

**Assisting Children  
and Families who are  
Homeless  
Project Report**

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For the Department of  
Human Services,  
Housing Support Services

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## Executive Summary

The following report has been prepared as part of the 'Assisting children and families project' for the Department of Human Services (DHS), Housing Support Services. The project aims to assist in detailing an evidence base for additional resources for homeless children and families and to develop a model of case management assistance for children and families that can be implemented across the Victorian Supported Accommodation Assistance Program. A key component of the project has been consultation with each region across the state, in addition to senior bureaucrats within the Department of Human Services.

Children living in homeless families are a large and growing proportion of all people accessing the Victorian homelessness service system. The overwhelming majority of children accessing the SAAP system are aged 12 years and younger, with close to half of all children aged 5 years and under.

We know that the impact of homelessness and related issues can cause serious and long lasting issues for children including developmental delays, lack of access to support and community resources, interrupted education, and mental and physical health issues. The complexities of the issues faced by homeless families can also seriously compromise a caregiver's ability to parent their children effectively in times of crisis, often compounding issues for children.

Evidence clearly articulates that early intervention approaches developed to proactively respond to the needs of children and families can significantly increase the likelihood of them overcoming personal and systems barriers to reaching their full potential. This ultimately leads to a decreased dependence on the welfare system in the future, benefiting society as a whole.

Historically, the SAAP service system was not designed with the support of children in mind. Despite the introduction of key initiatives that highlight our responsibility towards the support needs of children, many service providers maintain a strong adult focus. As a result, children are missing out on much needed support.

An innovative approach is required to address both the needs of children and families and to assist to improve service system capacity to better support the needs of this vulnerable target group.

*Section one* of this report presents a substantive evidence base and clear rationale for additional resources to improve outcomes for homeless children and families. The evidence reviewed confirms that a new approach to working with children and families is imperative if the homelessness service

system is to contribute to the prevention of intergenerational trauma and homelessness. This section details key signposts for the way forward.

*Section two* of the report details a model of service delivery that provides children and families with an innovative and tailored response embedded with the principles of early intervention and based on the evidence of a tried and tested approach. The model also effectively addresses the existing barriers to service system improvement by providing key opportunities for workers and service providers to integrate family oriented case management practices into their work place culture.

The model consists of three integrated streams:

**Stream One:** Assessment and case planning support

**Stream Two:** Enhanced case management

**Stream Three:** Therapeutic Group Work

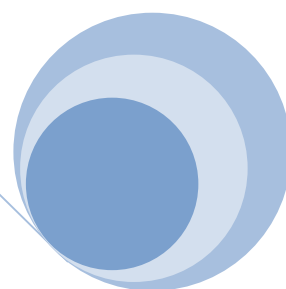
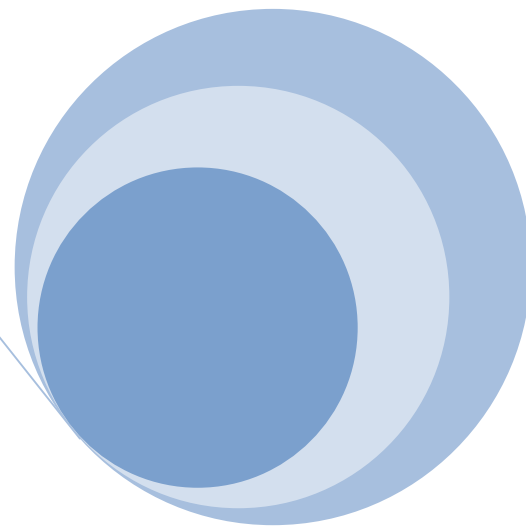
*Section three* of the report details a number of potential resource configurations for the model. While any additional resources would be welcomed it is clear that a substantial financial commitment is required if the government aims to improve the circumstances of many Victorian children and families. The optimum resource configuration for the model details a staged implementation approach. Six effective full time workers are sought for each region during the initial implementation phase, with a further four effective full time workers in the roll out of the second stage of implementation. This configuration provides the best opportunity to assist a maximum number of children and adequately reflects the identified need in the sector.

*Section four* of the report examines the issues that need to be considered in a statewide rollout of the initiative. Rural regions, in particular, have specific difficulties relating to the geographic size of their catchment areas and the recruitment of adequately skilled staff. The importance of localised responses that take into account regional variances suggests that statewide implementation should entail detailed consultation with the service providers in each region. Furthermore, engaging indigenous service providers will require specific attention and thought.

*Section five* of the report provides a discussion on the potential relationship of the model with other key Victorian Government Department of Human Services initiatives. The model adds value to existing initiatives without duplication of purpose or practice.

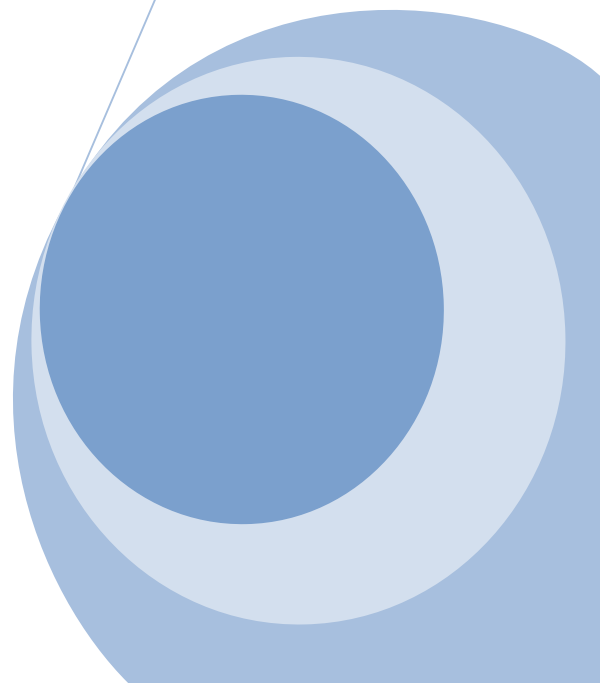
Investment in support programs that assist children and strengthen families in a timely and effective manner bring about powerful, permanent and cost effective change. Programs of this nature also significantly contribute to increased capacity within the homelessness service sector and improved communication and collaboration between sectors. The identified model has proven to be successful in addressing the current service system barriers for children and families. The evidence is irrefutable; the cost of doing nothing is unthinkable. The next step is clear. It is time for the Government of Victoria to assert their commitment to children and families who are homeless by funding this initiative in each region across Victoria.





## **Section One**

**Evidence base and rationale for  
additional resources for children  
and families who are homeless**



## **Assisting children and families who are homeless**

### **Evidence base and rationale for additional resources for children and families**

*“We are a product of our childhoods. The health and creativity of a community is renewed each generation through its children. The family, community, or society that understands and values its children thrives; the society that does not is destined to fail. To truly help our children meet their potential, we must adapt and change our world.”*

(Bruce D. Perry M.D., PhD. 2004)

### **Introduction**

Children in homeless families represent a large proportion of people accessing the homelessness support system. A growing body of evidence has shown that the cumulative stressors of housing instability and the related causes of homelessness adversely affect a child’s physical, mental and psychosocial development. A lack of timely and appropriate support can lead to serious and entrenched issues that impact on their future opportunities. It is also clear that proactively responding to the needs of children when issues first appear can significantly increase the likelihood of them overcoming any barriers to experiencing a healthy, happy childhood and reaching their full potential, leading to a reduced dependency on the welfare system in adulthood.

There have been some positive steps taken by the Victorian Government in recognition of children accessing the homelessness service system with their families. For example, the placement of Children’s Support Workers in family violence refuges and the Regional Children’s Resource programs which support SAAP services to respond to the needs of children. However, these steps fall short of what is required. A considerable investment of government funds is essential to allowing children equitable access to a high quality service system response.

An innovative approach is crucial to successfully address both the needs of children and families, and the needs of service providers, to integrate ‘family focused’ case management principles into their work practice. The evidence reviewed in this report provides key signposts for the way forward. The Victorian Government has the opportunity to lead the nation in improving the homelessness service system for children and families.

## **Statistical Overview of Accompanying Children in the Homelessness Service Sector**

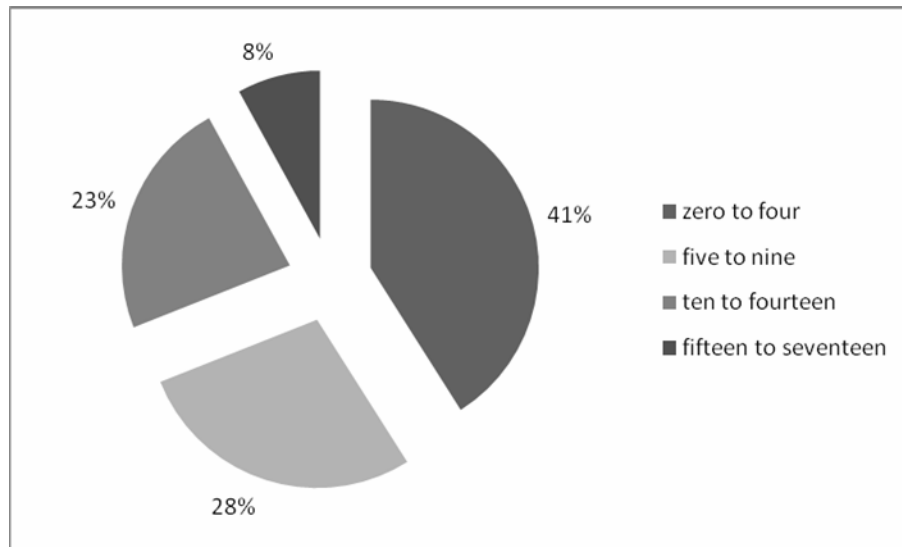
Families have been the fastest growing target group in the homeless population in Australia over the past ten years. Currently, it is estimated that homeless families make up one third of Australia's homeless population accessing SAAP services (AIHW, 2006a). Children are the largest single group that is still growing accessing SAAP services (Australian Federation of Homelessness Organisations, 2006). Children aged 17 and under accompanying their parent / guardian represent more than one in three (36%) of all people accessing the homelessness service system across Australia (AIHW, 2006a).

In 2005-2006, 54, 700 children nationally accompanied their parents in SAAP services. This equates to 81, 700 accompanying child support periods. In 23% of their support periods, SAAP clients presented with accompanying children. In most of these (86%) children accompanies a female clients, 10% a couple and 5% a male client (AIHW, 2007a).

### **Victoria**

In 2005-2006, a total of 18, 500 children, representing 29,400 SAAP support periods were provided to children accompanying caregivers to the Victorian homelessness service system, almost one third (29%) of all support periods provided (AIHW, 2007b).

Victoria had the highest number of accompanying children and accompanying child support periods in 2005-2006 (AIHW, 2007b). When looked at in terms of the proportion of children in the population aged 0 – 17 years, accompanying children in Victoria represented 160 per 10,000 compared to the national figure of 114 per 10,000. Victoria was fourth highest after the Northern Territory, South Australia and Tasmania.



The majority (41.5%) of children supported were aged four years and under (AIHW, 2007b). The first five years are significantly important in laying the foundation of an individual's physical and emotional developmental progress throughout the rest of their lives. As such, very young children are particularly vulnerable to the impact of trauma. Seventy percent of children were aged 9 years and under.

Nine percent of all children accessing the homeless service system in Victoria identify as Aboriginal or Torres Strait Islander. Indigenous children are significantly over represented in the homeless service system when compared to the general population. These figures are likely to under represent the true number of indigenous children due to the lack of access to services (Institute of Child Protection Studies, 2006). Nine percent of children were born overseas and 81.8% were listed as 'other Australian born'.

The three most common 'main' reason provided for caregivers with accompanying children for seeking assistance were:

- Domestic / Family Violence
- Eviction / Asked to leave
- Relationship / family breakdown

This indicates that the majority of children accessing the Homelessness Service System have experienced considerable upheaval and trauma in the recent past. More than one in two single mothers with accompanying children reported family violence as the main reason they were seeking assistance.

## **Limitations of the current SAAP data collection**

Relatively minimal data is collected on children who are homeless. The best available source of data on the homelessness population is from the SAAP National Data Collection Agency collections. Prior to 2000-2001 very little data was collected on children accompanying adults to the SAAP Service System (AIHW, 2006b).

There are several limitations to the SAAP data collection. Current methodology does not allow for the total number of children accessing SAAP to be accurately calculated. The data collected is predominately quantitative and, in practice is most commonly collected by support workers eliciting information from their experience of supporting a family rather than from the parent or the child themselves.

In part because the attention to children's issues in the SAAP National data collection is relatively recent, the information collected on service needs and requests for accommodation is often incomplete (Norris, K., Thompson, D., Eardley, T. and Hoffmann, S., 2005) or omitted altogether. Some workers hold the view that entering data on children as an 'optional extra' to the SAAP NDCA collection, mainly due to the fact that accompanying children support periods are not included as part of the accountability structure for agencies to meet their service targets. That is, children are not recognised as clients.

Accurate completion of the data depends on children's needs being accurately assessed in the first instance; this is an issue many agencies struggle with (Strategic Partners, 1997). In addition several researchers have raised concerns that not all children experiencing homelessness are included. The collective issues that lead a family into homelessness are varied and complex and the current data collection methods are not designed to take this into account (Thomas, 2007, Nicholson, 2006).

## **Children's experiences of Homelessness**

Many families accessing the homelessness service system have significant support needs which can include any combination of poverty, family violence, ill physical or mental health, substance addiction, and lack of a supportive network. For some families these issues can be entrenched and long standing, with unresolved trauma passing from generation to generation. However, homelessness can strike any family at any time, even those families that have, in the past, enjoyed long term stability. Increasing levels of personal debt has seen a growing number of families struggling to keep their heads above water. The line between housing stability and crisis can be as slight as one or two missed pay packets. Children in homeless families are among the most vulnerable in our society. They have a diverse range of needs unique to their own experiences of homelessness and stage of development. As a consequence of housing instability and their caregiver's

situation and support needs, children experience their own difficulties that can negatively impact on their social, emotional, cognitive and physical development.

Increased stress on the family unit – The causes of an individual family's homelessness places the family under a great deal of emotional, physical and financial pressure. Family relationships are often strained in periods of crisis (CanFACS, 2004). A Parent's capacity to respond appropriately to their children's needs is compromised when they are inevitably focusing on meeting the primary needs of the family for adequate safety, shelter and food and/or consumed by their own support needs (Moore, T., Noble-Carr, D. and McArthur, M., 2007; McNamara, 2003).

Transience – Mobility rates in homeless families are high. Families in crisis can move in and out of a variety of accommodation types including 'couch surfing' with friends and family, private rental, public housing, cheap private hotels, caravan parks and emergency accommodation (McNamara, 2003). Some accommodation options available to homeless families can be unsuitable and unsafe for children (Moore, T., et al., 2007), potentially increasing their exposure to adults experiencing a range of issues including substance misuse, mental illness and family violence.

Isolation – A high level of transience precludes children from establishing and maintaining stable support networks and peer relationships within their community, which contributes to their sense of isolation (McNamara, 2003). Where parents are not available emotionally or physically, community connections become ever more important in maintaining good mental and emotional health in children. The lack of age appropriate experiences and activities they have access to also impacts on social isolation. As a result of dislocation or disengagement with their local communities (Moore, T. et al 2007), homeless families have difficulty accessing and maintaining links with many community resources including medical services, welfare services, recreational opportunities, child care, schools and specialist children's services. These difficulties result in children missing out on the support they need and can lead to serious physical, social, and/or psychological problems not being addressed.

Interrupted education – The social and emotional isolation faced by children in these circumstances is further compounded by a lack of access to and /or numerous changes to childcare, kindergarten and school arrangements (McNamara, 2003). This can lead to children receiving an inconsistent and interrupted education, creating an adverse learning environment. Children who change schools on a regular basis can fall through the gaps of the

education system, with academic and learning delays often left undetected and undiagnosed until they are difficult and costly to reverse. Children who are experiencing a range of stressors in their lives are in a compromised academic position as it is more difficult for them to concentrate and consolidate new learning. Anecdotal evidence suggests that children in homeless families have a higher incidence of absenteeism from school and a significant proportion of children are early school leavers (Nunez, 2000), which directly impacts on their future educational and employment opportunities (Bartholomew, 1999).

