an understanding of the conceptions, experience and effects of homelessness on Indigenous children is a matter of great urgency. For an extended literature on children and homelessness, see Noble-Carr et al. (Noble-Carr, 2006).

Shortfalls and gaps in the literature

Despite a large body of research literature on the subject of homelessness and children, using a range of study designs, sample sizes and compositions, there are several significant shortcomings associated with the scope of the research, methodology and methods, and the interpretation of the data.

The absence of children's perspectives and a reliance on parent's reports

Despite the recent recognition of the value of children's voices, there is still a dearth of studies that elicit the views of children. As a consequence, key issues for research continue to be ascertained from an adult perspective and children's experiences and perceptions of homelessness remain under-reported.

Narrow fields of interest

Narrow fields of interest are evident in the literature, with studies of physical and mental health, emotional well-being, development, behaviour and educational achievement predominating.

Gaps in knowledge exist in relation to children's understandings of 'home' and 'homelessness', the experience of homelessness for children from Indigenous and CALD backgrounds, hunger and nutrition, the impact of gender on experience and effects, children's experiences in homelessness services, and changes to relationships with (including separation from) fathers, friends, siblings, and extended family such as grandparents. For example, there is no research on the effect on relationships and individual well-being when siblings are separated by homelessness or on children's relationships with fathers who have perpetrated violence after reunification post refuge or emergency accommodation.

There is also a lack of evidence around good practice and few programs have been externally evaluated. There are no studies that evaluate and compare the effectiveness of different housing and support approaches, for example supported transitional accommodation compared to permanent housing with or without support for families with different needs.

There has been a focus on individual and family deficits rather than strengths both in terms of research questions and the interpretation of data. This has led to a tendency for studies to conclude psychopathology over short-term adaptation to difficult circumstances. Many children who have experienced homelessness do well but we have little evidence regarding which children do well and why this is so.

Context and nature of homelessness experience not taken into account

Children experiencing homelessness are not a homogeneous group but are often dealt with as such in the research. Studies often fail to describe the demographics of the children who participate and/or the nature or circumstances of their homelessness. Without this information there is a risk that findings will be inappropriately generalised to all homeless children. The homogeneity of the population of children who experience homelessness often goes unaccounted for in research design, data analysis and conclusions. In particular, many studies fail to account for:

- Timing of homelessness: Age and developmental stage;
- Causes and triggers of homelessness;
- Context of homelessness: Level of social support, parental health and well-being;
- Nature of homelessness: Type of accommodation, time homeless, number and frequency of moves;
- Cultural difference; and
- Family configuration: Including changes to family configuration associated with homelessness.

Limited range of methodology and methods

A traditional science perspective with a focus on measuring effects dominates the field, with the majority of studies employing quantitative methods. Other perspectives and approaches are under-represented. For example, there is a noticeable lack of ethnographic approaches. There is a preponderance of cross-sectional studies over longitudinal studies, so we cannot ascertain whether the identified effects are long lasting or which contextual changes, including changes to policy or service responses, may influence outcomes. Little is known about children's pathways through or out of homelessness.

Problems identifying causal attribution

It is clear from the literature that children who spend time homeless experience a range of problems. However, the co-existence of homelessness with these problems does not provide evidence of a causal link. Some studies have used inappropriate comparison groups and failed to account for the influence of other factors such as poverty and family violence that preceded the experience of homelessness and are known to contribute to poor outcomes in children.

Many researchers have concluded that there is an underlying continuum of risk, with homelessness being the extreme point of poverty and instability and exacerbating the effects on development, health and well-being, behaviour, and academic achievement associated with the pre-existing adverse circumstances (Masten et al. 1993 cited in Douglass, 1996; Lindsey, 1998; Schmitz, Wagner, & Menke, 1995; Sosin 1992 cited in Toro, 2006). Buckner notes that although most studies have found children who are homeless experience greater problems than housed low-income children, the results are inconsistent (Buckner, 2008).

Some studies have found that factors other than housing status, for example, lack of overall stability (Schmitz, et al., 1995), or mother's psychological distress (Bassuk, Weinreb, Dawson, Perloff, & Buckner, 1997; Graham-Bermann, Coupet, Egler, Mattis, & Banyard, 1996; Harpaz-Rotem, Rosenheck, & Desai, 2006; Masten et al. 1993 cited in Keogh, Halpenny, & Gilligan, 2006) play a greater part in children's outcomes.

Pathways into family homelessness

It is well recognised that the causes of and pathways into family homelessness are complex. Structural factors include poverty, unemployment, lack of affordable housing, insufficient public housing, and gender-based violence. These structural issues can be compounded by co-existing, and often related, family and individual level factors such as substance abuse, and financial and health problems (Kolar, 2004; Norris, Thompson, Eardley, & Hoffman, 2005; Walsh, 2003). 'It has been observed that structural factors determine why pervasive homelessness exists now while individual factors explain who is least able to compete for scarce affordable housing' (Koegel et al. cited in St Lukes Anglicare, 2005). A 1990 US study of homeless families by Weitzman, Knickman and Shinn identified three different types of pathways to homelessness: the rapid decline, the slow slide, and the never housed (cited in Department of Human Services South Australia, 2001). Each pathway was associated with some common preceding short-term or long-term circumstances and triggers, and some common needs, and required diverse responses at the level of prevention, early intervention and service delivery.

In Australia, a range of family configurations seek assistance from SAAP services. The main reasons they seek assistance differ between the types. In Victoria, for couples with children, eviction/being asked to leave (24%) and financial difficulty (16.2%) are the two most common reasons. Domestic/family violence is the main reason women with accompanying children seek assistance (57.5%) with no other reasons reported by more than 8% of female clients. The most common reasons why men with accompanying children seek assistance are more evenly spread: relationship breakdown (19.5%), financial difficulty (14.8%) and eviction/being asked to leave (15.3%) (AIHW, 2009b). Reasons for seeking assistance do not equate to causes of homelessness and form only one step in a family's housing and homelessness pathway but they are in line with the causal factors listed above and provide some insight into the triggers that tip families into homelessness. It is of note that young families are over represented in SAAP services, with 28% of young women under 24 years of age being accompanied by children in Victoria during the 2005–06 data collection period (National Data Collection Agency (AIHW, unpublished data).