Young children experiencing the various stressors of homelessness and its related causes are compromised upon entering the school system. Strong empirical evidence suggests that children in homeless families are less likely to have had exposure to high quality childcare and to have attended kindergarten. This in addition to the possible developmental delays and social issues faced by homeless children as a result of the chaos and trauma they have experienced can lead them to enter the school system with marked differences in their cognitive, non-cognitive and social skills to that of their peers. Unfortunately, many children experiencing homelessness can disengage as a result and therefore become disconnected from the one of the key places that can offer some stability, early childhood education and school. Without specific intervention, it is likely that the gap between the 'ready' and the 'not so ready' widens and becomes more difficult and resource intensive to close (Farrar, E., Goldfield, S., and Moore, T. 2007)

Physical Health Issues – Children's physical and mental health is adversely affected by the experience of homelessness. There is a variety of evidence documenting an increased occurrence of chronic and recurrent upper respiratory and gastro-intestinal illnesses in children from homeless families (Nunez, 2000). Ear infections, asthma and dental health problems are also prevalent among this population (Efron, D., Sewell, J., Horn, M. and Jewell, F., 1996). Health problems are exacerbated by a lack of access to health services, poor nutrition and immunisation delay.

Mental Health Issues – Children can experience a variety of mental health issues as a result of the trauma of homelessness. A child's reaction to trauma is influenced by a number of factors including; their age, gender, developmental progress, their particular experiences level of resilience and the level of support they have around them (McKissock and McKissock, 2005, North West Children's Resource Program, 2005). Children who are homeless are in the adverse position of trying to manage cumulative stressors in addition to a sense of grief and loss as a result of losing their home, favoured toys and belongings, friends and family, and pets. Children experience a high levels of stress which can result in a disturbance in mood such as anxiety and depression (Walsh, 2003). Stress and trauma can manifest in a range of behavioural issues ranging from aggression to withdrawal (McNamara, 2003).

Children's emotional and mental wellbeing directly impacts on their relationships with their family, peers, education providers and health and welfare professionals.

Family Violence – Family violence is a major cause of family homelessness (Norris, K., et al., 2005). The majority of children entering the homelessness service system with their mother have experienced family violence and it is reported that 90% of these children are direct witnesses of the abuse (Hume Children's Resource Program, 2006). The effects of family violence can include mental health issues, development and behavioural issues, delayed learning and negative coping strategies such as dealing with stress through violence (Osofsky, 1995). Children often experience intense feelings of fear, anger, guilt, shame and helplessness as a result of the trauma of family violence (Becker, 1996). The impact of family violence on children in SAAP is compounded by the numerous disadvantages already faced by their families as highlighted above. In a study completed by the Institute of Child Protection Studies, ACU National on Children's experiences of homelessness, it was concerning that from within their sample of homeless families; the majority encountered further violence when living on the streets, in public housing and in temporary accommodation (Moore, T. et. al., 2007).

Underpinning all of these issues are the shared experiences of inadequate financial resources, parenting difficulties (due to the often considerable support needs of parents) and increased stress within the family unit.

## **Children from Indigenous Communities**

Indigenous people are more likely have lower levels of income and education, have higher rates of unemployment, lower rates of home ownership and live in more crowded conditions and are more likely to be homeless or at risk of becoming homeless.

Indigenous children are over represented within the homelessness service system. In addition to the numerous stressors of homelessness, indigenous children can be seen as particularly vulnerable to a range of other issues.

### *Health*

The rate of infant mortality is two to three times higher for Indigenous children than for other Australian infants (North West Children's Resource Program, 2007). Children aged one to four are particularly vulnerable. Low birth weight, poor antenatal care, and young maternal age are contributing factors to

poorer health, development and learning outcomes (Aboriginal Best Start Status Report 2004).

The report 'Overcoming Indigenous Disadvantage – Key Indicators' completed by the Steering Committee for the review of Government service provision states that between 2001 – 2005, the death rate from external causes and preventable diseases was around five times higher for indigenous children than for their non-indigenous peers (2007).

There is a higher incidence of hearing impairment in indigenous children, generally as a result of recurring ear infections. Chronic ear infections and consequent hearing loss impact on language development and educational achievement of indigenous children (Steering Committee for the review of Government service provision, 2007).

#### *School readiness and educational outcomes*

Aboriginal Children are less likely to attend preschool and show lower levels of educational achievement in comparison to non Aboriginal Children. There is a marked disparity in academic performance between indigenous children and non-indigenous children that is evident from the first year of primary school and remains until the middle of high school (Steering Committee for the review of Government service provision, 2007). Indigenous children in rural and remote areas are shown to be particularly vulnerable to educational disadvantage when compared to their indigenous peers in metropolitan regions.

#### *Child Protection*

Aboriginal and Torres Strait Islander children are over six times more likely to be removed from their families than other Australian children (North West Children's Resource Program,2007). Contributing factors are higher rates of poverty, family violence, inadequate housing and living conditions, intergenerational effects of previous separations from family and culture, cultural differences in child rearing practices, and a lack of support services (SNAICC, 2005) These factors have an impact on Aboriginal children's development and well being

## **Children from Culturally and Linguistically Diverse Communities**

Children from other culturally and linguistically diverse backgrounds appear to be under-represented amongst the SAAP population. It is not clear whether this is because they are less likely to be homeless or because they are less likely to access SAAP services if they do experience housing problems.

Literature suggests that children from CALD backgrounds can face additional burdens if they do become homeless (North West Children's Resource Program, 2007).

While children of CALD backgrounds have many of the same problems as the general community they can also have extra burdens such as:

- Adapting to life in a new country
- Isolation that comes from being far from extended family and friends
- No access to income, health and education support due to residency status
- Language barriers which can lead to a lack of access to community services, learning difficulties and isolation.
- Compromised physical and mental health as a result of trauma they may have experienced.
- Stigma and discrimination

(Jurak, J. 2003)

## **The impact of trauma on children**

The early years of a child's life are critical to their emotional, physical and psychological development and successful negotiation of these stages of development depends upon a safe, secure and supportive environment. Negative experiences in these early stages of development impact on a child's ability to reach their full potential and make full use of opportunities available to them as adults. For this reason, a greater emphasis needs to be placed on early intervention, supporting children in the time of crisis to assist them to build resilience and develop effective coping strategies, preventing them from re-entering the Homelessness Service System as adults.

It is clear that the cumulative stressors of homelessness and its causes result in a range of traumatic experiences for children. The impact of trauma on a child's emotional, physical and psychosocial development has been widely acknowledged.

## **The connection between development and trauma**

*"Experience can change the mature brain – but experience during the critical periods of early childhood organises brain systems"*

(Bruce D. Perry, M.D., PhD., 2005)

Children, even at birth, are not 'blank slates'; they are born with a certain neurobiological make-up and temperament. Culture, home and community play an important role in children's development, as they impact on a child's experiences and opportunities (Department of Human Services, 2007).

The development of the human brain begins in utero and continues rapidly during the first four years of life to organise to reflect the child's environment (Perry, B.D., 2004). Early life experiences have a direct impact on how genetic potential is expressed, or not expressed.

Children need stable, loving, stimulating relationships and environments in order to reach their potential (Department of Human Services, 2007). Sadly, as a result of their age, ongoing developmental needs and the lack of power afforded them, children are particularly vulnerable to witnessing and experiencing violence, abuse and neglectful and stressful circumstances. These adverse experiences alter the developing brain in ways that result in enduring emotional, behavioural, cognitive, social and physical problems (Perry, B. D., 2006).

Developing effective attachment to their care givers is crucial for a child's optimum brain development (Department of Human Services, 2007). A child's primary motivation is towards attachment. As a result they will accommodate to the parenting style they directly experience (Department of Human Services, 2007). If this parenting response is detached, unreliable and chaotic, children can show a complex trauma response that greatly impacts on how their brain developments and their ability to trust in and maintain future relationships.

Infants and children will adapt to frightening and overwhelming circumstances by the body's survival response. The autonomic nervous system will become activated and switch on to the freeze/ fight/ flight response. Immediately the body is flooded with a biochemical response which includes adrenalin and cortisol, and the child feels agitated and hyper vigilant (Department of Human Services, 2007). Infants may show a 'frozen watchfulness' and children and young people can dissociate and appear to be 'zoned out'.

Prolonged exposure to traumatic circumstances can lead to 'toxic stress' for a child. Toxic stress changes a child's brain development and can:

- Sensitise the child to further stress,
- Result in a child being hyper vigilant affecting future learning and concentration.
- Impair the child's ability to regulate their behaviour and soothe and calm themselves so that they may be behaviourally impulsive and may be labelled as 'hyperactive'
- Lead to a child becoming withdrawn and depressed

- Cause significant sleep difficulties.
- Impair the child's ability to trust and relate to others.

(Department of Human Services, 2007)

Children exposed to trauma over a prolonged period of time show a regression from their previous developmental functioning and/or a slow rate of acquiring new developmental tasks (Perry, B.D., 2004).

Children are at greater risk of developing toxic stress as a result of a traumatic event if the event:

Occurs when they are young (the younger the child, the greater the risk)

- Is ongoing and recovery is difficult;
- Destroys connections with their home, school and community
- Involves physical injury to a loved one (particularly mother)
- Results in stress, chaos and disruption to the family unit
- Results in stress and anxiety in their caregivers.
- Results in distant or absent care giving.

The causes of homelessness as well as housing instability itself can lead to any combination of these circumstances. The impact of trauma is cumulative; children who have been exposed to trauma in the past and have few supportive family, peer and community networks are at greater risk of trauma having a detrimental and long lasting impact on their development and consequently their future.

## **Preventing and repairing trauma**

Early intervention from our social welfare systems and a supportive family environment are the keys to assisting children to overcome the negative impacts of stress and trauma.

Having an intact, supportive and nurturing family has been identified as a protective factor for children who have experienced trauma (Perry, B. D., 2005). Caregiver's who can provide ongoing support and parenting and who are aware of the potential responses to trauma are better equipped to assist their children to address the negative impacts of trauma. Unfortunately, caregivers entering the homelessness service system are frequently stressed,

traumatised and preoccupied with their own considerable support needs, which leaves little physical and emotional energy for their children.

Greater thought and attention needs to be given to how we support both parents and children accessing the Homelessness Service System. Supporting and better informing parents to address the support needs of their children has been clearly shown to benefit the child. It also follows that there are significant benefits to the parent and the family unit as a whole by reducing stress and allowing parents the emotional energy to address their own support needs (McDonald, D.E. and Campbell, L., 2007).

Currently, for children accessing the homelessness service system, there are few accessible support options. This is particularly true for children aged 12 years and under and for children living in rural and remote communities.

An increase in resources for complimentary specific children's support services that provide a specific therapeutic response to the child in partnership with their parent is required. Support resources need to be made available as soon as practicably possible upon entry into the homelessness service sector. The earlier a child and family are provided with an appropriate support response the more successful, efficient and cost effective the response will be.

## **Economic efficiencies of early childhood intervention**

As a society and a service system, we spend the fewest public dollars on children at a time when they are the most vulnerable to the negative impacts of disruption and trauma, that is in infancy and childhood. Expenditure of programs designed to address the impact of trauma (i.e. mental health services, substance abuse support, juvenile justice programs) increases for youth and adults. It is in infancy and early childhood that the brain is at its most malleable and receptive to positive influence, when supportive interventions can be at their most efficient and cost effective. The evidence supporting the effectiveness of early intervention is overwhelming (see Cuhna, F., Heckman, J.J., Lochner, L. And Masterov, D.V. 2005)

Children's support programs are rarely represented as economic development initiatives, however there are numerous studies that find well-focussed investments in early childhood yield high public returns. One such study is the High Scope Perry Preschool Program.

The High Scope Perry Pre-School Program is a longitudinal study examining the impact of high quality childhood education and support programs (Schweinhart, L.J.,2003). The study began in America in 1961 with two groups of disadvantaged African American three and four year old children. One group participated in the Perry Preschool Program and the control group did not. Data was collected periodically on the participants of the study

throughout their childhood, youth and adulthood to age 40. Data collected included educational outcomes, work history, welfare dependence, social integration indicators, births and marriages and criminal histories. On all measures the participants who took part in the Perry Pre-School program performed significantly better than the control group. The report on data collected at the end of the study, when participants were forty years of age found that the advantage of quality early intervention included a significant increase in lifetime earnings, greater employment stability, and radically reduced involvement in crime (Schweinhart, L. J. 2003). The study found that the public benefit of these factors amounted to close to \$13 for every dollar initially invested in the program. Moreover, the private monetary benefit for participants was estimated to be approximately \$14 for every dollar initially invested in the program (Farrar, E., Goldfield, S., Moore, T. 2007).

Appropriate early intervention increases the likelihood of positive outcomes for children who have experienced the cumulative stressors of homelessness and associated trauma . Supporting children at the time of crisis or as soon as practical afterwards ultimately reduces the financial burden of having to address issues when they become entrenched and are difficult to resolve.

## **Children's Rights**

The children's rights movement which led to the development of the UN Convention on the Rights of the Child has begun to influence how we view children's place in society. Australia became a signatory to the convention in January of 1991. Despite 17 years passing, Australia's performance in meeting the recommendations of the convention leaves a lot to be desired.

The Non-Government report on the Implementation of the United Nations Convention on the Rights of the Child in Australia to the UN Committee of the Rights of the Child (NCYLC, 2005) states:

*"Homelessness remains a significant human rights issue for children in Australia. Homelessness not only threatens a child's right to a standard of living adequate for his or her physical, mental, spiritual, moral and social development, it is also likely to be associated with violations of other rights in the Convention, having adverse impacts on children's health, education, economic security and their relationships with family and community. Homelessness has also been shown to place children at risk of substance abuse and sexual exploitation."*

The UN Committee on the Rights of the Child, in its report of 30<sup>th</sup> September 2005 recommended the following:

*“...that the State party address and systematically investigate the consequences of economic hardship on children, with a view to developing measures aimed at reducing its negative impact on children’s healthy development.”*

*“...that the State party intensify its efforts in order to address the urgent needs and rights of homeless children, especially as to their housing, health and education. Furthermore, the state party should provide homeless children with adequate recovery and social reintegration services.”*

The Victorian Government Department of Human Services developed a Consumer Charter of rights and responsibilities for community managed housing and homelessness services in 2006. The charter details a set of core consumer rights and related responsibilities for people seeking or receiving assistance from any community managed homelessness assistance or social housing service. The charter includes the importance of ensuring children’s safety from harm and highlights the service sectors duty of care towards children and their responsibility to act appropriately in their best interests if parents are not in a position to do so.

The Victorian Consumer Charter provides a sound base for the protection of children’s safety within the homelessness service system, although improvements can be made to ensure the sectors commitment to children’s rights to: education, access to appropriate support services and to be consulted about decisions that will impact on them, are clearly embedded in the charter.

## **Changing ideologies of Childhood**

*“We worry about what a child will become tomorrow, yet we forget he/she is someone today.”*

(Stacia Staucher cited in Children and Young People as Citizens: Partners for Social Change, Save the Children, 2003).

In line with a historical and cultural context of children being seen but not heard, children’s voices have been ignored, silenced or at most, interpreted by adults. While adults have some understanding of the needs of children, their understanding is influenced by their own needs and experiences, this

can often result in adults misinterpreting or misunderstanding the complexity of the issues children face.

With the growing acknowledgment of children's rights a fundamental social shift is occurring that challenges the status quo regarding children's place and power in society (O'Kane, C. 2003). Ideologies of childhood are changing. Children are increasingly considered as a diverse group of active social participants who are valuable contributors to society and competent of voicing their experiences rather than just 'adults in waiting' (Corsaro, W.A., 2005). This new ideology of childhood challenges the traditional views of socialization which have relegated children to a primarily passive role and have tended to focus on anticipatory outcomes of childhood. That is, children becoming adults.

We are missing a golden opportunity if we continue to develop policy and practice that prevents, rather than encourages, the use of children's knowledge and expertise on how they can be best supported.

## **What children want**

There is relatively little research focusing on families within the homelessness service system in Australia, most of what we know and what is reviewed in literary syntheses on the topic heavily relies on international research. Of the little Australian research that does exist, research that gives a voice to what accompanying children say they want and need from the homelessness service system is rare indeed.

One such study has recently been completed by Dr. Tim Moore of the Institute of Child Protection Studies, ACU National. The report, 'Finding their way home: Children's experiences of homelessness' (Moore, T., et al., 2007), details the responses elicited from children in regards to their experiences of the current service system and specifically, what they want and need from a homelessness support service to assist them to address their specific issues.

The key themes emerging from the research indicate that children want workers to know that:

- Homelessness can have a profound impact on their health, emotional wellbeing, education and their connections with their parents, siblings, peers and community.
- They have stories to tell and need the opportunity to express themselves. During times of crisis children do not always feel they can talk to their parents as they fear they may burden them further. It is crucial that support workers make themselves available to provide children with the opportunity to share their experience, express their needs and to ask questions about what is going on and what may happen. Children articulated that they needed time to engage with workers and to build trust

before they felt they were 'safe' to talk to. The children in the study felt this was often missing in their contact with workers.