The experiences and effects of homelessness

Introduction

Our understandings of the experience and effects of homelessness in children can and should be informed by many voices including those of workers, teachers, parents and of course children themselves. All these perspectives are important in the development of policy and programmatic responses. However, as noted, very few international or national studies have attempted to understand how children experience homelessness through engaging with children directly, particularly those aged 12 and under. Children's direct participation in homelessness research is usually through the administration of scales and standardised tests designed to measure effects of homelessness.

The following section provides an overview of the qualitative literature that interviewed children. It is supplemented by a summary of the Australian literature on family homelessness. This literature review does not include the findings from the research undertaken in concert with this review. These findings are reported in a separate document (Kirkman, Keys, Turner, Bodzak, 2009).

Children's voices: International and Australian studies

In the United States, only a handful of studies have interviewed children about their experiences of homelessness (for example, Anooshian, 2005; Anooshian, 2003; Baumann, 1994; Baumann, 1996; Baumann, 1999; DeForge, Zehnder, Minick, & Carmon, 2001; Herth, 1998; Heusel, 1995 cited in Menke and Wagner 1998; Schmitz, Wagner, & Menke, 2001). In the United Kingdom, the Children's Research Centre, Dublin undertook a major study with 20 families, including 40 children (Halpenny, Keogh, & Gilligan, 2002).

In Australia, Strategic Partners' investigation of case management with children in SAAP services is an early example of research that talked with children about their experiences. In this national study 50 children, along with 51 parents, were interviewed about their experiences with SAAP funded services. These interviews were supplemented by extensive consultations with the sector (Strategic Partners Pty Ltd, 1997).

In Victoria, one small-scale study, which interviewed eight children (aged 5–12), eight parents and 2 SAAP workers, was undertaken for the Council to Homeless Persons (Resolve Community Consulting, 2004). Two studies have interviewed children staying in domestic violence refuges (Edwards, 2003; Jurak, 2003).

Only one major Australian research study has interviewed children with experience of homelessness in the last decade. This qualitative study, conducted by the Institute of Child Protection Studies at the Australian Catholic University, sought to elicit children's experiences and perceptions of their encounters with homelessness in order to inform service systems that work with children. Twenty five children and young people aged 6 to 21 years, two thirds of whom were under 14, were interviewed. Five parents and 20 workers, most of whom worked in SAAP or Child Protection were also interviewed (Moore, Noble-Carr, & McArthur, 2007).

Adult's voices: Australian studies

Several significant studies of family homelessness in Australia have captured the perspectives of parents and workers. While in most cases focusing on the experience of the family as a whole, these studies also paid attention to the particular experiences and needs of children as identified through interviews with parents and workers.

In Australia, important early work was carried out by McCaughey (1991, 1992) and Thomson Goodall Associates (1994) almost two decades ago. More recently Walsh has completed a study of family homelessness in Queensland (Walsh, 2003).

In Victoria, several not-for-profit homelessness service providers, the Salvation Army, HomeGround Services, Hanover Welfare Services and Melbourne Citymission have undertaken research with clients that has shed light on children's experience of homelessness (Bartholomew, 1999; Efron, Sewell, Horn, & Jewell, 1996a; Horn & Jordan, 2007; Kolar, 2004; Bahro 1996 cited in Pinkney & Ewing, 2006; St Lukes Anglicare, 2005). A large study undertaken by Hanover Services, collected data using health screening and general questionnaires at two time points, to assess the impact of homelessness on the health and well-being of 51 children accommodated by the service (Efron, et al., 1996a).

The only longitudinal study of family homelessness in Australia, Hanover Family Longitudinal Outcomes Study (HFLOS) was also carried out by Hanover Services. This study interviewed parents from 42 families over a 2-year period with the aim of understanding pathways out of homelessness and identifying issues associated with achieving and maintaining housing and family stability (Kolar, 2004).

What children tell us

Overwhelmingly, the few studies that have given children an opportunity to talk about homelessness have gathered data on the lived experience of homelessness.

Children's understandings of 'home' and 'homelessness' have received scant attention internationally and nationally. The findings reported below on concepts of 'home' and 'homelessness' and the lived experience of homelessness are from qualitative, cross-sectional studies, undertaken in Australia (3 studies), the United States (5 studies) and the United Kingdom (1 study).

Concepts of 'home' and 'homelessness'

Children's understandings of homelessness encompass more than a consideration of accommodation status (DeForge, et al., 2001; Heusel 1995 cited in Menke, 2005; Moore, et al., 2007).

For some children who were staying in transitional accommodation or motels in the US, homelessness was equated with living in a shelter (Heusel 1995 cited in Menke, 2005). A US shelter-based study that interviewed 14 school-aged children reported that some children felt they weren't homeless as they equated homelessness with living on the street and lacking resources and support (DeForge, et al., 2001). Similarly, many Australian children said they did not feel homeless, even while living on the street or in temporary accommodation, because they felt safe and secure under the protection of their parents and families (Moore, et al., 2007).

The Australian study provides the most extensive information on how children perceive 'home' and 'homelessness' (Moore, et al., 2007). Moore et al. found that children felt like they were at home when 'they were with, connected to and supported by family, were safe and felt safe, had space and things of their own and a sense of ownership and control over their lives, had a sense of permanence and predictability, felt 'normal' and fitted in with peers, at school and in communities [and] felt connected to supports and communities' (Moore, et al., 2007:57). For these children feeling homeless was associated with as an absence of the above factors, in particular an absence of a sense of safety, security, place and connection to supports (Moore, et al., 2007).

In a US study, which interviewed 133 8 to 12-year-olds, half of whom were homeless and half living in extreme poverty, children said they thought homelessness was "sad," "hard," "lonely," "embarrassing," "bad," or "scary" for children (Schmitz, et al., 2001).

The lived experience of homelessness

Interviews with children in the US and Australia about the experience of homelessness reveal the following key themes, transience, safety and security, stigma and shame, space and rules in services, and special things and special relationships.

In a reflection of the different backgrounds, circumstances and accommodation situations of homeless children, this research has reported diverse responses to the experience of homelessness. This is also of course a reflection of the fact that children are individuals. Moore et al. note that children will experience homelessness differently despite sharing similar circumstances; even siblings respond differently depending on factors such as age, amount of information they were given, their relationships with family and the roles they adopted (Moore, et al., 2007).

For example, in interviews about the experience of homelessness, 33 children in the US, aged 7–12, described gains, losses and feeling different from other children (Heusel 1995 cited in Menke, 2005). Some children felt embarrassed and poor and described being without a home as uncomfortable, while others felt good about where they were staying. Gains identified were related to maintaining a loving relationship with parents, making new friends, feeling safe, and having room to play (Heusel 1995 cited in Menke, 2005).

Transience

High mobility is associated with homelessness in Australia as it is elsewhere (Bartholomew, 1999; Moore, et al., 2007; Strategic Partners Pty Ltd, 1997).

Most commonly children expressed sadness, worry and anxiety about frequent moving with its associated losses; these feelings are coupled with a desire for stability and permanent housing (Moore, et al., 2007; Resolve Community Consulting, 2004). One child said he'd told a worker 'I want to live in a house and don't move and be happy' (Resolve Community Consulting, 2004:20).

However, some children expressed acceptance or even noted some positive aspects of moving, such as making new friends, moving to improved conditions, and a few children described moving around as an adventure or fun experience (Moore, et al., 2007; Resolve Community Consulting, 2004).

Safety and security

Children who are homeless often report feeling scared and unsafe This is unsurprising given that exposure to violence within the family prior to or during homelessness, in homelessness environments and in neighbourhoods is common for this population (Anooshian, 2005; Moore,

et al., 2007; Nunez, 2000; HomeGround Services in Pinkney & Ewing, 2006). Moore et al. found that for children who had been accommodated in a refuge feeling unsafe was associated with the presence of strangers in crisis (Moore, et al., 2007).

Some children living in a US shelter, however, reported 'mostly feeling safe' despite describing circumstances where violence permeated all aspects of their lives (DeForge, et al., 2001). A number of children staying in a refuge in Australia also told the interviewer that the refuge was a safe place (Strategic Partners Pty Ltd, 1997). Moore et al. found that feeling safe was associated with being with family and trusting parents to protect you (Moore, et al., 2007). However, when children felt the need to step in and protect other family members they felt unsafe (Moore, et al., 2007).

Security was linked to stability and children valued routine and predictability (Moore, et al., 2007). Of course routine and predictability are the very things homelessness disrupts (Bartholomew, 1999).

Services: space and rules

Lack of personal space and privacy, lack of security of possessions, and lack of outdoor play space were perceived as difficult by some children in shelters or emergency accommodation in the US, Ireland and Australia (DeForge, et al., 2001; Halpenny, et al., 2002; Keogh, et al., 2006; Heusel 1995 cited in Menke, 2005; Moore, et al., 2007; Strategic Partners Pty Ltd, 1997). Sharing supported accommodation with other families and whole families being crowded into one room were identified as stressful by children (Moore, et al., 2007). Rules governing use of accommodation space and facilities were also difficult for children, with children in the Australian study mentioning early bedtimes as an issue (DeForge, et al., 2001; Strategic Partners Pty Ltd, 1997). Some children mentioned a lack of toys and an absence of things to do at the accommodation services where they were staying and almost all expressed a wish for more toys to be provided. (Strategic Partners Pty Ltd, 1997).

Stigma and shame

Aware of the stigma of homelessness, children in several studies reported that they did not tell their school friends or others about their situation (Tower 1992 cited in Anooshian, 2003; DeForge, et al., 2001; Keogh, et al., 2006; Moore, et al., 2007).

Special things and special relationships

Children experiencing homelessness value similar activities to housed children. Playing with special toys, going to fun places and having friends, along with special people, such as a parent or grandparent were named as 'special things' by the young children in one study (Percy 1995, 1997 cited in Menke, 2005). When children in an Australian study were asked what they liked about their SAAP service many cited playing with other children at the service, playing outside and playing with pets (in a service with a resident cat). Older children mentioned listening to music and reading (Strategic Partners Pty Ltd, 1997).

When asked what their three wishes for the future would be, a couple of children wished for happiness, which one child associated with family harmony, and the other with being able to afford to do more things, and for her mother to marry 'a nice guy' (Resolve Community Consulting, 2004). Children whose families were separated wished for family reunification (Moore, et al., 2007).

The most commonly cited loss expressed by children of all ages was that of family and friends (for example, Strategic Partners Pty Ltd, 1997). Moore et al. observe that family separation, often due to domestic violence or family breakdown, was probably the most significant issue for children in their study with many children wishing for reunification and worrying about absent family members (Moore, et al., 2007).

Children also missed pets and belongings that were important to them (Moore, et al., 2007; Strategic Partners Pty Ltd, 1997). The loss of belongings seemed more significant for children over 8 years of age (Strategic Partners Pty Ltd, 1997). Almost half of the 50 children interviewed in one study cited the loss of pets as the most strongly felt issue (Strategic Partners Pty Ltd, 1997).

For some children shared emergency accommodation provided an opportunity to form new friendships in the short-term (DeForge, et al., 2001; Strategic Partners Pty Ltd, 1997). However, many children in Moore et al.'s study said they didn't have many friends and felt lonely (Moore, et al., 2007). Two of the eight children interviewed in the recent Victorian study reported they had no-one to talk to (Resolve Community Consulting, 2004). Only 64% of children in a US study reported that their family members could help them with problems or worries compared to 94% of poor, housed children; just over half identified parents as being able to help compared to 88% of the domiciled children (Schmitz, et al., 2001).

Effects of homelessness on children

Most of the data on the effects of homelessness on children comes from cross-sectional, quantitative studies in the United States. These studies generally recruit from homeless shelters where residents can spend significant lengths of time living in challenging communal conditions. Caution must be exercised in extrapolating these results to the Australian context where very different accommodation models prevail.

The literature on the effects of homelessness on children can be categorised under the following headings: health and well-being, family relationships, community connectedness, and education.

Health and well-being

International and Australian quantitative studies, surveying parents and children have found significant health and well-being issues relating to physical and mental health, development, emotional well-being and behaviour for children who were homeless. Qualitative studies contribute parental, worker and occasionally child views. However, overwhelmingly the findings on these issues are derived from quantitative cross-sectional studies in the US. More recent studies that better control for confounding factors tend to find less difference in results between children who are homeless and children who are housed. The Victorian Children's Resource Program notes that the impact of the trauma and stress of homelessness on health and well-being will differ according to the child's developmental stage (Victorian Children's Resource Program, 2005).