- They needed help to talk about sensitive issues and that a range of engagement and assessment tools should be available to ensure children could communicate in a way that was comfortable for them (i.e. drawing, story writing, using toys).
- They need to be informed to feel involved (only 8% of the children involved in the study had been consulted about what was happening when they became homeless). Children felt that information should be provided in a way that respects their individual age and ability to cope with difficult and potentially upsetting information. Children felt that the most important things they needed to know were that their family was safe from harm and that their accommodation was stable to assist them to put their minds at ease.
- They need adults to respond to their needs. Workers need to be aware of the services and supports that are available to children.
- They want to be supported when the problems for them and their families are just beginning and not be prevented from a service until they are in crisis.
- They want continuity and consistency in the support they receive, highlighting the importance of flexibility in support periods and a more integrated service system.
- They want all workers in the homelessness service sector to be trained and supported to become accessible and responsive to their needs so that they will have someone to go to when they need help. Children and parents also highlighted the need for specific early intervention programs to assist them when they needed specialist therapeutic support.
- Their family has many strengths and that their experiences are not only negative.

(Moore, T. et. al. 2007)

These requests are hardly extravagant; still the homelessness service system struggles to meet many of them due to various complexities including a lack of resources, case loads that do not adequately reflect work with accompanying children, difficulties in recruiting, training and retaining skilled staff (Institute of Child Protection Studies, 2006).

## **The Context of the current homelessness service system**

Historically, SAAP was not designed to meet the needs of children. The large increase in family homelessness since the 1990's has precipitated a greater focus on the needs of accompanying children, with the Victorian government and service system being widely acknowledged as being particularly progressive in this area in relation to other states and territories.

While there have been great strides made by the Victorian Homelessness Service System in relation to recognising the unique needs of children experiencing homelessness, sectorial change is slow. There are many reasons for this, however, the main causes relate to the fact that there has been no significant increase in resources to reflect the growing expectations of government to proactively support accompanying children and there has been no clear direction on how additional resources could be best configured to support children and families who are homeless.

It is now widely recognised that trauma (including homelessness) impacts on a child's development and wellbeing. However, while this is now well known within sector, many are struggling to identify an appropriate response to the issue, within current resources. Appropriate assessment of a child and family's needs takes time, specific skills and a comprehensive knowledge of available support responses.

There is currently a lack of consistency of how homeless families are supported and how the needs of accompanying children are met across the homelessness service sector. The impact of trauma on children is being compounded by a lack of resources for children (including large case loads), which impacts on workers in the sector unable to address the needs of all children attending their service alongside their parent / caregiver. When school-aged children are not at home during home visits this can also pose a challenge if workers are unable to work after-hours. A consistent theme that has emerged over the last five years throughout the Regional Children's Resource Programs' contact with SAAP workers has been the frustration with the lack of support options for children experiencing homelessness, particularly for those children presenting with complex needs that a generalist SAAP response cannot easily meet.

In recent years, the expectations of government in relation to supporting all members of homeless families, including accompanying children, have become increasingly clear. The development and implementation of the Victorian Homelessness Assistance Service Standards (HASS) has provided SAAP agencies with a comprehensive set of principles corresponding to current expectations around working with families who are homeless. The Standards state that each accompanying child is required to have their needs assessed and have a case plan developed detailing how their needs will be met.

Increasing the focus on children and incorporating their needs within case management processes requires many agencies to critically analyse their current culture and work practices. While some services have managed to

meet the challenge of improving support to families, many services require additional encouragement and support to better incorporate the needs of children and families into their case management practices.

With any change some initial resistance can be expected. However, in this instance there are particular blockages impacting on the change process.

### **Individual Worker and Agency Perception**

Many of the Regional Children's Resource Programs across the state have reported that there is some reluctance, on the part of SAAP agencies and workers, to change their work practices to better incorporate the needs of children accompanying caregivers. The basis for this lack of enthusiasm could be explained by any one or a combination of the factors outlined below.

#### *Lack of resources*

The introduction of the HASS, with its clearly documented expectations on support provision for homeless families and children have highlighted, to many agencies, that they are not currently providing support to families and children in this way. Many agencies hold the view that they are under resourced to provide case management support to children and families as outlined in the HASS.

All caseload targets set by the Department of Human Services are focused on adults as the client. This is an issue that creates some discontent within the homelessness service system and has resulted in services perceiving they have a reduced capacity to incorporate the needs of children in their agency practice. The lack of recognition for the work that is already occurring means many agencies are unable or unwilling to increase their focus on children.

The introduction of output based funding provides a key opportunity for the Department of Human Services to better resource the support work undertaken with accompanying children. Work on this initiative is in the beginning stages. A family unit costing has been developed as part of the output based funding model, it is unclear at this stage how the complexities of children's needs and the number of children in each family unit will be recognised. These issues will be important to consider if output based funding is to support work with accompanying children rather than compound the status quo.

#### *Meeting the needs of Caregivers, will meet the needs of the child*

Despite the flood of research to the contrary, some workers and services maintain a belief that by meeting the needs of the caregiver there will be a beneficial flow on effect to the child/ren, which will, in turn, meet their needs.

It is clear that positive outcomes for the caregiver will certainly benefit the child/ren in their care, however if their individual needs are not assessed and addressed children will struggle to resolve the emotional and physical impacts of trauma on their development independently. Without the necessary attention and support children's issues can become entrenched and may lead to a dependence on the homelessness service system in the future.

It is equally valid to argue that meeting the needs of children will have a beneficial impact on meeting the needs of the parent. Empirical data from a recent study suggests that when the needs of children are met appropriately, parents feel less stressed and have an increased ability and motivation to address their own support needs (McDonald, D. E. and Campbell, L., 2007).

#### *Perceived dilemmas of working within the dynamics of the family unit*

Working within the dynamics of the family unit can be difficult and complex. The sanctity of the family unit holds great importance within the many and varied cultures that make up Australian society.

Workers have reported concerns that supporting children and caregivers within a family unit can cause a conflict of interest and confusion about the role of the support worker and who they should advocate for. For some workers these difficulties can seem insurmountable and can impact on their motivation to implement child inclusive case management practices.

At times, the needs of the child and caregiver are at odds with each other. In these circumstances, the role of the support worker is clear, the needs of the most vulnerable party must take precedence, and this is most often the child. As a result workers can be concerned that their role in advocating for the child will have a negative impact on their engagement with the caregiver, effectively threatening the support relationship with the whole family.

Clear and open communication with families upon entering a homelessness support service is imperative in minimising any incidence of uncertainty. Caregivers and children have a right to be informed of the expectations of the service and how the service supports families. This information should cover agency policy on privacy and confidentiality, child protection, and grievance procedures.

#### *Worker Confidence and available professional development opportunities*

Many workers have reported a lack of confidence in their ability to transfer their case management skills to supporting children in homeless families. Confidence levels can have a huge impact on how workers support families and can lead to workers avoiding utilising child and family inclusive case management practices.

Within the current SAAP training calendar the opportunities available to workers who would like to enhance their skills in supporting children in homeless families are negligible. Additionally, there is a lack of planned and strategic approach to enhancing the skill level of managers and workers regarding their support of accompanying children. More broadly, there is a general lack of professional development opportunities for workers in this area that provide supportive and practical experiential learning.

## **Current Configuration of Children's Support Resources within the Victorian SAAP sector**

### *Children's Support Workers in Refuge*

Each Domestic Violence refuge across Victoria has been funded to provide a Children's Support Worker (1 EFT) to support children accessing these services. These resources are crucial in the support of children entering refuges, however there is no equivalent for children accessing other support agencies. Each Domestic Violence refuge was able to develop and use the resources as they saw fit, and there are considerable differences across service providers in how the resource has been implemented. It is therefore difficult to measure the efficiency of this role across the state.

A number of workers employed as children's support workers have reported that it can be difficult for them to maintain the integrity of their role, some experiencing pressure from their agency to assist the agency in their work with adults. One report found that workers in these positions felt under resourced and accorded a lower status by other workers, making it difficult for them to have an impact on the broader service delivery of the refuge (Strategic Partners, 1997).

### *Regional Children's Resource Programs*

In 2001, the Victorian government made additional children's resources available as part of the Victorian Homelessness Strategy. Resources were utilised to create the Children's Resource Programs in each region across the state. The Children's Resource Programs focus on improving:

- The profile of the issues facing accompanying children within the SAAP sector.
- The service response to children by enhancing and building on existing skills of SAAP worker in relation to direct work with children.
- Access to information and resources for working with children.

- Communication between SAAP and non-SAAP services to better outcomes for children and improve access and the service response to children.

Each region was given the opportunity to develop a model that suited their particular needs within the resources provided, equating to one effective full time position per region. As a result, there are some regional variations to the programs however the majority of programs share the same aims and many functions.

While the Children's Resource Positions have been successful in fulfilling many of their objectives, they are restricted as to the impact they can have given the limited resources currently available to the programs.

### **Difficulty in accessing Children's Specific support services**

Homelessness can have a serious impact on a child's mental and physical health and overall developmental progress. Children in these circumstances are under a great deal of stress, they are not only coping with their own feelings relating to their current situation but are also impacted by their parents issues which can include mental health, domestic violence and drug and alcohol addiction. While many children can overcome their difficulties with some timely support provided by the homelessness and other service systems, many children require specific intervention to address their unique needs. If issues are not dealt with children are much more likely to be vulnerable to homelessness and related issues in the future.

Access to children's specific support services is an issue that not only impacts on the child and families wellbeing, but also on an agency's ability to meet their needs within a given support period. While there are many well-regarded children's support options across the state offering a free service, waiting lists are long and make the services inaccessible to many transient families. Increased demand has lead to many children's support services to tighten their referral criteria, again excluding many children from support.

Fee-paying services in the form of child specific counselling and ongoing therapeutic support are available within Metropolitan regions. Due to the high costs available, these services are difficult to access for children accessing SAAP services and there are very few options available to fund this type of support.

Rural regions have the added disadvantage of a deficiency in professional counsellors specialising in children's support. Children with additional needs in these areas are often left without a service that greatly impacts on their ability to reach their full potential.

## **Communication and co-ordination across service systems at a departmental level**

Considerable work has been undertaken by the Regional Children's Resource Programs in the creation of cross-sector links, these links remain tenuous until greater efforts are made to integrate service systems at the central department level. Improved communication between the homelessness sector and the Department of Families, Housing, Community Services and Indigenous Affairs, Mental Health, Child Protection and Health sectors are required to ease the complexity of service system pathways and referral criteria.

### **What is needed**

There are several key priority issues that need to be addressed by the homelessness service system in order to improve the support response provided to accompanying children and families. These include:

- Changing the culture of the homelessness service system, affording children the same opportunities for support and treating them as clients in their own right within the context of their family.
- Improvements in accountability of the support work undertaken with accompanying children.
- Providing professional development opportunities for workers and managers to assist them to better integrate family centred case management approaches into their practice.
- Providing a range of specialist support options for children in the time of crisis that minimises the impact of the trauma of homelessness.
- Improving communication and linkages both within the homelessness sector and between service sectors including early childhood services, education, health, child protection and specialist therapeutic services.

Each of these issues will be discussed in turn.

### *Changing the culture of the homelessness service sector and treating children as clients in their own right*

Additional resources are clearly needed to improve the support response to children experiencing homelessness, however, they are only part of the

picture. A cultural shift is required at all levels of the homelessness service sector, from policy makers to management and workers in SAAP agencies. Until children are treated as clients in their own right, that is afforded the same opportunities for case management support as their parents, their needs will continue to be sidelined. As the evidence undoubtedly confirms, children require and desire specific attention to assist them to deal with the impact of homelessness.

Shifting cultures across a sector as large and diverse as SAAP takes time, however there are key initiatives that will assist this process, including the provision of innovative service responses that not only address the needs of children and parents but also offer key opportunities for building service system capacity.

#### *Improvements in accountability of the support work undertaken with accompanying children*

There is currently a general lack of accountability regarding the support work undertaken with accompanying children. The introduction of the Homelessness Assistance Standards and accreditation process will go some way to addressing this issue. However, it may be necessary for more specific accountability measures to be introduced to ensure consistent family oriented work practices are employed. This could include key performance indicators clearly outlined on service agreements.

#### *Providing professional development opportunities to support managers and workers*

A component of any additional resources should include building the capacity of the service sector to better support children within a family oriented case management approach. The provision of a range of practical and experiential professional development opportunities is vital in building worker confidence and skills in engaging, assessing and supporting children. Workers need the opportunity to embrace a different set of skills that will improve their confidence in using age appropriate strategies to support children. Managers also need access to training regarding the facilitation and management of the necessary shift in agency culture towards 'child inclusive' work practice; and how best to support workers undertaking this work.

#### *Providing a range of specialist support options for children in the time of crisis*

Many children accessing SAAP services have experienced significant trauma and disruption and as such require a level of support that even the most 'family friendly' SAAP agency cannot provide. These children need a timely specialist response that, in the many instances is not available through existing external services due to long waiting lists and an increased rigidity in

eligibility criteria. Rural regions are particularly affected by a lack of trained professionals who work therapeutically with children.

A specialist children's support option within the SAAP service system is required. This can be achieved via a model of service delivery that parallels the generalist homelessness service response in a way that supports rather than reduces their responsibility to meeting the needs of children in homeless families. The introduction of a specialist response would build an effective support system around the child and family, and could utilise collaborative case management practices that provides the added benefits of collective utilisation of worker skills, resources and support options.

*Improving communication and linkages within the homelessness service sector and between service sectors*

Greater effort is required to improve communication and collaboration between SAAP services to improve support outcomes for accompanying children. Innovative approaches that allow agencies to share and exchange their skill, expertise and resources can create unique and valuable opportunities to meet the needs of children and families. Furthermore, collaborative approaches can be resource efficient and serve to further enhance the capacity of the service system by incrementally building a critical mass of the work force that have had exposure to new approaches to working with children, ultimately making a important contribution to changing the culture of the homelessness service system.

Considerable work has been undertaken by the Regional Children's Resource Programs in the creation of cross-sector links, however these links remain tenuous until greater efforts are made to integrate service systems at the central department level. Improved communication between the homelessness sector and the Department of Families, Housing, Community Services and Indigenous Affairs, Mental Health, Children, Youth and Families, Education and Health sectors are required to ease the complexity of service system pathways for children and families. This would increase the likelihood of consistent and continuous support provision for children and reduce systems abuse. Additionally, as in the case of the SAAP sector, highlighted above, improved cross sector links can lead to greater collaboration and sharing of resources.

## **A tried and tested approach**

In 2005, Merri Outreach Support Service (MOSS) submitted for funds to run the Bright Futures demonstration project through the National Homelessness Strategy, an initiative of the Department of Families, Community Services and Indigenous Affairs (FaCSIA). The learning's from both the MOSS North West Regional Children's Resource Program and our cross target case management teams led to the development of the Bright Futures model. The Project operated from June 2006 to July 2007 and was independently evaluated by the Centre for Program Evaluation, University of Melbourne (see McDonald and Campbell, 2007).

The Bright Futures project was unique in that it aimed to impact on homelessness at three levels:

**Firstly**, to improve the support outcomes for children accessing the Homelessness Service System to decrease the impact of trauma on both their immediate and long term emotional and physical wellbeing. As an early intervention and prevention response, the project would have a longer- term impact on breaking the intergenerational cycle of homelessness apparent in many families and would reduce the likelihood that children will become dependent on the support system as adults.

**Secondly**, to enhance the capacity of individual workers and services to meet children's support needs within a systematic, family oriented case management framework.

**Thirdly**, to significantly contribute to the National discussion regarding the best configuration of available children's resources within the SAAP and Family Violence sectors to achieve improved outcomes for children and ultimately relieve the burden on the support system in coming generations.

The delivery of the Bright Futures Project aimed to provide the support response that the sector has clearly identified that it requires to address the needs of children who are experiencing homelessness. It went some way in bridging the service gap that has been widely acknowledged across the sector.

The Bright Futures model is a completely new and innovative approach to supporting children who are experiencing homelessness. There is no precedent in Australia or internationally. Merri Outreach Support Service aimed to provide a specialist response to children experiencing homelessness grounded in an early intervention and prevention framework; aiming to promptly address issues that, if overlooked could become entrenched and result in long term harm and dysfunction. Entrenched issues are much more damaging to the individual and much more difficult for the service system to address. Early intervention is not only the best way to alleviate and assist children to recover from distress and trauma, but will also prevent significant service system burden in the future.

With its emphasis on early intervention, the project meets SAAP V Strategic Priority 1 – *increase involvement in early intervention and prevention activities.*

## **Key findings of the Bright Futures Evaluation Project**

### **Development of a good practice model**

The evaluation found that an effective service delivery model has been developed that incorporates enhanced case management and successful therapeutic, creative arts Group work strategies, which are well suited to addressing the needs of homeless children.