Several studies have found more frequent moves were associated with greater negative effects on health and well-being (Bartholomew, 1999; Efron, et al., 1996a; Bahro cited in Pinkney & Ewing, 2006). In a sample of families who had predominantly moved into more stable accommodation, Kolar found that the health of children with parent-reported health problems at the start of the two-year study had markedly improved by the end of the study (Kolar, 2004).

Physical health

It is widely accepted that children who are homeless experience poor physical health in a number of areas. In particular, studies report that poor dental health, asthma, skin problems, vision problems, and recurrent headaches are common (Buckner, 2008; DiMarco, 2007; Efron, Sewell, Horn, & Jewell, 1996b; Grant, et al., 2007; McLean, et al., 2004). However, Efron et al. found that the physical health of the children experiencing homelessness in their Australian study was better than that of children in homeless families in the United States, despite higher than average incidence of ear infections, asthma, and skin problems (Efron, et al., 1996a). Homelessness is likely to increase the possibility of poor nutrition and hunger thereby impacting on children's health. One US study found that one out of five homeless children does not eat enough (US Dept of Agriculture 1999 cited in Nunez, 2000). No Australian data on hunger or nutrition is available.

Mental health and well-being

Numerous quantitative studies undertaken in the US have provided evidence of elevated stress levels (Davey, 1998; Page & Nooe, 2002) and mental health problems among homeless children (Cumella, Grattan, & Vostanis, 1998). Zima et al. reported that of 168 children aged 6 to 12 living in emergency homeless accommodation in Los Angeles, 78% suffered from either depression, a behavioral problem, or severe academic delay (Zima, Wells, & Freeman, 1994). One US study found that the proportions of homeless and previously homeless children with Child Depression Inventory (CDI) scores in the clinical range were significantly greater than the never homeless poor children (Menke & Wagner, 1998). This study and another which compared children living in extreme poverty and those who were homeless, found that those who were currently homeless had significantly higher anxiety scores (Menke & Wagner, 1998; Schmitz, et al., 2001). Vostanis also found lasting effects on mental health, with mental health problems persisting one year after children had been re-housed (Vostanis, Grattan, & Cumella, 1998).

In Australia, Efron et al. conclude that children are affected psychologically by their experience of being without a home and the issues that have led up to homelessness (Efron, et al., 1996a).

Parents in Australian studies reported that children can be withdrawn, unsettled, angry and even suicidal, and suffer sleeping difficulties and bedwetting (Moore, et al., 2007; Walsh, 2003). They may feel responsible for their situation or for caring for, or protecting parents or other family members (Horn & Jordan, 2007; Moore, et al., 2007; Zammit, 2008). Children's feelings of anxiety and fear can be exacerbated by parents' poor mental health (Moore, et al., 2007).

Lack of hope and low aspirations were found to be common in one study of school aged children in the US, with the length of their stay in shelters significantly correlated with their level of aspiration (Donahue & Tuber, 1995). Using interviews and drawings, Herth investigated the issue of hope with 60 homeless children aged 6 to 16 years old, identifying the importance of humour, having fun and objects with special meaning in sustaining hope (Herth, 1998).

Grief and loss are significant issues for children who experience homelessness; as noted above, grief associated with loss of familiar environments, including the family home, routines, relationships with family members, particularly fathers, and friends, pets and belongings, is commonly experienced (Heusel 1995 cited in Menke, 2005; Moore, et al., 2007; Strategic Partners Pty Ltd, 1997; Thomson Goodall Associates, 1994). From her observations as a support worker in Australia, Bryant observes that children can feel grief over the loss of a 'normal' life (Bryant, 2003).

Behavioural problems

Many studies, mostly carried out in the US, have identified behavioural problems in children who are experiencing homelessness (Efron, et al., 1996a; Masten, et al., 1997; Vostanis, Grattan, Cumella, & Winchester, 1997; Yu, North, LaVesser, Osborne, & Spitznagel, 2008; Zima, et al., 1994). One third of the children in a Victorian study had total behaviour problem scores in the clinical range as measured by the Child Behaviour Checklist (CBCL) (Efron, et al., 1996a).

Behavioural problems have been linked to a lack of social support among homeless children with those with more social support having higher self-esteem and fewer behavioural issues (Graham-Bermann, et al., 1996). High mobility amongst families who are homeless has also been linked to behavioural problems (Page & Nooe, 1999).

De Forge et al. noted that despite telling researchers they wanted violence to stop and wanted to stop being violent themselves, some of the children they interviewed exhibited aggressive behaviour and did not seem to know how else to express their anger or frustration (DeForge, et al., 2001). Unsurprisingly, Anooshian found that children's problematic aggressive behaviours were correlated with the experience of family violence (Anooshian, 2005).

Parents in Australian studies have commonly reported that they need help to manage their children's aggressive behaviour (Bartholomew, 1999; Walsh, 2003). Fifty per cent of parents living with children in Melbourne hotels due to homelessness perceived negative changes to their children's behaviour, including withdrawal and 'acting out' (Bartholomew, 1999). Children also report being disobedient to teachers and behaving aggressively (Moore, et al., 2007). Withdrawal and denial were reported as ways to deal with difficult issues by 47% of children who were homeless compared to 25% of poor, housed children in one study (Schmitz, et al., 2001).

Results may depend on whether studies recruit children who have just arrived at homelessness services or are more settled into shelters or transitional accommodation. For example, Douglass found that behavioural issues, such as aggression, withdrawal, regression, clinginess, sleep difficulties and defensiveness tend to disappear as children settle into the routine of a shelter. After six weeks children from the shelter were performing at a similar level to that of their housed (low-income) peers in a childhood education program (Douglass, 1996).

Developmental delay and cognitive functioning

Several US quantitative studies have identified developmental delay as an issue for children experiencing homelessness (Cumella, et al., 1998; Vostanis, et al., 1997; Zima, et al., 1994). A systematic review found that children who are homeless tended to have lower intellectual functioning and decreased academic achievement than domiciled children, however the researchers note that the data is drawn from a very limited number of studies (Parks, Stevens, & Spence, 2007). Parks et al. also reported that the few studies that made a comparison found that cognitive impairment was also more common for homeless children than for disadvantaged domiciled children. However, another study that controlled for social class found no difference between housed and homeless children in cognitive functioning but significantly poorer results for homeless children in tests of academic achievement (Rubin, et al., 1996). In Australia, Efron, Sewell, and Horn and Jewell's 1996 research with children staying at Hanover Welfare services found higher than average levels of developmental delays (Efron, et al., 1996b).

Family relationships

The short- and long-term well-being of children is dependent on the quality of the relationships with, and care provided by, parents and caregivers (Lindsey, 1998).

Numerous studies and reports acknowledge the impact of homelessness on family relationships. Homelessness is thought to have an effect on both the quality of parent-child relations and the parental role (Lindsey, 1998; Moore, et al., 2007; Resolve Community Consulting, 2004)

The effects of homelessness on parents and the ongoing effects of issues families were dealing with prior to and during homelessness, such as poverty, insecure housing tenure, unstable families, family conflict, violence, substance abuse and poor health, can all impact on capacity to parent and on the quality of parent-child relationships (Graham-Bermann, et al., 1996; Moore, et al., 2007).

In some cases, children's assumption of responsibilities for caring for and protecting parents, particularly in situations of family violence or parental mental health or drug or alcohol abuse, inverts the parent-child relationship (Moore, et al., 2007; Wright-Howie, 2008). Parents report that children have to grow up quickly in situations of homelessness and become more mature than other children of the same age (Hamilton, Le Brocq, Massoud, & Byrne, 2008).

However, as mentioned above, some children felt that their family relationships were stronger after enduring homelessness; others stressed that the upside of their homelessness experience was the maintenance of loving relationships with parents (Heusel 1995 cited in Menke, 2005; Moore, et al., 2007). Of course for many children becoming homeless entails the trauma of separation from a parent, usually a father (Norris, et al., 2005).

In a study of the perceptions of mothers who had previously lived in shelter accommodation of the effect of homelessness on their relations with their children, mothers reported experiencing closer relationships with their children but a disruption in their roles as disciplinarians, providers and caretakers (Lindsey, 1998).

The very nature of much emergency accommodation, such as shared living space, and rules and regulations in the accommodation, along with uncertainty about the future can put added strains on family relationships (Bartholomew, 1999; Keogh, et al., 2006; Lindsey, 1998).

Parents in Walsh's study talked about the stress of parenting while homeless and the need for parenting assistance to manage children's difficult behaviour (Walsh, 2003).

However, workers commonly note that parents are reluctant to reveal any difficulties due to fear of the intervention of statutory services (Resolve Community Consulting, 2004; St Lukes Anglicare, 2005; Walsh, 2003).

There has been some acknowledgement that sibling relationships can be affected by homelessness, although little work has been done on the issue (Moore, et al., 2007).

Community connectedness

Bronfenbrenner (2005) has noted that in order to grow and learn parents and children need enriching connections with relatives, friends, neighbours and others (cited in Swick, 2008); homelessness disrupts these connections.

The mobility associated with homelessness means that children commonly leave familiar neighbourhoods, schools and often extended family. They are usually separated from existing friends and have to form new friendship networks (Horn & Jordan, 2007; Resolve Community Consulting, 2004). Being without money or transport often makes it untenable to visit old neighbourhoods and friends (Moore, et al., 2007).

Children's ability to make new friends, experience easy transitions to new schools, and connect to community more broadly is affected by feelings of shame and fear of stigmatisation, ridicule or rejection (DeForge, et al., 2001; Horn & Jordan, 2007; Edwards 2003 cited in Moore, et al., 2007).

Parents and children also report that commonly held negative stereotypical views about people who are homeless are a barrier to their becoming engaged in the community, according to one US study (Swick, 2008). Additionally, difficult behaviour associated with the stresses and trauma of their circumstances also appears to contribute to social isolation for some children (Anooshian, 2005). Anooshian found that social isolation was associated with different factors depending on the length of time homeless. The influence of parenting played a greater role for those with limited experience of homelessness, while for those with extensive experiences of homelessness, social isolation and rejection was more closely associated with their own emotional health (Anooshian, 2003).

Education

International and Australian studies have found that the high levels of mobility often associated with homelessness and associated issues lead to disruption to schooling, negative effects on learning and school refusal (Efron, et al., 1996a; Horn & Jordan, 2007; Keogh, et al., 2006; Masten, Miliotis et al. 1993 cited in Masten, et al., 1997; Rafferty, Shinn, & Weitzman, 2004; Walsh, 2003).

In Australia, Efron et al. found that 15% of school-aged children in their study had prolonged or continuous absences from school prior to, and/or during their stay in emergency accommodation and 60% had moved more than three times in the 12 months preceding the study, putting them at great risk of educational disadvantage (Efron, et al., 1996a).

Children and parents report that having to move away from their original area and change schools has social as well as educational implications for children, particularly the loss of school friends (for example, Keogh, et al., 2006; Strategic Partners Pty Ltd, 1997).

Mental health issues, such as anxiety, stress and isolation are likely to effect children's participation in school both in terms of attendance and ability to fully engage with learning (Keogh, et al., 2006). Hunger and poor nutrition can also affect ability to learn (Nunez, 2000). Overcrowding in temporary accommodation can impact on children getting enough sleep and is not conducive to completion of homework (Keogh, et al., 2006; Strategic Partners Pty Ltd, 1997).

However, when results between low-income and homeless children are compared, the findings have been inconsistent. One US study found that the groups had comparable rates of absenteeism and other school-related problems, and similar results in terms of achievement (J. C. Buckner, Bassuk, & Weinreb, 2001). Another found homelessness had a profound effect on school enrolment and attendance (Cumella, et al., 1998), while a third reported poorer academic performance associated with more frequent changes of schools (Rubin, et al., 1996).

What is clear from the literature is that homelessness is an impediment to school attendance and academic performance, though some studies have shown improvements over time (Kolar, 2004; Rafferty, et al., 2004). For example, Hanover's Family Longitudinal Outcomes Study found that stable housing had a marked impact on school attendance, with days absent halving over a 2-year period (Kolar, 2004). However, such improvements may not be sufficient to protect children from an elevated risk of later homelessness associated with poor or truncated education.

Despite the obstacles to school participation, research has shown that school is an important and often valued aspect in the lives of children experiencing homelessness (Keogh, et al., 2006), providing stability, normality and safety in times of insecurity and change (Coffman 1994 & Rafferty 1998 cited in DeForge, et al., 2001; Gilligan 1998 & Walsh 1992 cited in Keogh, et al., 2006; Moore, et al., 2007; Rafferty, et al., 2004).