### **Support for homeless children and their families**

Bright Futures led to positive immediate impacts for many individual children and their families. Benefits for children included:

- Enhanced emotional well-being, confidence and self-esteem;
- Reduced levels of anxiety and fear;
- Enhanced communication, interpersonal and social skills;
- Improved attitudes and behaviour;
- New strategies and skills to manage personal issues and relationships;
- Noticeable improvements in school engagement;
- Greater awareness about who to turn to for support; and
- Increased access and readiness to engage with specialist support services.

Significant benefits were also reported for parents and caregivers, including:

- Reduced feelings of isolation;
- Improved family wellbeing and relationships;
- Greater willingness to seek professional help; and
- Reduced personal anxiety as a result of their child/ren feeling more settled.

## **Increasing the understanding and capacity of the service sector**

The project helped to increase the awareness of some agency staff about the need for children to be put on the agenda, and led to some individual agency workers gaining new skills and greater confidence in dealing with homeless children through co-case management and facilitation of groups, overall the engagement of agency staff was less than anticipated.

The evaluation has found that although many agencies saw the need to support accompanying children, they did not uniformly embrace the view that they themselves should adapt their existing case management practices to specifically target them. Key issues for them included the fact that they may have:

- Subscribed to a paradigm in which the needs of children would be addressed by focussing on the needs of the adult in the family;
- Lacked the time, skills and capacity to respond to homeless children;
- Been concerned about the potential conflict of interest associated with trying to work with both an adult and child/ren in the same family.

## **Contribution towards policy development within the homelessness sector**

Merri Outreach Support Service prioritised the development of a best practice program model for supporting children experiencing homelessness. As a result of this focus, some useful ideas have emerged about possible ways to reconfigure the current Homelessness Service System and to link this with initiatives occurring in other policy areas, in order to include more child specific programs able to deliver targeted support and assistance to children experiencing homelessness.

## **Assisting children and families who are homeless project**

The 'Assisting children and families who are homeless project' aims to develop a case management model that will support children and families accessing the homelessness service system. The proposed model builds on the key learnings of the Bright Future's research. In addition, key stakeholders within the homelessness service sector and related sectors have been consulted on the proposed model as presented in Section 2, and their valuable feedback has been incorporated.

## **Conclusion**

There are several challenges to overcome to successfully address the needs of children and families who are homeless. A multi faceted approach is required. One that creatively responds to the needs of children and families, addresses the training and support needs of the sector and contributes to a more integrated service delivery system is essential. Investment in support programs that assist children and strengthen families in a timely and effective manner bring about powerful, permanent and cost effective change. Programs of this nature also significantly contribute to increased capacity in the sector and improved communication and collaboration between sectors. Upon fully realising the potential of early intervention programs to improve the quality of life of disadvantaged children and families, the costs of not redressing the current inequity in funding cannot be ignored. The way forward is clear. It is time for government to take action and demonstrate a strong commitment to children and families who are homeless.



The page features three decorative elements consisting of concentric circles in shades of blue. One large circle is at the top right, a smaller one is in the middle right, and another large one is at the bottom right. Two thin blue lines intersect at the center, forming an 'X' shape that divides the page into four quadrants.

## **Section Two**

# **Service Delivery Model**

## **Assisting children and families who are homeless**

### **Objectives of the service delivery model**

The following model of service provision for children and families is the culmination of over 10 years of experience and research. The model draws on knowledge of how other sectors work with children and families and uniquely combines a suite of support responses that have been tested within the context of the homelessness service system.

The model parallels the generalist homelessness and family violence response in a way that supports and adds value to the Homelessness Service System without diminishing existing service accountability and responsibility to children and families. The model does not seek to replicate or replace existing support responses but to work alongside services to enhance and improve the service system's capacity to respond to children and families experiencing homelessness.

The service delivery model seeks to provide a suite of support responses to children and families who are homeless, through the provision of:

- Supported assessment and case planning;
- Enhanced case management for children with complex needs;
- Therapeutic group work for children in homeless families.

The objectives of this service system enhancement are:

- To provide a flexible and immediate response to improve the support outcomes for children accessing the homelessness service system, thereby decreasing the impact of trauma on both their immediate and long term emotional and physical wellbeing;
- To reduce the stress on caregivers by assisting them to resolve the support issues of their children, allowing them more emotional space to resolve their own support issues;
- To enhance the understanding and capacity of the homelessness service sector to respond appropriately to the support needs of children who are experiencing homelessness, within a systematic, family-oriented framework;
- To improve access to specialist resources for children and families experiencing homelessness;
- Increase inter-service collaboration and communication, making the best use of resources available to improve the outcomes for children and families in the Homelessness Service System.

## **Service delivery model**

The following model for the provision of family and child-centred support is suggested as an enhancement of case management support currently being delivered to children and families by the Homelessness Service Sector. The model has been developed as a response to the needs of both the homelessness service providers in Victoria and the children and families accessing these services.

### **Key Components of the Model**

#### ***Building on Family Oriented Case Management Practice***

Family oriented case management practice is regarded as the best framework for working with children and families who are experiencing homelessness. Family oriented case management promotes the importance of child inclusive case management practice across all eight of the general case management principles including the significance of completing a comprehensive assessment and support plan of the needs of each member of the family, including accompanying children.

The model proposes to enhance the support provision to families by adding value to the current service system response. The model promotes and supports family oriented case management practice through;

- The provision of practical, experiential professional development opportunities that support the sector to integrate child inclusive practices as outlined in the family oriented case management approach.
- Providing additional support resources to support families where there are children with complex needs. All members of the family benefit from this additional support. Children benefit from a targeted specialist support response and parents benefit from support to assist them to meet the needs of their children, reducing their personal stress and allowing them greater emotional space to address their own support issues.

#### ***Strong connection with existing Children's Resources in the Homelessness Service Sector***

The model proposes a strong relationship with the Regional Children's Resource Program, operating throughout Victoria.

The Regional Children's Resource Programs (RCRP) seeks to increase the Homelessness Service System capacity to provide appropriate support responses to children and families. The RCRP currently provide a range of

services to the homelessness service sector including; secondary consultation, resource development and distribution, training, and assistance with the development of policy and procedure regarding working with children. RCRP coordinators sit on a range of regional and statewide networks and advocate on behalf of children accompanying adults to homelessness services.

In conjunction with the Regional Children's Resource Programs (specifically their capacity to provide secondary consultations), this model would offer a suite of services that would be able to provide a response to all children in homeless families. The type of response provided would be determined by the child's presenting needs.

An enhancement of current children's resources offers a unique opportunity to create a continuity of service that would provide a primary, secondary and tertiary response to children and families experiencing homelessness.

***Strong connections with specialist children's support services within the broader government and community sectors***

Through its strong case management focus, the proposed service delivery model will assist in the development of stronger connections between the homelessness service system and specialist children's support services within government and community sectors. Building upon the existing relationships between sectors and developing new relationships will benefit children and families by increasing the awareness of the impact of homelessness on the target group, simplifying referral pathways and potentially developing protocols that can 'fast track' vulnerable children to an appropriate response. As a result of the anticipated close relationship, the proposed program is in a valuable position to provide ongoing feedback to the Regional Children's Resource Programs about potential blockages and system barriers for children and families that need to be addressed at a broader level.

***Children as clients within the context of their family***

The model views children as individual clients within the context of their family. Each child is provided with a distinct service response, tailored to their needs and circumstances. The child is considered an active member of the support partnership and many different techniques are used to assist children to express their needs and set their own support goals, in close consultation with caregivers.

This is in line with changing ideologies of childhood in today's society. With the growing children's rights movement and the introduction of the UN Convention on the rights of the child, children are increasingly considered as a diverse group of active social participants who are valuable contributors to

society and competent of voicing their experiences rather than just 'adults in waiting'.

The child's caregiver is considered a partner in the process of supporting the child. Regular contact and feedback is maintained with the caregiver throughout the support period of the child. In addition, the Children's Specialist Workers can provide information and support to caregiver's around effective parenting strategies to assist them to manage their child's specific needs.

### ***Flexible Approach***

The model has been developed to meet the needs of children with a range of support needs. Therefore flexibility in the delivery of support is important, not only to reflect the diversity in the needs of children and families but also to reflect the strengths and skills of the workers.

Support can be provided to children on an outreach basis, in their home or other suitable and safe locations, as well as utilising the child specific space available in office-based settings, when appropriate.

The hours of service delivery would ideally maintain a level of flexibility; taking into account that support provided to school aged children will most likely occur after 4pm to ensure a minimum of disruption to their education.

It is also important to acknowledge that children and families accessing the homelessness service system can go in and out of crisis situations. Therefore, entry points to the proposed service delivery model need to be sufficiently flexible to allow a child and family to re-engage for support if this becomes necessary in the future. Allowing for re-engagement if required is a key point in respecting the established relationship between the child, family and children's worker and assists in building an increased sustainability of positive outcomes.

Families can also move in and out of regions. Maintaining strong relationships between all regional operators is important in ensuring that children who move between regions, and therefore across different providers, can access the children's response easily to ensure continuity of support. With good communication strategies in place, supported referrals and handovers can be easily facilitated between service providers in the instance of a child and family moving regions.

### ***Early Intervention Focus***

The proposed model is based on the principles of early intervention, supporting children and families experiencing homelessness in the time of

crisis to minimise the negative impacts on the child's physical and mental health and on the family unit as a whole.

Providing a specialist response to children assists them to contextualise and cope with their life experiences. This support is provided through a range of methods and ensures that children are 'service ready' when they gain entry into tertiary support services. That is, children have an experience of a professional support relationship and concepts such as confidentiality; and have learned to engage with support professionals during their involvement with the program. This can assist them in engaging with other workers and in building trust in a future professional relationship thereby potentially reducing the need for long-term therapeutic support and in some cases eliminating the need for a tertiary response all together.

### ***Collaborative Case Management Focus***

Collaborative case management between the referring generalist services and the specialist service is a key component of the model. This strategy ultimately improves service delivery to children and families and enhances communication between services and across systems.

Collaborative case management is based on clear communication and clarity of support roles, ensuring children and families are provided with efficient, effective and seamless support.

### ***Comprehensive data collection of participating children and families and documentation of unmet demand***

The importance of a comprehensive data collection process that is common across all programs is essential in measuring the success of the implementation and ongoing progress of the model. The data will determine how effective the model is in improving the outcomes of children and families and will be invaluable in determining the how future resources are best deployed.

## **Service Delivery Model**

**The model consists of three integrated streams.**

### **Stream 1: Supported Assessment and Case Planning**

This stream will offer enhanced secondary consultation and Family Oriented Case Management modelling to referring agencies. Specialist peer educators will conduct assessments and undertake the development of comprehensive case plans for individual children in partnership with the referring agency, caregivers and children.

The aim of Stream 1 is to provide a limited supported case management response to SAAP agencies with the express purpose of up-skilling the agency in the development of family oriented case management strategies.

Ideally, once a worker has completed the supported assessment and case planning process a number of times the need for this type of support will be reduced for children with fewer support needs, as more workers enhance their skills and confidence in this area and more agencies adopt the principles of family oriented case management practice as part of the their overall culture.

### **Eligibility Criteria**

Stream 1 would ideally accept referrals for children (aged 0-17) who have been identified as having support needs as a result of the impact of homelessness and related social issues.

### **Referral Pathways**

Stream 1 would ideally take referrals from all SAAP funded agencies with a particular focus on agencies where there is no access to current children's support worker (i.e. Domestic Violence Outreach Programs and Domestic Violence Refuges).

### **Referral and Support Process**

- The referring agency contacts the specialist peer educator with issues around working with a particular child/ren.
- The specialist peer educator makes an assessment based on the information provided as to the suitability of the child and family for support from stream 1. At this point the specialist peer educator may determine

that the child and families needs are low and that the referring worker could be best supported through a secondary consultation from the Regional Children's Resource Program.

- If the referral is assessed as appropriate for stream 1, the specialist peer educator arranges a time to meet with the referring agency, child and family to undertake an assessment. Information for the assessment is typically collected over one to two assessment home visits, depending on the size of the family and the issues involved. All care is taken to access any previous assessments completed on the child and family to ensure that information collected builds on existing knowledge rather than replicating information. This assists in the prevention of 'systems abuse' of parents and children.
- The peer educator writes up the assessment and designs a comprehensive case plan in consultation with the referring agency, child and parents.
- A copy of the assessment and case plan is provided to the referring agency and family.
- If the referred child is *not* assessed as having complex needs the team will end their direct involvement with the child and provide ongoing secondary consultation support as required to the referring agency while they implement the child's case plan and support the needs of the child and family.
- If the child is assessed as having complex needs and requiring an enhanced case management response they will be referred to Stream 2.

### **Linkages**

The case plan developed for the child is comprehensive, including key recommendations for required referrals to support the child's needs. The case plan will specify referral points, detailing contact information to assist SAAP agency workers.

### **Period of support and case ratios**

Children who are supported within stream one would be provided with an average three-week support period. This amount of time allows for two home visits to be organised with the family and referring agency and for a comprehensive assessment and case plan to be documented and communicated with all parties.

Assessment and case planning support workers would support children on a staff to client ratio of 1:6.

## **Stream 2: Enhanced Case Management Support**

In this stream, a specialist case management team will provide enhanced case management support on a one on one basis to children with significant support needs who are requiring immediate intervention. The Enhanced Case Management stream provides short to medium term therapeutic support to assist children to contextualise and cope with their life experiences in their time of crisis. This timely support allows the child to be 'service ready' when they gain entry into tertiary support services, potentially reducing the need for long-term therapeutic support. Ultimately, enhanced case management support can circumvent the need for any tertiary support response.

Enhanced case management of children will occur in close consultation with parents and referring agencies.

### **Eligibility**

Stream 2 targets children under the age of fifteen years who accompany their parents to a SAAP funded service. There is a particular focus on children aged twelve and under with significant support needs, reflecting SAAP statistics highlighting the fact that the great majority of accompanying children fall within this age group. Significant support needs can be identified as having one or a combination of the following issues that require an intensive case management response:

- a history of chronic homelessness
- ongoing unmet needs (for which there is currently no adequate service system response)
- needs that require multiple service response
- significant ongoing disadvantage associated with cultural contexts, marginalisation and/or isolation
- significant exposure to violence, abuse and trauma
- history of statutory involvement
- developmental needs are significantly disrupted / unmet.

### **Period of support and case ratios**

Given the project's emphasis on specialist support and linkages, and supplementing support received from the referring generalist homelessness

agencies, children would ideally be supported for a period of between one and six months with the expected average of three months. The flexibility of the length support period allows time for thorough assessment, rapport building with the child and the caregiver and appropriate supports to be put in place.

Enhanced case management support workers would support children on the staff to client ratio of 1:8.

### **Referral Pathway**

Stream two will accept referrals directly from stream one. Stream one operates as an effective screening process, ensuring that children with complex needs requiring an immediate response, that cannot be met by other parts of the homeless service system or other community resources, are provided with an enhanced case management response.

### **Proposed Support Process**

- The assessment and case plan prepared in stream one transfer to stream two.
- The team make contact with the referring agency to discuss the referral and the support process.
- The team visits the family and explains their role and the case management process to the parents and child/ren. A therapeutic support plan is developed according to the child's needs and length of support required. Needs are prioritised with thorough consultation with the child and parent/s.
- Children's support workers utilise a range of innovative techniques for their one on one support to children including play therapy and creative art therapy techniques.
- Caregivers remain an integral part of the support process for children. The specialist children's support workers work with parents as partners in the process of supporting children. Workers meet with parents prior to spending one on one time with the child each week to provide an overview of what the aims of the session will be. At the end of the session the worker and child speak to the caregiver/s to provide information on how the session went and whether there is any work that the caregiver can continue on with during the next week to consolidate the session themes.

- A collaborative case management relationship is maintained with the referring agency throughout the support period with regular communication and case meetings to ensure there is no role duplication or confusion.
- The model seeks to take full advantage of the specialist resources and services available to children to assist in meeting their needs as they arise. Targeted referrals would be made in line with the child's case plan throughout the support period.

### **Stream 3: Therapeutic Group Work**

In this stream, group work coordinators undertake a range of group work activities for children accompanying parents accessing the homelessness service sector. Children who have experienced family violence and homelessness can often find it difficult to relate to their peers, this can have a detrimental and long-term impact on their experiences of community and education. Group work is an effective and resource efficient way to engage a number of children at one time in an environment where they have the opportunity to learn from each other and build a greater sense of connectedness to community.

The value of group work has been well proven within the homelessness service sector. The group work stream offers a unique professional development opportunity for generalist workers by undertaking co-facilitation of a group program. This opportunity not only improves worker confidence in their engagement and communication skills with children but also increases the likelihood that groups for children could be developed independently of specialist children's programs in the future by increasing the number of workers who have received training in this area.

#### **Eligibility Criteria**

All children accessing SAAP and family violence services are eligible to participate in the group programs and can enter the group program independently of any contact with Streams 1 and 2. This ensures a greater number of children receive a service. Each group supports a maximum of 12 children.

#### **Referral Pathways**

Stream 3 will accept referrals directly from all SAAP funded agencies. Referrals can also be made once a child has been assisted through stream

one or two, where group work has been identified as a potential support response on the child's case plan.

### **Flexibility of Group Structure**

Flexibility in the structure and focus of group work is important to ensure that each region has the capacity to tailor the group to the needs of children and families presenting for a service. Groups can be delivered specifically to children, focusing on a range of developmental age groups and/or delivered to children and parents together.

Ideally the Group Work Coordinator and two additional social welfare professionals facilitate the groups. Group co-facilitators are sourced from homelessness agencies. Generalist workers are provided with professional development support and training in the group process by the group work coordinator.

The group programs ideally run over eight to ten weeks. This length of time allows for group participants to form a group identity, creating a safe and supportive environment.

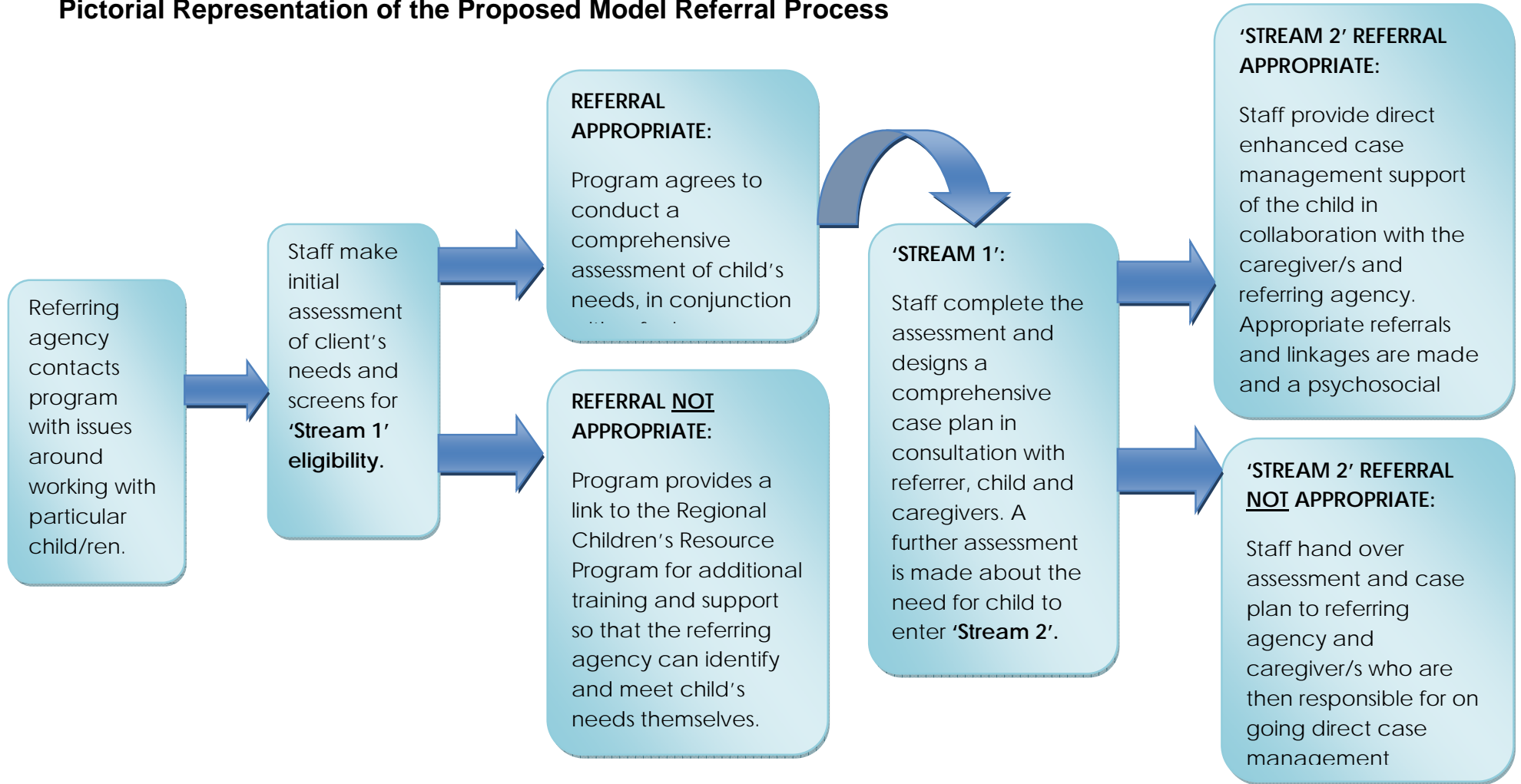
### **Collaborative support**

A key to the success of group work is parental involvement. Even in the case of a children's specific group it is important that parents are aware of what will be covered in the group program. Parents can be involved in the first group session to assist them to understand the group process and purpose. Parents can also be involved in the final group session; the purpose is to celebrate the achievements of their children during their group experience. Contact with parents is ideally maintained on a weekly basis whilst children are part of the group. This contact allows caregivers to remain informed about the group process and enhances the opportunities for parents and children to utilise tools and activities learnt in-group to improve their connection with each other at home and to assist children to consolidate their learning's from group.

The group work co-ordinator also maintains regular contact with the referring agency to provide feedback on the child's progress and to keep up to date on any changes in the child's life that may impact on their participation in the group process.

*Refer to the pictorial representation of the potential entry points and pathways through the model.*

## Pictorial Representation of the Proposed Model Referral Process



Referral to Stream 3 can be made regardless of involvement in other Streams, or at any point during child's involvement in Streams 1 & 2.



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## **Section Three Potential Resource Configurations**

## **Possible Resource Configurations of the proposed model**

The evidence base for the need for additional resources for children clearly demonstrates that a major funding commitment is required. It is an investment that will ultimately contribute to significant savings in public expenditure in the medium to long term.

EFT resourcing will need to take into account the need to employ skilled professionals for the program.

Due to the complexities of the sector and the need for a broad cultural shift to compliment this new initiative, resources will be best deployed within a strategically planned and staged approach.

### **1. Optimum initial resourcing and staged strategic growth**

#### **Stage One: Initial implementation**

Ideally, sufficient resources would initially be made available to staff the model to allow for the maximum benefits to children in each DHS region across Victoria.

The following workers in addition to the existing Regional Children's Resource Worker/s would ideally staff this configuration:

**Stream One:** Supported assessment and case planning

Two EFT Specialist Children's assessment and case planning workers / peer educators.

**Stream Two:** Enhanced case management support

Two EFT Specialist Children's Enhanced case management workers.

**Stream Three:** Therapeutic creative arts group work

Two EFT Specialist Children's Group coordinator.

#### **Program deliverables with this resource configuration**

Within this configuration the following children could be supported in each of the three streams:

**Stream One:** Supported assessment and case planning

204 children could be supported within this stream, based on a staff to client ratio of 1:6 with an average assessment period of 3 weeks.

**Stream 2:** Enhanced case management support

64 children could be supported within stream two, based on a staff to client ratio of 1:8 with an average support period of three months.

**Stream 3:** Therapeutic creative arts group work

144 children could be supported within stream three, based on the delivery of three groups per term with a maximum of 12 participants in each group.

**Stage two: Program expansion – 2 years after initial implementation**

Once the program is fully established and has developed strong working relationships with homelessness support services it is anticipated that referral patterns will indicate the need for additional resources to be deployed. The two year time line for staged growth of the program will allow sufficient time to both engage and educate the sector and collect detailed data that will be imperative to inform how future resources are best deployed.

Internal agency data collection, in addition to SAAP NDCA collections will assist in determining the success of the program in achieving improved outcomes for children and families. Internal data collections should include the collection of 'unmet demand', which will assist in demonstrating the need for additional resources for the program.

It is recommended that a further four EFT positions be allocated to each region to expand the program if there is demand.

**Benefits of this configuration**

NDCA data points to the fact that children and families are the fastest growing population within the homelessness service sector, with a large proportion of all support periods representing accompanying children across each region in Victoria. This resource configuration creates the best opportunity to both assist and support SAAP agencies to improve their capacity to support children and families and to provide a direct response to children and families with complex needs.

*Staged Implementation*

Releasing resources within a staged process acknowledges and supports the fact that cultural change within a service sector will be achieved over time. The successful implementation and full utilisation of this initiative is directly linked to the ability of homelessness agencies to better identify the needs of children within their

services. A staged implementation approach will allow the initiative to expand as the culture of homelessness agencies shifts to better integrate the needs of children within their work practice. This would allow the selected service providers to further understand and document the needs of children in their catchment to demonstrate a need for additional resources to be delivered in the next stage of strategic growth of the initiative.

### *Optimum Resourcing*

Initially resourcing the model with a team of six full time workers would allow for the program to meet all of its stated objectives and ensure that an optimum number of children can receive a support response that meets their needs in each of the three proposed streams.

This level of staffing will also ensure that the program is successfully implemented, promoted and connected to regional and local networks and initiatives with the optimum efficiency.

Staffing the proposed program with six skilled professionals will create a team with the capacity to provide a response tailored to the needs of children presenting to homelessness agencies. The creation of a team environment is beneficial for a number of reasons including:

- The development of a supportive professional environment for workers. This is particularly important when working within the dynamics of vulnerable and complex families.
- Sharing skills and experience across the team, effectively providing children and families with the collective benefit of six professionals with a range of experience and skills.
- Maximising opportunities for the development of innovative and creative support responses.
- Streamlining administrative workload allowing for a greater capacity to focus resources directly to the support of children and families.

The optimum level of resourcing increases the likelihood of successful implementation in rural regions, where outposting or outsourcing components of the service delivery model may be required.

## **2. Limited resources**

### **Stage 1: Initial Implementation**

The following workers in addition to the existing Regional Children's Resource Worker/s would staff this configuration:

**Stream One:** Supported assessment and case planning

One EFT Specialist Children's assessment and case planning workers / peer educators.

**Stream Two:** Enhanced case management support

One EFT Specialist Children's enhanced case management worker.

**Stream Three:** Therapeutic Creative Arts Group Work

Two EFT Specialist Children's Group coordinators.

### **Program deliverables with this resource configuration**

Within this configuration the following children could be supported in each of the three streams:

**Stream One:** Supported assessment and case planning

102 children could be supported within this stream, based on a staff to client ratio of 1:6 with an average assessment period of 3 weeks.

**Stream 2:** Enhanced case management support

32 children could be supported within stream two, based on a staff to client ratio of 1:8 with an average support period of three months.

**Stream 3:** Therapeutic creative arts group work

144 children could be supported within stream three, based on the delivery of three groups per term with a maximum of 12 participants in each group.

### **Stage Two: Program Expansion – 2 years after implementation**

As for the 'optimum resources' option, the initial provision of four EFT workers would be expanded to include a further four EFT workers in stage two of the implementation.

### **Benefits of this configuration**

The benefits for a staged implementation process as outlined in the 'optimum resources' section apply to this resourcing option.

Initially resourcing the model with a team of four full time workers would allow for the program to meet all of its stated objectives and provide a service to a proportion of the most vulnerable children accessing the homelessness support system.

This resource configuration would still allow for each of the three streams of the program to be implemented within a limited capacity.

Staffing the proposed program with four skilled professionals will create a team with the capacity to provide a response tailored to the needs of children presenting to homelessness agencies. The benefits of a team environment outlined in the 'optimum resources' section apply here.

### **Limitations of this configuration**

The ability of the program to accept referrals and respond efficiently to the needs of services and the children and families they refer will strongly correlate with how the program is perceived and embraced by the sector. A reduction in initial resourcing will have a direct impact on the number of homelessness agencies that can be supported to improve their skills in working with children and families and the number of children that will receive an enhanced case management response.

Fewer resources would also impact on the potential for the model to operate on a basis of out posting or out sourcing in rural regions, further reducing the support opportunities for children, families and the sector.

### **3. Minimum resources**

The following worker in addition to the existing Regional Children's Resource Worker/s would staff this model configuration:

***Therapeutic creative arts group work stream:*** One EFT Specialist Children's Group coordinator.

#### **Program deliverables with this resource configuration**

Within this configuration the following children could be supported:

***Stream 3:*** Therapeutic creative arts group work

96 children could be supported within stream three, based on the delivery of six groups per year with a maximum of 12 participants in each group.

#### **Benefits of this configuration**

The group work component of the model could be run in a limited capacity with one EFT worker.

Group work is well supported by the homelessness service sector, with many SAAP services readily appreciating the benefits of a group work response. As such the group work component of the model can be implemented with ease and the sector appears ready to engage with this mode of support for children and families.

With skilled facilitation, group work is a relatively resource efficient means of supporting a number of children at one time. The success of group work in improving the support outcomes for children has been well documented.

#### **Limitations of this configuration**

This configuration does not allow for the implementation of Stream 1 – Supported assessment and case planning or Stream 2 – Enhanced case management. This has a direct impact on the ability of the program to provide targeted case management support to children and families with complex needs. Additionally, the potential to influence the homelessness service system capacity to better meet the needs of children and families appropriately is severely compromised.

While any increase in resources is valuable, resourcing the program on a minimum basis will significantly reduce the number of children and families who can access the support they require to assist them to address their needs.

This configuration significantly reduces the capacity of rural regions to adopt a model of service delivery based on out posting or out sourcing and in a way that will provide an accessible service across the region.

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**Section Four**  
**Regional Issues for Implementation**

## **Assisting children and families who are homeless project**

### **Issues for consideration for statewide implementation**

There are eight Department of Human Services regions across the state of Victoria, each region is different, with unique strengths and limitations that need to be considered when implementing a new initiative. Given the distinctive needs of each region in Victoria some inherent flexibility is required in terms of implementation. A breakdown of regional characteristics and profile of accompanying children accessing the service system in each region can be found in appendix one.

Rural regions, in particular, require special attention when considering how new resources for children and families are best implemented across the state.

Throughout the course of the 'Assisting children and families who are homeless' project, consultations were held with key stakeholders in each region (details of who was consulted can be accessed in appendix two). Feedback was sought regarding the pertinent issues for consideration when planning for the implementation of a new program for children and families.

The following report collates and considers the feedback received from each region. Typically issues fell into seven key areas:

- Regional variation and the importance of local responses;
- Recruitment.;
- Flexibility of target groups and group work;
- Continuity of support for children and families;
- Access to tertiary support services;
- The importance of engaging indigenous communities; and
- Regional variation in the Regional Children's Resource Programs.

Each of these areas will be explored in turn.

## **Regional variation and the importance of local responses**

Each region is diverse, covering often large geographic areas with many different communities and regional centres. Individual regional differences need to be taken in to account when implementing new resources.

Rural regions are in the difficult position of providing services across a great area, for families living in large regional centres, small rural townships and isolated farming communities. The distribution of resources in these regions requires careful consideration to ensure the needs of the most vulnerable families are met.

During consultations, rural regions emphasised the importance of locally based responses in areas of recognised need. These responses need to be planned and strategically placed to ensure maximum coverage in each region. Locally based responses allow for the implementation of the program to take in to account the unique culture of each area and increase the likelihood of local service networks engaging and utilising the program.

The provision of locally based responses in rural regions depends on the adequate resourcing of the program. Rural regions have significantly less children accessing the homelessness support system, which reflect the overall distribution of population across the state. However, rural regions have some significant barriers to providing support, namely covering a large geographic area. Therefore it is important that program resources reflect the challenges of providing support to children on an outreach based model within rural regions.

Metropolitan regions can also cover large areas which can differ in culture and service system capacity. Sub regional area networks can operate almost independently of each other in some regions. The variation of individual metropolitan regions will also need to be taken into account when deciding how best to implement this initiative.

Throughout the consultations that occurred within the framework of this project, the majority of regions felt the best process for implementation would entail further regional consultations with DHS and service providers. This would provide the opportunity for regions to advise the Department of Human Services on how the resources should be best delivered within each region, within existing program guidelines.

## **Recruitment**

Given that the proposed model requires staff that are trained and experienced in providing specialist support to children, the ability to recruit the right people is a major consideration for implementation. Rural regions, in particular, reported difficulties in recruiting skilled staff for working with children and families.

Some rural regions raised the possibility of overcoming recruitment difficulties by training staff that have experience and have shown proficiency in supporting children but may not have completed any recognised training in this area. By investing in staff within the region that have shown a genuine interest and potential to support children may increase the likelihood of successfully recruiting and retaining staff for the program. A comprehensive training program could become part of the implementation process for regions identifying difficulties with recruitment.