Policy and Program Responses

This section provides a brief overview of some key directions and programs internationally and an outline of the policy environment and available programs in Victoria that are relevant to the well-being of children experiencing homelessness. It includes both universal and targeted programs but is by no means an exhaustive examination of policies, programs, models or practice in relation to children who are homeless. The international scoping was limited to a search of policy and programs from the United Kingdom, Canada and the United States. Information on policy and programs in the United Kingdom is easily accessible however, information from Canada and United States is less so as there are no national government sites focusing on children or providing an overview of policy or universal or targeted programs provided. Consequently, the documentation of policy and programs for Canada and the United States in this report is partial.

International approaches

United Kingdom

In the UK, homelessness legislation requires local councils to develop a strategy to prevent homelessness, and provide accommodation and support. The government has set a target to reduce the number of families living in temporary accommodation by 50% by 2010 (Office of the Deputy Prime Minister UK, 2005). There is a strong focus on prevention.

The Social Exclusion Task Force recently reported that there was no coherent system to support families more broadly, and identified a need for better integration in relation to governance, strategies, processes and frontline working and early intervention across all systems. It also recommended better early identification of needs and early intervention (Social Exclusion Task Force Cabinet Office, 2007). The following initiatives are currently in place.

Every Child Matters is a shared program of change to improve outcomes for all children and young people that includes a focus on early intervention, supporting families and integrating children's services. It is underpinned by the Children's Act (2004) and complemented by a Children's Plan outlining a 10-year strategy that aims to improve outcomes in all aspects of children's lives, including a reduction in child poverty. The strategy has adopted principles such as a common vision, clear accountability, multi-agency working, information sharing and core processes, and assessments. It is a universal program that aims to *support children* to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being (Department for Children, Schools and Families).

Children's Trusts were created as part of the Children's Plan to address the fragmented approach to children's services by strengthening accountabilities and developing local strategies to improve service delivery and enhance children's health and well-being. Children's trusts are partnerships of all agencies and services, including schools, for children and young people in an area. They deliver integrated strategies, processes, and front-line delivery, with inter-agency governance. They have a strong emphasis on identification and early intervention for all children and young people who need additional help. (Department for Children, Schools and Families)

Sure Start is an early intervention approach that targets at risk populations or neighbourhoods. Over 2,000 Sure Start Children's Centres aim to offer children under 5 years old and their families seamless services and information and access to help from multi-disciplinary teams of professionals (Department for Children, Schools and Families).

Think Family is an initiative targeting at risk families that builds upon Every Child Matters and Sure Start. Key characteristics of a Think Family approach include no wrong doors, working with the whole family, building on family strengths and providing tailored support. Pilot programs are currently underway.

Extended Schools services will be made accessible to all children by 2010. Services include:
A varied range of activities including study support, sport and music clubs, combined with childcare in primary schools
Parenting and family support
Swift and easy access to targeted and specialist services
Community access to facilities including adult and family learning, ICT and sports grounds (Department for Children, Schools and Families).

Canada

The Canadian National Children's Agenda (1997) is a framework for coordinating and advancing actions over a wide range of children's issues in order to improve opportunities for all children to develop their full potential. In 2004 an action plan *A Canada Fit for Children* was developed. Responses fall under three key conditions for enabling healthy child development: adequate income for families with children; effective parenting within strong and cohesive families; and supportive and inclusive communities. Strategies include supporting families and strengthening communities, promoting education, and protecting children from harm (Government of Canada, 2004).

Canada does not have a national housing or homelessness strategy (Graham & Waegemakers Schiff, 2009). A Homelessness Partnering Strategy funds emergency accommodation through a housing-first approach and supports community-based projects in collaboration with other government agencies (Human Resources and Skills Development Canada, 2009). The following program targets young children who are particularly vulnerable.

The Community Action Program for Children funds community-based coalitions that establish programs and deliver services to meet the developmental needs of children under six living in conditions of risk.

United States

The United States Interagency Council on Homelessness has established intergovernmental partnerships including interagency councils at Federal and State levels. Cities and counties are being encouraged to create 10-year plans to end chronic homelessness that incorporate a housing first approach, cost benefit analysis, best practice engagement and services innovations, and prevention (United States Interagency Council on Homelessness). The following Federal programs target 'at risk' children.

The Promoting Safe and Stable Families Program and the Family Unification Program targets families in crisis who are at risk of having their children removed. The Promoting Safe and Stable Families Program can offer a broad array of social services and treatment options

for families. The Family Unification Program provides dedicated housing vouchers to families involved in the child welfare system. The vouchers are used to help reunify or preserve families at risk of separation primarily due to a lack of appropriate housing (National Alliance to End Homelessness, 2008).

Head Start provides early education and developmental activities that support children's cognitive, social, and emotional development to low-income children 0–3 years. Homeless children have priority for enrolment (National Alliance to End Homelessness, 2008).

The Education for Homeless Children and Youth Program aims 'to ensure that homeless children and youth have equal access to the same free, appropriate public education as other children; to provide activities for and services to ensure that these children enroll in, attend, and achieve success in school; to establish or designate an office in each state educational agency (SEA) for the coordination of education for homeless children and youth; to develop and implement programs for school personnel to heighten awareness of specific problems of homeless children and youth; and to provide grants to local educational agencies (LEAs). SEAs and LEAs may use funds for a wide variety of activities that will facilitate the educational success of homeless children and youth' (US Interagency Council on Homelessness, 2008 p.23). A US Department of Education evaluation found the program had contributed to a significant improvement in access to education. However funding shortages still limit the ability to meet need (National Coalition for the Homeless, 2008).

Other Federal initiatives include school food programs, home visiting services and health care programs for the homeless (US Interagency Council on Homelessness, 2008).

Community Partnerships for Protecting Children (CPPC) is an approach that focuses on enhancing secondary and primary prevention of child abuse and neglect through Neighbourhood Network hubs of child and family welfare and support services provided by a partnership of public and private agencies, systems, and community members. CPPC works with families where children are experiencing, or at risk of, abuse or neglect. It has a strong focus on building community responsibility for protecting children and developing responses at the local level. There are 4 common strategies adopted across the 50 sites: 1) Individualised practice 2) Neighbourhood networks 3) Policy, practice and cultural change, 4) Shared decision making. It is supported by philanthropic funding in addition to government funding (Centre for the Study of Social Policy US).