Acknowledging the skill base of staff through adequate remuneration is also vital to attract and maintain experienced professionals.

## **Flexibility of target groups and group work**

Some inherent flexibility is required in the implementation of the model to reflect individual regional need. The model proposes that the group work stream be developed to respond to the identified needs of children accessing SAAP in each region. Given that client populations change over time, this flexibility is central to ensuring the program remains relevant to the community and assists in engaging local service providers and families.

Some rural regions reported that referrals for the group work stream may need to be opened up to other service sectors in some of the more sparsely populated areas. This is a great opportunity to further develop cross sector links with integrated family support services, the family violence sector, education and health sectors. Joined up initiatives such as this can only benefit children and families.

## **Continuity of support**

The homelessness population is highly mobile and as such many families can move between communities and across regions. Developing and maintaining strong communication processes between service providers, both within each region and

between regions across the state, is important to provide continuous support for children and families.

Referral protocols between providers will assist children and families who are mobile to maintain access to further support when this is required. Maintaining support is vital to help children and families maintain momentum in addressing their support needs. Additionally, this streamlined support can assist children and families to orientate to their new area and engage with their new community. This is clearly beneficial to the sustainability of support outcomes for children and adults alike.

### **Access to tertiary support services for children**

Access to tertiary support services for children experiencing homelessness is difficult in every region. While there are many well-regarded children's support options across the state offering a free service, waiting lists are long and make the services inaccessible to many transient families. Increased demand has led to many children's support services to tighten their referral criteria, again excluding many children from support.

Fee-paying services in the form of child specific counselling and ongoing therapeutic support are available within metropolitan regions. Due to the high costs available, these services are difficult to access for children accessing SAAP services and there are very few options available to fund this type of support.

Rural regions have the added disadvantage of a deficiency in professional counsellors specialising in children's support. Children with additional needs in these areas are often left without a service that greatly impacts on their ability to reach their full potential.

The potential state-wide implementation of a new support service for children and families creates a timely opportunity for government departments to consider how they interact with the homelessness population and how accessibility can be improved. Firm referral protocols between the homelessness sector and government funded tertiary support services for children would improve the service system response for children experiencing homelessness. Prioritising the needs of this vulnerable population could be as simple as maintaining a certain percentage of vacancies in tertiary support services for children experiencing homelessness. Vacancies could be brokered by the providers of this new initiative in each region, resulting in a streamlined referral process for those children who are most in need of a tertiary response.

## **Engaging indigenous communities**

Indigenous families are over represented within the homelessness service system. Considering that indigenous people are reported to have difficulties in accessing the homelessness service system, it is likely that there are many more families who require a service.

A culturally competent workforce that understands indigenous history, traditions and contemporary issues is best placed to provide accessible and appropriate support to indigenous communities. Careful consideration of how flexible and culturally sensitive support responses is required to assist indigenous families to fully engage with the new program initiative. This may include the development of culturally specific assessment tools and employing indigenous specific workers, particularly in regions where there is a high percentage of indigenous children within the homelessness service system.

The concept of 'family' is broad within the indigenous community, working effectively with indigenous families requires service providers to understand and appreciate this. Assessment and support processes may need to include extended family and informal relations, if they play an integral role in the support networks of the presenting family. This 'whole of community' response is an essential premise in the effective case management of some but not all Indigenous families.

One way of facilitating better access for indigenous children and families is to set regional targets to reflect the size of indigenous populations in each region. This would provide clear motivation for service providers to make strong links and accessible referral pathways with indigenous support agencies.

Serious consideration should be given to the development of active and ongoing partnerships between indigenous and mainstream service providers. This would be particularly important in regions with large indigenous populations.

## **Regional differences in the Children's Resource Program across the state**

The 'Assisting children and families who are homeless' model details a strong relationship with the Regional Children's Resource Programs in each region. This link is important in providing a streamlined approach to the support of children and families and to providing enhanced opportunities for the service sector to improve their responses to the target group. In the main, Regional Children's Resource Programs are very well placed to form part of the continuum of support of children and families that is proposed.

Regional Children's Resource Programs provide a range of support and resources within their roles, individual programs give emphasis to different areas depending on regional need. Regional variations will need to be considered upon implementation of the initiative.

The Children's Resource programs encompass the following roles:

### **Direct support to homelessness service providers**

- Secondary consultation on a range of issues impacting on children experiencing family homelessness.
- Assistance to develop agency policy and improve case practice and support provision to children.
- Development and maintenance of regional networks providing opportunities for workers to share information and experiences and enable access to ongoing professional development.
- Sourcing appropriate training to meet regional needs and/or providing a range of training to services.
- Development of tools to assist workers to improve the support provided to children and families.
- Sourcing funding to provide children's specific groups and activities.

### **Information provision**

- Keeping services updated on information and initiatives relating to children including training and professional development.
- Provision of information on resources available to children and families by developing and maintaining resource lists, resource libraries, websites, newsletters etc.

### **Advocacy and community development**

- Advocacy on behalf of children experiencing homelessness on a range of state-wide initiatives.
- Participation in regional initiatives including the roll-out of the Victorian Homelessness Strategy, Crisis Protection Framework, and the Youth Homelessness Action Plan.
- Creation of inter-agency links to create better outcomes and opportunities for children.
- Development of cross-sector links across the community including local council, education, health, domestic violence, child protection and early childhood services.
- Tertiary consultation and networking.
- Consciousness raising of the impact of homelessness on children within the SAAP sector and across other related sectors.

## **Research**

- Supporting and/or initiating regional research projects relating to children and families.
- Documentation of best practice.

## **Regional Variances**

Each region was given the opportunity to develop a model that suited their particular needs. As a result, there are some regional variations to the programs however all programs share the same aims and many functions.

Many regions participate in the promotion and running of groups for children, either through sourcing funding, co-facilitation, and/or assisting with promotion and referral processes. The group work that occurs at this time has been well received by the sector; however group programs continue to be tenuous as they are, in the majority, not recurrently funded. With competing priorities of the Regional Children's Resource Programs and few resources, group work cannot always be prioritised.

The Grampians, Barwon South-West and Gippsland regions decided to employ a part-time worker to enable the provision of brokerage money. Brokerage is used to assist children to access fee-paying services, meet material needs including costs associated with education and health and access recreational and social opportunities.

The Hume region employs a part time coordinator, with a role in supporting SAAP services, and three part-time children's counsellors who work directly with children in a therapeutic capacity.

The Southern Region has reconfigured the Regional Children's Resource Program into a direct service position, providing support to children and families accessing the auspice organisation. There is little capacity within this region's service model to maintain a focus on resourcing and supporting all SAAP services regarding their work with accompanying children, which may prove problematic. This is an issue that will require some attention when implementing the initiative.

## **Potential Configurations for regional implementation**

The following configurations offer some initial ideas of how resources could best be configured in regions across Victoria. Thorough consultations would need to be undertaken to further explore what configurations may best suit each region. Any configuration would need to take into account the need to have a strong relationship with existing Regional Children's Resource Programs in each region.

### **Single Provider**

The model could operate through a single agency providing the suite of services required. This may be a suitable option for some metropolitan regions, given the outreach component of the model. The identified provider in each region would need to clearly demonstrate how they would provide service to children across the whole region and may include out posting workers to key geographic locations.

### **Out posting**

The model could operate on an outpost basis in regions where there is a large geographic area to cover. This could be managed by:

- A consortium made up of several key agencies distributing the resources appropriately across each region; or
- One agency operating the program in several locations.

Ideally, each of the three streams of the proposed model would be offered in each outpost to ensure all children in the region, regardless of location have the same access to the suite of responses.

Clear protocols would need to be developed and avenues for ongoing communication would need to be maintained between outposts to ensure there is a consistent level of service delivery is provided.

### **Out sourcing**

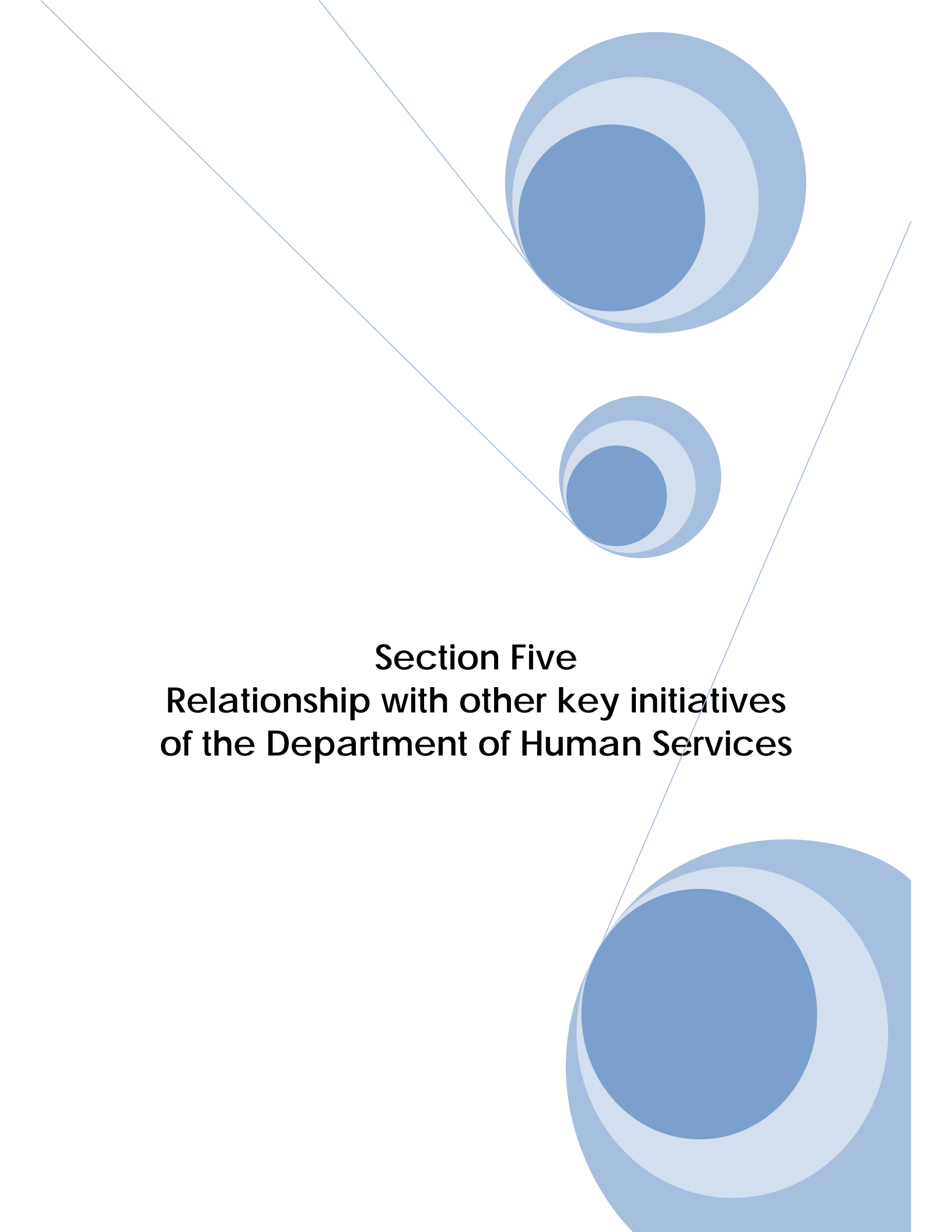
The model could operate on an out sourcing basis, where one or two of the core functions of the program are contracted out (i.e. enhanced case management support or group work). This may assist some regions who are unable to source appropriately skilled workers to staff the model in all areas of the region and/or

where there is existing expertise in other services that may not be funded through the homelessness service system.

This could be managed by:

- One SAAP service coordinating the resources and maintaining a managerial interest in ensuring the integrity of the program is maintained.
- A consortium of services undertaking this role across key regional locations.

Contracting out of some of the key components of the program could occur on a sessional basis (i.e. group by group), allowing for greater flexibility to change the provider if and when the needs of the target group change. It could also operate on a semi-permanent basis, where a provider is contracted to provide a key component of the model for a longer period of time.

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**Section Five**  
**Relationship with other key initiatives**  
**of the Department of Human Services**

## **Assisting children and families who are homeless Project**

### **The models relationship to other Departmental initiatives**

The Department of Human Services is currently undertaking a range of initiatives aimed at improving the service system for people experiencing homelessness. The 'Assisting children and families who are homeless' model interacts with each of these initiatives.

Throughout the course of the 'Assisting children and families who are homeless' project various consultations were held with key departmental representatives for some of the current initiatives that are complimentary to the project model. The participants in these consultations can be found in appendix three.

The key initiatives that will be discussed in relation to the 'Assisting children and families who are homeless' project model are:

- Homelessness Assistance Service Standards and Accreditation System;
- Integrated Family Violence initiative;
- State-wide homelessness assessment and referral framework;
- Child FIRST; and
- Youth Homelessness Action Plan.

Each of these initiatives will be discussed in turn.

## **Homelessness Assistance Service Standards and Accreditation System**

The Victorian Homelessness Strategy (VHS) (Victorian Government Department of Human Services, 2001) identified the need to develop an accreditation system for funded services as a means to ensure a consistency and quality of housing and support responses within the homelessness service system. To this end, the Victorian Homelessness Assistance Service Standards (HASS) were developed over 2003 to 2004 through a process of consultation with the sector. The standards were trialled and tools were developed to assist services to assess their performance.

All services are required to have met specific requirements of accreditation by December 2008. Accreditation is achieved when service providers meet the industry standards relating to client service delivery after a process of review by an external provider and/or gaining recognition for undertaking an external review for organisational management.

The Homelessness Assistance Service Standards (2001) include a specific section on supporting parents and accompanying children (Section 4:1) that focuses on the needs of children up to the age of 18 years who accompany a parent or carer.

This section details the responsibilities of service providers including:

- Appropriate policy and procedure that articulate a firm commitment to the rights of the child, child protection and safety.
- Documented systems for the case management of children's needs within a holistic, developmental framework including the separate assessment and case planning of each child in collaboration with parents.
- Consulting with children and young people about decisions that will affect them in conjunction with parents/carers.
- Supporting and acknowledging parents skills and providing opportunities to enhance these skills.
- Comprehensive knowledge of community and sector resources and services that can support children, for referral purposes including developing relationships with key agencies that relate to children.
- Supporting staff to become trained in the delivery of child centred practices and developing skills in assisting children to deal with grief and loss, trauma and low self esteem.

The 'Assisting children and parents who are homeless' model effectively meets all of the Homelessness Assistance Service Standards. The model details the provision of child centred case management support to children and families. Each child is thoroughly assessed within a holistic and developmentally based framework, in close consultation with the child themselves and their parent. This service delivery model gives children a voice to express their needs and desires and recognises the strengths and skills of parents in supporting their children.

The 'Assisting children and parents who are homeless' model is also effective in building the capacity of the homelessness service sector by actively supporting agencies to improve their response to accompanying children. Many services are still operating within a work practice culture that is adult oriented, reflecting the history of the SAAP system. These services will require support to not only meet the industry standards relating to the support of children and families but more importantly to integrate them into their work practice. The existing Regional Children's Resource Programs have the capacity to assist agencies to develop appropriate policy and procedure regarding work with children and families. The model will build on these resources to offer practice based professional development.

The model provides clear opportunities for workers and services to enhance their existing skills to provide child centred case management support to children that is parent inclusive, respecting parent's skills and expertise in their integral role. The model provides opportunities for workers to participate in experiential learning by undertaking joint assessment and case planning of children and families, with trained and experienced child welfare practitioners. Workers are assisted to engage children in the assessment process by using a range of strategies and tools that assist children to tell their story. Workers are also assisted to engage parents around their parenting needs and assist them to identify their child's needs within a strengths based approach.

The proposed program will assist individual workers to build their practice knowledge base on effective case management of children and incorporate this knowledge into their work with families. In turn, as workers make a shift in their practice to be increasingly child inclusive there will be a positive impact on the cultures of organisations.

Additionally, the model outlines a process of ongoing secondary consultation for service providers to further assist them to support children and families. In this way workers can have immediate access to information and advice on available community and sector resources to enhance the outcomes for children and families.

## **Integrated Family Violence Initiative**

Responding to Family Violence more effectively is a key component of the Victorian Government's social policy action plan released in 2005, *A fairer Victoria: Creating opportunity and addressing disadvantage*.

In 2002, the Statewide Steering Committee to Reduce Family Violence was established to investigate ways to improve the effectiveness of responses to family violence through more integrated approaches across Victoria. The Report *Reforming the Family Violence System in Victoria: A report developed by the State wide Steering Committee to Reduce Family Violence* was released in 2005 and provided advice to Government on the development of an integrated response to family violence.

In 2006, DHS funded Family Violence services began working in partnership to progress the implementation of the new approach to family violence. Local partnerships are working together to provide a more integrated response that aims to improve the safety of women and children. This approach to family violence is about community services including specialist family violence services, police and justice services working together to provide a better service to victims of family violence and reduce the incidence of family violence. Alongside new service funding via DHS, other important components of the new approach include the establishment of the Family Violence Court Division of the Magistrates Court at Heidelberg and Ballarat and Specialist Family Violence Services at Melbourne, Frankston and Sunshine/Werribee, and the introduction of the Police Code of Practice for the Investigation of Family Violence and appointment of 10 Victoria Police Family Violence Advisors at both metropolitan and country locations.

The Integrated Family Violence approach aims to:

- Reduce deaths, injuries and the emotional impact of family violence.
- Respond more effectively to all women and children experiencing family violence.
- Strengthen the response of the police and courts to family violence.
- Increase the accountability of and access to behaviour change programs for men who use violence.
- Emphasise the rights, needs and safety of children.
- Provide greater support to all workers who deal with victims of family violence.
- Bring the issue of family violence into the open and give all members of the community the confidence to speak out.

The majority of children accessing the homelessness service system have experienced family violence; many of these children do not access the family violence support system. Reducing the impact of family violence on children is a key aim of the family violence reforms. The 'Assisting children and families who are homeless' model shares this aim.

While the Integrated Family Violence initiative has directed some additional funds to the support of children, the support available falls short of meeting the demand. Integrated family violence services provide one on one therapeutic support to children; in addition some programs have a small capacity for group work. While available support responses are effective, waiting lists are long and access is particularly difficult for children and families who access the general homelessness service system. The 'assisting children and families who are homeless' service delivery model builds on the therapeutic support responses provided to children within the family violence service system, thereby improving access to a child centred support response for all vulnerable children.

Every family violence refuge across Victoria has been provided resources to employ a child specific support worker. Support of this kind can be incredibly beneficial for children accessing the refuge system and can support their needs at a time of extreme chaos. Children's workers in refuge can often be isolated in their focus on children and their capacity to undertake creative approaches to support can be limited due to a lack of resources. The 'assisting children and families who are homeless' model can add value to this support response by providing additional support and resources to children's workers in refuge. Children's workers in refuge can be encouraged to co-facilitate therapeutic groups through stream 3, providing skills development in group work that can be transferred to the family violence sector.

Similarly, the model also enhances the group work resources within integrated family violence services. Creative group responses can be facilitated through joint projects that focus on sharing skills and expertise.

An immediate outcome of the Merri Outreach Support Service Bright Futures Demonstration Project (on which this project model is based) is a joint project with Women's Health West Domestic Violence Services. Women's Health West has a strong commitment to the needs of accompanying children and were seeking to enhance their capacity to undertake group work. As a result of the group work undertaken in the Bright Futures Demonstration Project, Women's Health West approached Merri Outreach Support Service to propose a joint project with the aim of developing and delivering an innovative group work model to support children and families experiencing family violence in the North West metropolitan region. The

project is currently underway and has proven to be successful in developing effective working relationships and exchanging skills and expertise. At the completion of the group work module the children's support workers employed by Women's Health West will have received practical experience in group development and facilitation. Women's Health West then plan to deliver additional groups using the enhanced skill base of their staff to support children accessing the integrated family violence service system in their area. This significant outcome and the partnership between Women's Health West and Merri Outreach Support Service highlights the potential of the 'Assisting children and families who are homeless' model to enhance service system capacity.

A key practice tool developed through the integrated family violence initiative is the family violence risk assessment. The tool provides support to workers in their assessment of children and families who have experienced family violence. Integration of this tool into the work practice of generalist homelessness services is slowed as a result of the adult focus of many services. The 'Assisting children and families who are homeless' model actively supports services to change their culture and work practice to better support the needs of accompanying children. Increasing the focus on family oriented case management practices within the homelessness service system compliments the initiatives of the Integrated family violence service system and supports the integration of the work practice improvements they are promoting.

## **Statewide homelessness assessment and referral framework**

The development of a common approach to assessment and referral in homelessness services was a key action identified by the Victorian Homelessness Strategy (Victorian Government Department of Human Services, 2001). Consultations were held with people who use the homelessness service system as part of developing the VHS. The feedback highlighted the fact that many people found the system to be complicated and stressful. The VHS found that there were over 400 entry points to the homelessness service system across Victoria. As a result many agencies have developed their own practice styles, while it is acknowledged that these practices can be very effective at a local level, it was identified that there is a need for improved consistency and coordination at regional and statewide levels. The framework is a key component of improving access and referral pathways for homeless people.

Developing a consistent and coordinated approach is already underway in many areas across the state through local area service system development projects. The Statewide homelessness and referral framework (Office of Housing, 2006) identifies and describes a statewide approach to deliver best practice in the role of initial contact and assessment.

The statewide homelessness assessment and referral framework details the following requirements for quality assessment and referral, these include:

- Respect and courtesy toward homeless people;
- Individualised assessments that can respond to the urgency and intensity of need;
- Flexibility to adapt to local practices that already work well;
- A recognition of the complexity and the difficulty of the assessment role;
- A homelessness service system in which each agency co-operates well with other agencies;
- Highly skilled assessment workers; and
- The ability to access a specialist response for young people, women and their children experiencing family violence, accompanying children and indigenous people and people from a Culturally and Linguistically Diverse background.

Importantly, identified access points need to undertake assessments that examine the immediate support needs of children and families. This is vital to ensure that families and children are safe and linked to the most appropriate support services to

meet their needs. Given that the current service system is oriented towards the needs of adults, access points can play a key role in promoting the needs of children from the first contact and in their referrals to support services. Therefore access points have the opportunity to assist to change the service system culture. Support services are responsible for building on the initial assessment of a family including the needs of children. If children's needs are highlighted in the initial assessment received from the access point, they are more likely to be taken into account within the case management response provided by a support service.

Access points are also in the best position to begin to orientate families to the role of the support system in assisting parents and children. Ensuring parents are fully aware that homelessness services will seek to address the needs of their children is important to facilitate optimum trust and engagement in the support relationship.

Access to the 'Assisting children and families who are homeless' program will likely take place once a family has been referred to a support service for a thorough assessment. In this way the program will play an integral role in providing appropriate pathways for homeless families through the homelessness service system.

## **Child FIRST**

The recent introduction of the Child, Youth and Families Act (2005) promotes the legislative basis for the provision of services to vulnerable children, young people and their families. The new legislation places children's best interests at the heart of all decision-making and service delivery. A central feature of the legislation is the establishment of two distinct yet interrelated pathways into family services, where there are significant concerns about the wellbeing of children.

Child FIRST (Child and Family Information, Referral and Support Teams) has begun to be established in designated sub-regional catchments in a staged process across Victoria to provide community-based referral point into family services (Victorian Government Department of Human Services, 2007). Family services practitioners, with experience in assessing the needs of vulnerable families, will staff Child FIRST. In addition, community based child protection will facilitate collaboration between these intake services and child protection. Thereby providing key advice on engaging families with complex needs and identifying risk indicators and importantly, ensuring timely child protection involvement when required.

The 'Assisting children and families who are homeless' model is complimentary to the Child FIRST initiative; they share a strong commitment to provide early intervention support to children in need to assist in preventing long-term trauma. The model proactively supports children and families to overcome their issues with the aim of promoting a stable environment for children to grow, learn and develop. Providing support to families at the time of crisis can address serious issues before they become entrenched and enhance the capacity of families to stay together, preventing the placement of children into alternate care. As such one of the benefits of the model implementation would likely be a reduced need for child protection involvement.

Successful utilisation of the Child FIRST initiative by the Homelessness Service System depends on the sectors ability to develop and maintain effective relationships with key family service providers and to facilitate successful referrals. The 'Assisting children and families who are homeless' model provides support to homelessness services to enhance their capacity to undertake holistic and developmentally based referrals for children as part of an overall integration of family oriented case management practices. Family services within the Child FIRST initiative will make an effective exit point from homelessness services for some children and families. Enhancing the capacity of homelessness services to deliver effective referrals to Child FIRST will assist in creating a coordinated pathway for the support of children and families.

Both Child FIRST and the homelessness service system cater for families with complex needs which can adversely impact on a child's development if appropriate

support and interventions are not provided in a timely manner. There is potential for cross referral from family services into enhanced case management support and therapeutic group work through the model, for children and families who meet the referral criteria. This may be particularly useful in rural areas, where regions have identified that in some geographic locations opening up referrals to family violence services and Child FIRST would facilitate the development of effective group work initiatives. Additionally, enhancing joint work and communication across systems assists in promoting a streamlined service system for children and families in need.

## Youth Homelessness Action Plan

Young people with children represent approximately 20% of periods of support assistance for young people in Victoria (Office of Housing, 2004). Of these support periods, an estimated 25% occurred in youth specific agencies, with the rest occurring in cross target or family homelessness service providers (Office of Housing, 2004).

The Victorian Homelessness Strategy final report *Directions for change (2001)* identified the need to develop and implement new service models for key client groups including young people. As a key strategic direction from the VHS the Department of Human Services has been undertaking the Youth Homelessness Action Plan with the aim of working towards a more integrated and holistic service response for young people who are homeless or at risk of homelessness. The Youth Homelessness Action Plan has employed a staged implementation process beginning with the first stage report which was released in 2004 and followed by *Creating Connections – Youth Homelessness Action Plan Stage 2: 2006 – 2010*, containing longer term strategies for change within the youth homelessness service system.

The Youth Homelessness Action Plan – stage 1 (Victorian Government Department of Human Services, 2004) identifies the need to improve service provision to children and families.

Some of the immediate actions undertaken under YHAP 1 were: providing training on family and child homelessness issues for early years service providers, addressing the needs of families and children in the development of the Homelessness Assistance Service Standards, and establishing a pilot project to develop and extend parenting and family violence specific information and support to pregnant and parenting young women in homelessness services in the Southern Metropolitan Region.

The 'Assisting children and families who are homeless' model has a strong focus on improving the service system capacity to better support children and families. The model will be effective in assisting youth services to develop skills and expertise in effective assessment and case planning of children as part of integrating family oriented case management practices into an agencies overall work place culture. The model adds value to the existing Regional Children's Resource Programs in their work assisting agencies to develop policy and procedure regarding the support of children and families. Workers are provided with the opportunity for experiential learning in how to engage children and families and conduct holistic assessments with a strong developmental focus. The model also encourages workers to maintain knowledge of appropriate support opportunities for children both within the sector and the broader community.

The youth sector will improve their use of children's support workers by nature of having greater access to support options for children.

*Creating Connections – Youth Homelessness Action Plan Stage 2: 2006 – 2010* builds on the work achieved by the first stage report and provides a platform to undertake strategic development of homelessness services to young people.

The key directions of *Creating Connections* report include:

- A strong focus on early intervention and interdependence

- Tailored accommodation and housing support options for each individual homeless young person.
- Greater access to complementary services to homeless young people with complex needs.
- Enhanced youth homelessness service capacity.

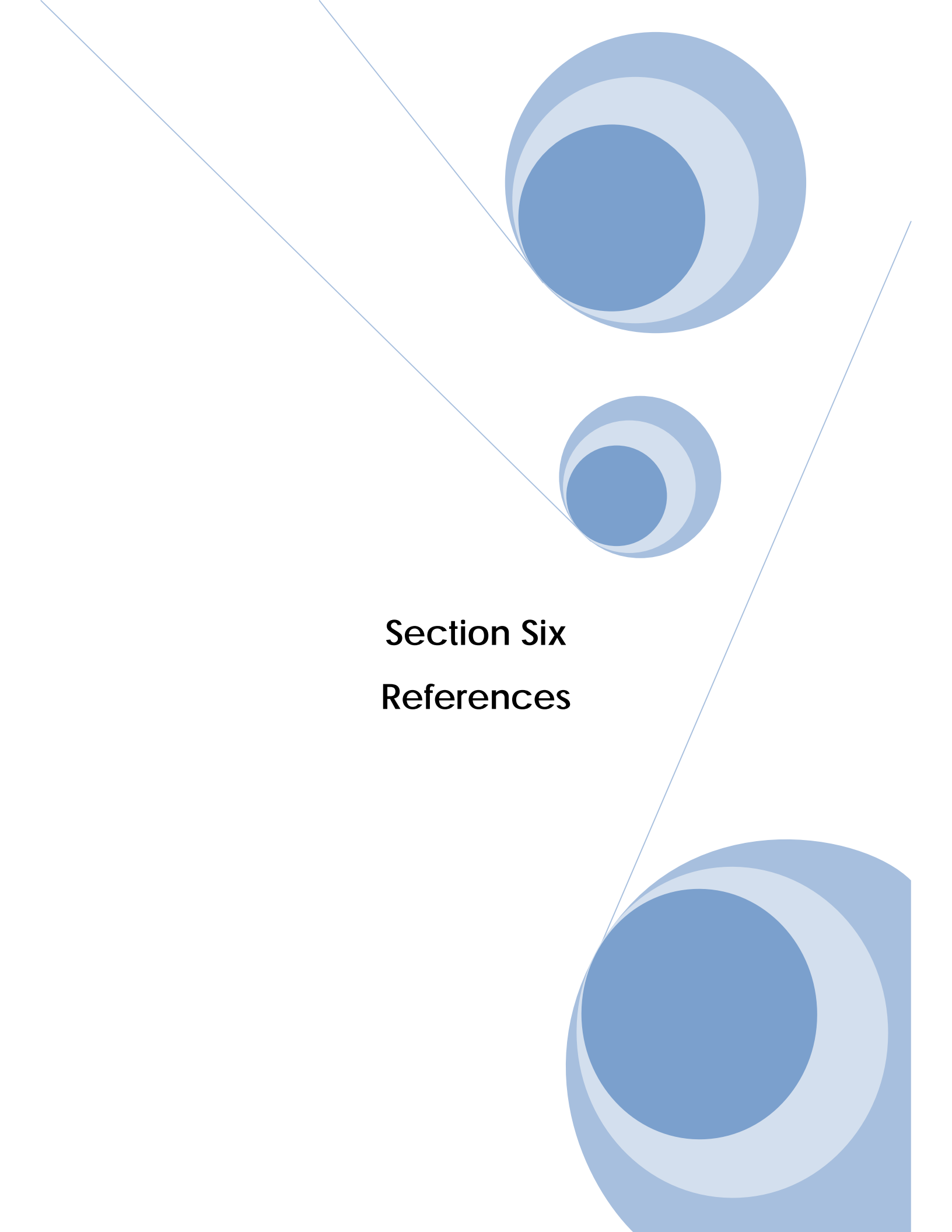
Funding has been made available through *Creating Connections* to fund programs for young women who are pregnant and parenting and who are eligible clients of SAAP that deliver a higher level of support to pregnant and parenting young women who access SAAP services. The program operates in three rural regions and provides practical outreach support and life skills development, housing assistance, links young women and their children to services, access to childcare, and strengthens pathways to independence through assistance to access education, employment and training opportunities.

To support the implementation of *Creating Connections*, youth homelessness services will need to introduce practice changes within their own service setting. A number of strategies will be used to introduce an share new practice approaches including:

- Evaluated models of practice
- Documenting good practice
- Sharing and disseminating information
- Providing tools and resources
- Training that focuses on new directions.

*Creating connections* and the 'Assisting children and families who are homeless' model share some strategic aims, both have a strong focus on early intervention and enhancing the service system. As stated earlier, the model proactively supports the aim of enhancing youth services capacity, as part of the broader homelessness service system. Access to tailored resources for children will assist youth services in providing effective support to children and young parents.



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**Section Six  
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**Section Seven  
Appendices**

## Appendix 1.

### Regional Information

The following supplement provides information on the demographics of each of the eight Victorian regions and the accompanying children they support. The information was sourced from the SAAP NDCA Regional Supplements for 2005/2006 and the Department of Human Services website.

Note: the actual number of accompanying children supported by the SAAP system is not available at a regional level, the figures refer to the number of support periods recorded in each region. This data has not been weighted to adjust for agency non-participation and incomplete data entry.

#### Barwon South West Region



The Barwon South West (BSW) region encompasses nine local government areas and is approximately 29,637 square kilometres in size, extending from Queenscliff to the South Australian border. The population of the region is estimated at 350,109 people, living across large regional centres, coastal towns and hinterland communities.

The BSW region supported a total of **1 345** children in 2005 - 2006, accounting for 8.7% of the SAAP accompanying children support periods in the state of Victoria.

The ages of accompanying children presenting for support in the BSW Region correlated strongly with statewide data. The majority of children were aged between 0 – 4 years

(43.5%). 41.5% were aged between 5 and 12 years of age and 15% were aged between 13 and 17 years of age.

A comparatively large proportion of accompanying child support periods in the BSW were for children who identified as Indigenous and/or Torres Strait Islander (10%), slightly above the statewide average of 9.3%.