International summary

The impetus is towards more integrated service systems, prevention of family homelessness, early intervention, particularly in relation to early childhood development, and a focus on working with children within the context of their families and communities. Recognition of the negative impact of temporary accommodation is reflected in the UK's commitment to provide more social housing and investigate converting temporary accommodation into permanent housing. The US and Canada are taking a Housing First approach, that aims to minimise stays in transitional accommodation and emphasises quick placement in permanent housing. In both the UK and Canada national frameworks and action plans have been developed to coordinate and advance opportunities for children to develop their full potential. Responses to children who are homeless fall within programs targeting neighbourhoods or populations who are 'vulnerable' or 'at risk'. However, in the US Federal programs have been developed that target children who are homeless.

Australia

Policy environment

At the broadest level, responding to the needs of children who are experiencing homelessness must be guided by the relevant rights covenants and legislation. Australia is a signatory to the UN Declaration on the Rights of the Child. In Victoria children's rights are also covered by the Victorian Charter of Human Rights and Responsibilities, and overseen by the Victorian Children's Rights Commissioner. Policy and program responses fall within The Children, Youth and Families Act 2005, The Child Wellbeing and Safety Act 2005, and The Office of the Child Safety Commissioner's (OCSC) Child Safety Policy.

In Australia, there is no dedicated policy response to children who are homeless or at risk of homelessness at the State or Federal level. However two national initiatives, the National Plan to Reduce Violence against Women and their Children and the National Framework for Protecting Australia's Children (2009–2020) and Victoria's new Integrated Family Violence service system are pertinent for homeless children. The National Framework for Protecting Australia's Children proposes a more integrated system and embraces a public health approach in which there is more emphasis on prevention than tertiary responses (Commonwealth of Australia, 2009).

The Commonwealth Government's White Paper *The Road Home: A National approach to reducing homelessness* provides guidelines that include tailored responses for children with a particular focus on preventing homelessness, providing additional support and ensuring children are engaged in education. There is a broad social inclusion agenda and a focus on prevention and early intervention but how this agenda will be met is primarily left up to the States. The White Paper states that the Victorian Government must achieve a 20% increase in numbers of families maintaining secure sustainable housing after DV and increase by 50% the number of children who are homeless or at risk of homelessness receiving additional support and engaged in education by 2013. Three specialist support approaches are suggested: regional child support workers, brokerage funds for homelessness services to meet the needs of children, and better links between Child Protection and homelessness services (Department of Families, Housing Community Services and Indigenous Affairs, 2008).

Victoria has led the way in regard to homelessness initiatives, although neither the Victorian Homelessness Strategy (VHS) nor the Youth Homelessness Action Plans (YHAP1 and YHAP2) have included a strong or comprehensive focus on children. However, the Charter of Rights and the Homelessness Assistance Service Standards (which includes a section on children) developed as part of the VHS are important steps forward in meeting the needs of children attending SAAP services. The development of a new Victorian Homelessness Strategy is currently underway. There is no specific policy framework for children who are homeless. However, a Vulnerable Youth Framework targeting 10 to 25-year-olds is currently being developed to guide action in schools, communities and services.

National and State wide programmatic responses

A range of mainstream and specialist services exist to provide universal and targeted programs of relevance to children who are homeless, however only a limited response exists specifically for this sub-population of disadvantaged children. The programmatic response to children who are homeless has been predominantly built on the premise that supporting parents and providing accommodation has a flow-on effect that meets the needs of children (Wright-Howie, 2006).

Current responses provided to Victorian children include:

Best Start is a universal early intervention and prevention early years initiative which aims to improve the health and well-being of all Victorian children through assisting communities and service providers to improve early years services so they meet local needs. It operates at 30 sites across the state. It has a social inclusion focus.

The Enhanced Maternal and Child Health Service is a targeted service that aims to improve the health and well-being of children by providing more focused and intensive support for vulnerable families experiencing significant early parenting difficulties and children identified as being at risk of harm through home visits, group work and connection to other relevant support services.

The Student Support Services Program aims to meet the additional learning and well-being needs of children through the provision of access to school and community support. Psychologists, guidance officers, speech pathologists, social workers, visiting teachers and other allied health professionals work with students and their families who are vulnerable or have additional needs.

Child and Adolescent Mental Health Services (CAMHS) are specialist services providing crisis assessment and treatment, intensive mobile youth outreach support services, continuing care case management services (clinical and consultancy) school early intervention programs, acute inpatient services and day programs for children and young people experiencing complex and severe problems.

Child FIRST (Child and Family Information Referral and Support Teams) are a referral point into Family Services providing a comprehensive range of services and approaches for vulnerable children, young people and their families. There is a focus on long-term outcomes, stability and community connection. Child FIRST is a key part of a more integrated child protection and family service system now being developed.

The Family Support Program will bring together the following services to improve service linking, facilitate greater flexibility and responsiveness of services and support a 'no wrong doors' approach. It aims to provide a more coordinated response for families and children. Consultations around how the program will operate are currently underway.

- Family Relationship Services
- Strengthening Families Program funded under the National Illicit Drug Strategy
- Communities for Children Initiative
- Invest to Grow
- Child Care Links
- Responding Early Assisting Children
- Indigenous Children Services
- Playgroup
- Indigenous Parenting Support Services

Other support for vulnerable and disadvantaged children includes Home Learning Programs for vulnerable children and free kindergarten programs for children known to Child Protection.

Northern Crisis Advocacy Response Services (NCARS) is a pilot program that offers face-to-face intensive support and counseling, and advocacy to women and children experiencing family violence. It is an integrated approach built on collaboration between several family violence services and police. Preliminary evaluation results suggest the program has assisted the majority of clients to return home safely rather than entering the homelessness service sector (Fletcher & Bock, 2008).

Programs targeting young parents, many of who are homeless or at risk of homelessness, support children directly and through support to parents. These include Anglicare Choices, Uniting Care Connections Starting Out, a range of community-based young parenting programs and four pilot programs funded by the Office of Housing.

Current homeless specific responses include:

The Statewide Children's Resource Worker Program provides secondary consultation, information, support and resources workers in SAAP funded agencies in their work with accompanying children. Each region differs in its range of activity; activities include development of training, research and the promotion of best practice, advocacy and in some regions the funding of a counseling component and/or activity based programs for children. There are nine workers across Victoria. This program is currently under funded and unable to adequately resource the sector.

Children's support workers have been funded in women's refuges however, with a couple of exceptions, generalist homelessness services do not receive funding for specialist children's workers.

A number of **pilot projects** have been funded by the Federal Government, most notably, the Bright Futures Demonstration Project and the Education Development Project.

Bright Futures Demonstration Model delivered by Merri Outreach Support Service The model comprises three integrated streams, child-centred assessment and case planning support, enhanced case management and therapeutic group work. It works directly with children and provides secondary consultations and joint case management to referring agencies. The model works closely with parents and workers to support children at the time of crisis and minimise the impact of homelessness on their health and well-being. An evaluation of the project found the therapeutic group work was the most successful aspect, being both effective and well received by agencies (McDonald & Campbell, 2007).

The Education Development Project is a joint initiative between Hanover Welfare Services and the Brotherhood of St Lawrence that aims to improve children's education outcomes. Twenty three children in years five to nine are supported at two sites. The project seeks to improve the connection and communication between individuals, families, schools and the community and ensure educational needs are given due attention.

Some agencies delivering homelessness services have developed their own innovative models to meet the needs of the children they work with. For example:

Melbourne Citymission Young Pregnant and Parenting Program

This outreach program provides young single people and families aged 15–20 with housing assistance and support during pregnancy and parenting. It also gives information and advice to other Melbourne Citymission services as to how they can best support young parents. YAPP also runs playgroups for young mothers experiencing or at risk of homelessness.

The focus of the groups is on parenting skills, socialisation and education, training and employment. The program aims to:

- Increase participants' knowledge of positive parenting techniques, their positive parenting skills and their self-confidence;
- Build resilience in themselves and their children;
- Increase participants' self development and empower them to take charge of their own future (e.g., communication skills, health and well-being); and
- Increase participants' awareness of and confidence to pursue pathways to education, training and employment.

Family Access Network (FAN) Children's Program – Early Years

Family Access Network is a youth service responding to the needs of young people, young families and accompanying children experiencing or at risk of homelessness. The service offers transitional homelessness and housing support – including same sex attracted transgender intersex pilot, youth counselling and family mediation program, a private rental brokerage program (through Creating Connections), a life skills program, including young mum's group, volunteer program (incorporating mentors, child play supervisors) and a children's program. The Children's Program — Early Years is funded through a philanthropic trust and employs a Children and Young Families Support Worker. The program aims to:

- Provide a range of therapeutic interventions and tailored responses to children to minimise the impact of their homelessness experience;
- Deliver a specific children's program that will provide holistic care and support;
- Deliver programs and provide resources to young families;
- Ensure FAN's environment, services, policies and practices are consistent with the needs of accompanying children;
- Support and resource FAN staff in the provision of child specific interventions, ensuring all children are recognised as a client in their own right;
- Create appropriate linkages to relevant services that will strengthen pathways and sustainable outcomes for young parents and accompanying children; and
- Support, resource and educate parents about developmental needs of children, healthy parenting and relationships and self-care.

Eastern Children's Resource Program Resilient Kids

Resilient Kids, State-wide Children's Resource Worker Program, auspiced by Wesley Mission, is part of the State wide Children's Resource Worker Program. The program provides secondary consultations to workers in SAAP funded services, facilitates training, networks, participates in research and community development, and offers group work and counselling. Resilient Kids runs therapeutic groups, social and recreational activities including camps, and short-term counselling for children who have experienced family violence and/or homelessness. Three groups are run.

- Cool Kids
An activity based therapeutic group for primary school age children offering creative arts therapy
- Adolescent Group
An age-appropriate version of the Cool Kids program with a recreational component
- Footsteps Group
A group for mothers and infants that aims to give mothers a chance to talk about their experiences of violence, explore and understand how this may impact on their parenting and their infants, and learn how best to respond to their child's needs.

Policy and programmatic issues

The Australian literature on children and homelessness documents the increased attention on children as individuals with their own specific needs and identifies the key issues that need to be addressed in the homelessness service sector and more broadly.

Norris et al. note that the key recommendations from the literature concern structural factors implicated in homelessness yet public policy, including that relating to the homelessness service sector, has an individualistic approach. This focus is misplaced if it is accepted that the main causes of homelessness are structural (Norris, et al., 2005). A focus on the individual rather than the structural also occurs at the level of service delivery. Wright-Howie (2006) observes that government has tended to emphasise the need for improvements at the level of practice rather than addressing policy or resource allocation (Wright-Howie, 2006).

There is currently no framework to guide the development of a comprehensive and integrated prevention, early intervention or crisis response to children at risk of or experiencing homelessness. Despite improvements in the homelessness service sector response, including the introduction of regional children's resource workers, children's support workers in DV refuges and the implementation of Victorian Homelessness Assistance Service Standards which offer guidance to services regarding how to best support the needs of children, responses to children remain characterised by inconsistent service responses and unmet need.

At the program level, children's access is limited by eligibility criteria (for example, Child FIRST works with children with immediate safety concerns), geographic location (not all programs are available in all regions) and resources (under resourced programs result in long waiting periods).

Within SAAP services, a comprehensive and effective response to children is hampered by barriers and shortcomings in the following fields:

- Service culture
- Resources and facilities
- Worker knowledge and skills
- Length of support periods
- Exit points
- Community and cross-sector linkages (McNamara, 2007; Wright-Howie, 2008)

Conclusions from the literature

It is not possible to draw conclusions as to how great a causal role homelessness plays in the poor outcomes and reduced health and well-being experienced by children who are homeless given that many of these children have experienced additional stressors such as family violence and poverty (Schmitz, et al., 2001, amongst others). However, the literature tells us that the cumulative effects of these negative life experiences are common amongst homeless children and have the potential to lead to poor outcomes in the long-term, including the risk of later homelessness.

It is appropriate to identify issues that can impact on long-term health and well-being and future prospects but children's voices remind us of the equal importance of the here and now. In their daily lives they are commonly dealing with feelings of fear, sadness, isolation, shame and stigma, and insecurity. Their pressing concerns relate to immediate safety, parents' ability to provide a sense of security, having friends, feeling 'normal' and being provided with the space, resources and opportunities to enjoy life. Homelessness undermines stability, 'normality', relationships with family, friends and pets, community connection and a sense of belonging – all key aspects of well-being. Preventing homelessness or minimising the effects of homelessness will require action at policy and program levels to ensure children who experience homelessness are given every opportunity to flourish.

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