98.5% of children were reported as being born in Australia (including external territories), with a small proportion of children (1.5%) reported as being born overseas.

## Grampians Region



The Grampians region covers the geographic area from Bacchus Marsh to the east and extends to the South Australian border in the west, with a land mass of approximately 47,980 square kilometres. The region encompasses 11 local government areas and is home to a population of 216,000 people.

The Grampians region provided **875** support periods to accompanying children in 2005 - 2006, 5.7% of the total support periods provided to accompanying children across the state.

The ages of accompanying children were distributed in a like manner to the statewide data, with 42% of children aged between 0 and 4 years of age. 45.5% of children were aged between 5 and 12 years and the minority (12.5%) were aged between 13 and 17 years of age.

5% of the accompanying child support periods delivered in this region were for children who identified as Indigenous and/or Torres Strait Islander. Lower than the state average of 9.3%.

Comparatively few children were reported as being born overseas (2%) and the vast majority were born in Australia (including external territories (98%).

## Loddon Mallee Region



The Loddon Mallee region occupies 59,150 square kilometres, more than one quarter of the land mass of Victoria. The region covers the geographic area from Mount Macedon to the New South Wales border in the north and the South Australian border in the west. Loddon Mallee is home to approximately 298,882 people and encompasses 10 local government areas.

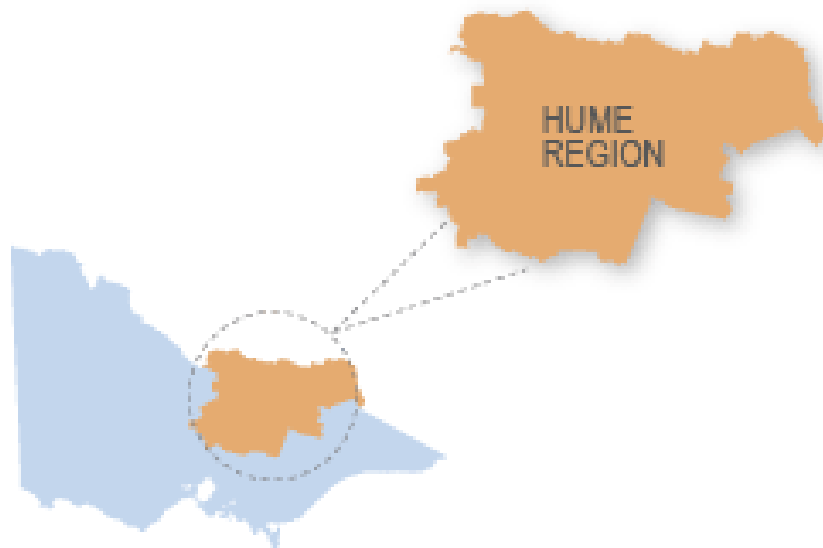
The Loddon Mallee region provided **1 493** support periods to children through its SAAP homelessness service system in 2005 - 2006, which is 9.7% of Victoria's total.

The ages of children correlated with state wide data. 41.5% of children were aged between 0 and 4 years, 43% were aged between 5 and 12 years and 15.5% of children supported were aged between 13 and 17 years of age.

A large proportion of the accompanying child support periods were for children who identified as Indigenous and/or Torres Strait Islander, 19.6%. This is more than double the statewide average of 9.3%.

The overwhelming majority of children supported (99%) were reported as being born in Australia (including external territories), while only 1% of children were reportedly born overseas.

## Hume Region



The Hume region has a land mass of over 40, 000 square kilometres in the north east of Victoria. The region has a population of approximately 250, 800 people living in the alpine areas, some relatively remote farming communities and the major regional centres of Wodonga, Wangaratta and Shepparton. The Hume region encompasses 12 local government areas.

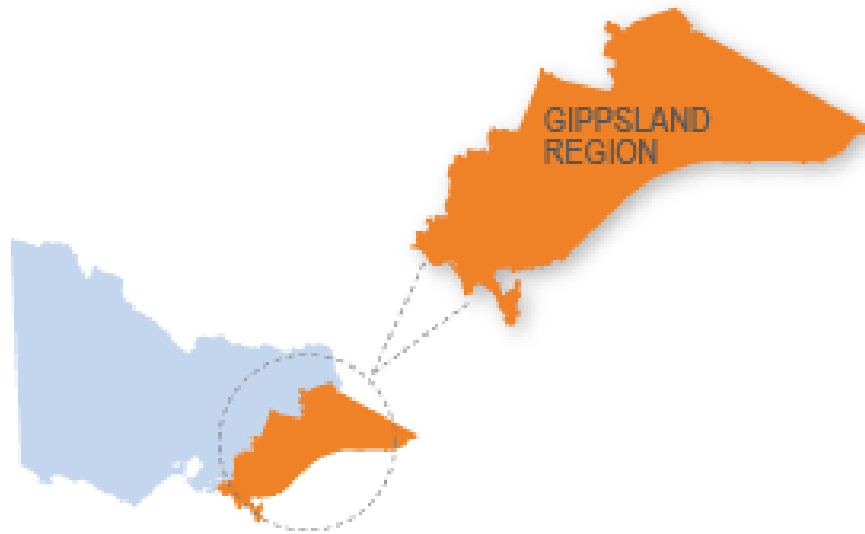
The Hume region provided **828** support periods to accompanying children in 2005 - 2006, 5.4% of the total number of children accessing Victoria's homelessness service system.

The ages of accompanying children in the Hume region closely match the state wide averages with 43% aged between 0 and 4 years of age, 44% aged between 5 and 12 years of age and 13% aged between 13 and 17 years of age.

7.8% of the support periods were delivered children identifying as Indigenous and/or Torres Strait Islander compared to the state average of 9.3%.

A small minority of children accessing SAAP services in this region (1%) were born overseas, with the majority (99%) reported as being born in Australia (including external territories).

## Gippsland Region



The Gippsland region is 41, 538 square kilometres in size, equivalent to 18% of Victoria's land mass. The region covers the geographic area from South Gippsland to the New South Wales in the north, with an approximate population of 240, 114 people. Six local government areas are located within the region.

The Gippsland region provided **638** support periods to accompanying children, accounting for 4% of the total support SAAP support periods for children in Victoria in 2005 – 2006..

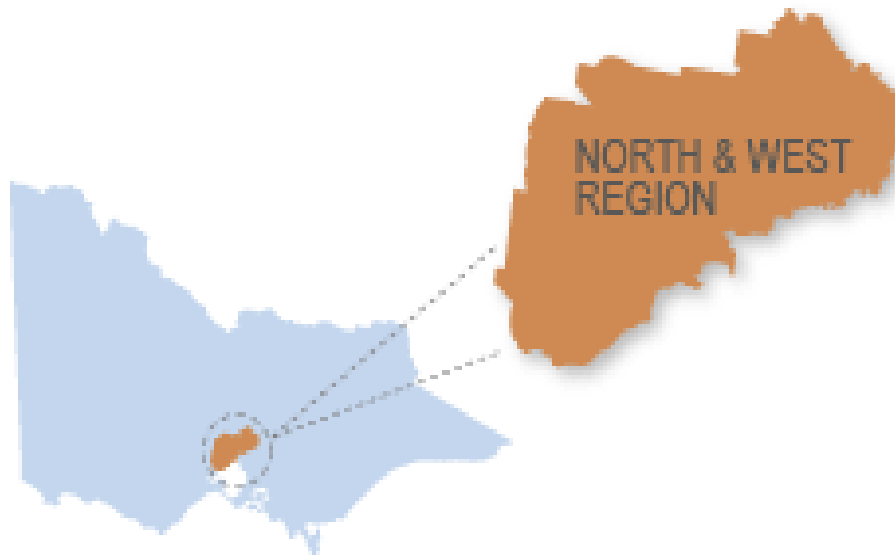
There was a reasonable deviation in the ages groups of accompanying children in the Hume region when compared to the state wide average. 39% of children were aged between 0 and 4 years, while the majority were aged between 5 and 12 years. Children aged between 13 and 17 years of age accounted for 15% of all accompanying children accessing SAAP for support.

49% of children were female and 51% of children were male.

The Hume region has the largest proportion of accompanying child support periods for children identifying as Indigenous and/or Torres Strait Islander, at 21.5%

The great majority of children supported were born in Australia (including external territories), 98.7%. A small number were reported as being born overseas (1.3%).

## North West Region



The North West region is the largest and most populous region in Victoria with 1.4 million people living within its boundaries. The region is 2,981 square kilometres and encompasses the northern and western suburbs of Melbourne and their outer lying areas in addition to central Melbourne. The North West region covers 14 local government areas.

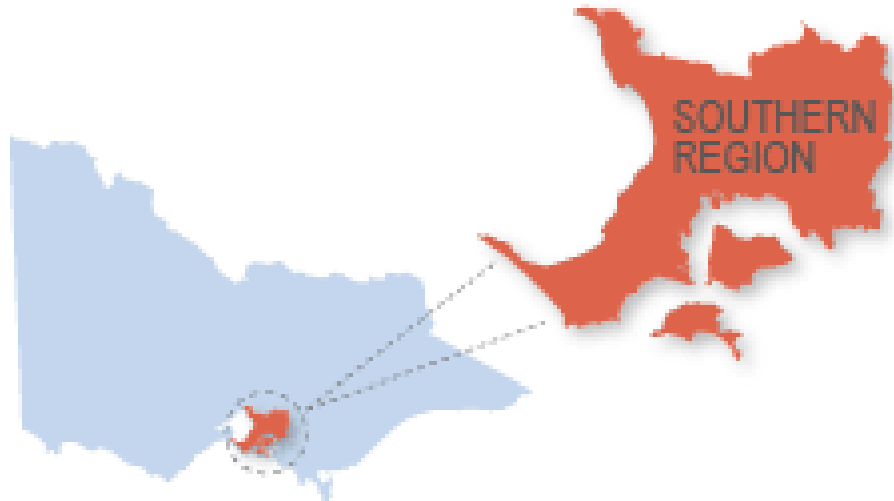
The North West region supported **3 688** children which the largest proportion of the SAAP support periods for children provided in Victoria in 2005 - 2006, at 24%.

The age range of children slightly deviated from the state wide average, with 41% of children supported being between the ages of 0 and 4 years, 44% between the ages of 5 and 12 years and 15% of children aged between 13 and 17 years of age.

A relatively high proportion of child support periods provided by the North West region were for children identifying as Indigenous and/or Torres Strait Islander, at 8.5%, slightly lower than the state average of 9.3%.

A minority of 4.5% of children were born overseas with the majority of children (95.5%) reported to have been born in Australia (including external territories).

## Southern Region



The Southern region covers Melbourne's South Eastern suburbs and semi rural townships, it is 2, 883 square kilometres in size and is the state's second largest metropolitan region, encompassing 10 local government areas. The Southern region has a population of 1, 184, 123 people.

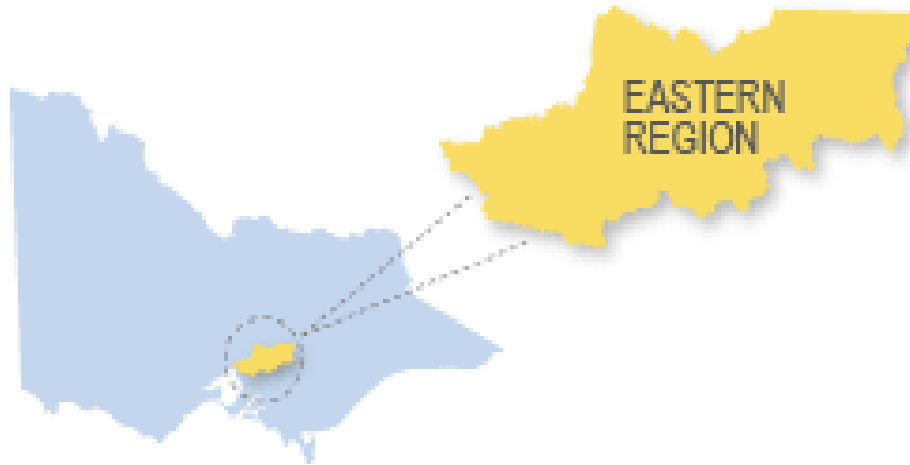
The Southern region provided **3 402** support periods to accompanying children in SAAP in 2005 - 2006, which is 22% of the total number of accompanying children in Victoria, accounting for the second largest regional response in the state.

This region also reported a slight departure in reported data of the ages of accompanying children when related to the state wide averages. 39% of children supported by the Southern region were aged between 0 and 4 years of age. 43% of children were between the ages of 5 and 12 years and 18% were aged between 13 and 17 years.

The Southern region reported the lowest proportion of support periods for accompanying children who identified as Indigenous and/or Torres Strait Islander, at 2%.

A relatively large proportion of children supported in the Southern region were reportedly born overseas (13%), while 87% were born in Australia (including external territories).

## Eastern Region



The Eastern region covers the geographic area from the inner eastern suburbs of Melbourne to outer lying semi rural areas. The region encompasses seven local government areas and is home to approximately 973,000 people.

The Eastern region provided **2 245** support periods to children in 2005 - 2006, accounting for 14.5% of the accompanying children support periods reported state wide.

The proportion of accompanying children in the Eastern region in each age group closely correlates with state wide data. 43% of children were aged between 0 and 4, 44% between 5 and 12 years and 13% of children were aged between 13 and 17 years of age.

The Eastern region reported a relatively low proportion of support periods for children who identified as Indigenous and/or Torres Strait Islander compared to the state average at 5.7%.

A relatively high proportion of children were reported as being born overseas (8%), while the majority were reportedly born in Australia (including external territories), 92%.

## **Statewide Domestic Violence Services**

State wide Domestic Violence Services provided **952** support periods for children in SAAP in 2005 - 2006, totalling 6% of the accompanying children in the state.

A significant proportion of children supported by State wide DV services were very young, aged between 0 and 4 years, 47.5%. 43% of children were aged between 5 and 12 years and 9.5% of children accessing these services were aged between 13 and 17 years of age, considerably lower than the state wide average.

A relatively small proportion of support periods were for children who identified as Indigenous and/or Torres Strait Islander (4.6%).

93.5% of children supported by state wide Domestic Violence services were born in Australia (including external territories), 6.5% of children were born overseas.

## **Appendix 2:**

### **Regional Consultations**

During the course of the project, various key stakeholders were consulted in each Department of Human Services region across the state of Victoria.

#### **Hume**

- Kay Lavander  
Coordinator  
Hume Region Children's Resource Project  
Central Hume Support Services
- Genevieve Knoth  
Hume Region Children's Resource Worker  
Central Hume Support Services

#### **Grampians**

- Leeanne Nicholson  
Grampians Region Children's Resource Program  
Uniting Care Ballarat
- Corinna Graham  
Team Leader Housing and Family Violence  
Wimmera Community Health Service
- Anne Ferguson  
Team Leader  
Crisis Housing  
Horsham Salvation Army Community Services

## **Gippsland**

- Anne Harrington  
Gippsland Region Children's Resource Program  
Kilmany Uniting Care

## **Loddon Mallee**

- Jude Di Mano  
Regional Homelessness Networker  
Loddon Mallee Accommodation Network

## **Barwon South West**

- Karen Glennan  
Barwon South West Region Children's Resource Program  
Colac Area Health
- Suzanne Miller  
Manager  
Colac Area Health
- Lisa Robinson  
Manager Housing Services  
Bethany Support Services

## **North West**

- Halime Aldemir  
North West Region Children's Resource Program  
Merri Outreach Support System

- Katrina McAuley  
North West Region Children's Resource Program  
Merri Outreach Support Service
- Jacky Tucker  
Manager  
Family Violence Services  
Women's Health West

### **South**

- Sue Grigg  
Manager Research and Program Development  
Manager Family Violence Outreach Program  
The Salvation Army Crisis Services
- Janice Peterson  
Manager  
WAYSS

### **East**

- Kathy Prior  
Coordinator Eastern Region Children's Resource Program  
Wesley Homelessness Services

**State wide**

- Dan Laws  
Indigenous Homelessness Network Coordinator  
Ngwala
- Sean Coade  
Take Two  
Berry Street Victoria

**Appendix 3.**

**Consultations with key Departmental and Community  
Representatives**

**Integrated Family Violence Initiative**

Jo Chambers

Senior Program and Service Advisor

Individual Support Services

Department of Human Services – North and West Region

**Child First**

Kathy Robb

A/Manager

Family Services

Child Youth and Families Division

Department of Human Services

**Youth Homelessness Action Plan**

Jane Lazzari

Youth Policy Officer

Council to Homeless Persons

**Access and Pathways Initiative**

Heather Holst

Senior Project Leader

Sector Development Strategy

Office of Housing

