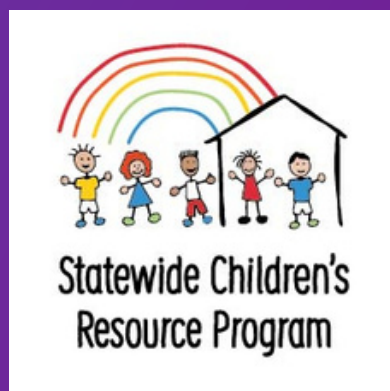


Children Accessing Specialist Homelessness Services: An induction for new practitioners



Children Accessing Specialist Homelessness Services

Children can experience homelessness in a family situation or unit, or on their own. More than 1 in 5 clients supported in Victorian homelessness services in 2020-2021 were children under the age of 18[i].

For infants, children and young people, the impact of homelessness can be detrimental to their privacy, development, physical health, mental health, stability, cultural connections and education. Of children aged between 5 and 14 within Specialist Homelessness Services data, 13% were not enrolled in education[ii]. The experience of homelessness and other associated adverse childhood experiences can increase the likelihood of poor outcomes later in life if no intervention is provided to overcome these challenges[iii].

Historically, the homelessness service system was designed to deliver adult-centric housing services and children often fail to have their experiences validated or their needs assessed and responded to.

Why Is It Essential To Work With Children?



It is a requirement that all Specialist Homelessness Services ensure that children receive support when accessing services whether presenting individually or with their family[iv]. Like their caregivers, children have their own unique experiences and need help to overcome challenges and crisis.

When we think of providing homelessness services, we might assume that support provided to caregivers will trickle down to have a positive effect on their child. This is not usually the case as homelessness does

not occur in isolation of other challenges. Children often don't have the language to express what is happening and how they feel. They look to others around them to provide context and make sense of their world. If their caregiver is experiencing crisis, it is likely that they too are feeling like their world is out of control.

Family and domestic violence is one of the main reasons (42%) that families are at risk of homelessness and seek assistance from SHS agencies[v]. It is

also one of the leading reasons for statutory intervention, indicating that child protection and SHS agencies often work with the same families and children[vi]. By identifying and providing the earliest possible opportunities for intervention, it is possible that this will prevent harm and/or trauma and potential engagement with statutory services. It's an opportunity to break the cycles of disadvantage and improve the child's wellbeing.

Involving infants, children and young people in decision that impact on their life and wellbeing is important because:



It is their fundamental right to receive support from services and be kept safe from harm.



Children are experts in their own life. They are agents capable of contributing to decisions that affect them.



Children are more likely to engage with effective supports if they are active participants.

What Are The Impacts of Homelessness On Children?

A child's development may be significantly impacted through the experience and trauma of homelessness. If a child has experienced something traumatic but has a nurturing and responsive support system in place, they are likely to respond and cope more effectively than a child with fractured unsupportive relationships.

The impacts can vary across different ages and stages. From the perspective of a child, homelessness can mean:

- No quiet private space for emotional regulation or study
- Disrupted sleep and routines
- Unlikely to have friends come over and play
- Having limited possessions or losing important possessions
- Impacts on mental health and wellbeing
- Food insecurity

Each child is different and so is their experience. Further examples of impacts according to age and development include:

Infants	Children	Young People
Unable to access quality and consistent medical care due to associated costs, and availability or transiency	Disconnected or inconsistency in education, recreational opportunities and connection to their community	Perceptions of risk and navigating decisions impacted
Less likely to receive immunizations or receive them on time	Start to have feelings of guilt and shame over their living situation	Being homeless can limit access to medical treatment, medications and access to basic hygiene like laundry and bathroom facilities
Medical issues less likely to be monitored or history lost	Experience low self esteem	Impacts the development of value systems and goals
Financial hardship restricts access to developmental activities including day care	Language and speech delay	Higher levels of mental health problems, including anxiety, depression, behavioural problems
Limited supports reducing interaction with others for social and emotional development	Learning difficulties and difficulty concentrating	Developing personal and intimate relationships. Reduced privacy may see them seek this from unsafe places that offer the illusion of safety, security, privacy but may lead to their sexual exploitation.
Failure to thrive do to social isolation, neglect or unable to access optimal food source	Behavioural changes, challenging behaviour and/or difficulty regulating emotions	Misusing drugs/alcohol to cope
Reduced opportunities for outside play and gross motor skills development	Difficulties maintaining relationships and friendships	Feeling alienated or self-conscious due to presentation (lost uniforms, unwashed clothes, tiredness, unable to complete homework or study)

Children of all ages experiencing homelessness may present with low emotional wellbeing, feelings of displacement, decline in mental health (anxiety and stress), attitudes, behaviours, educational attainment, social life, poor health and hygiene. It is enormously challenging for a child to thrive in these circumstances without a significant structured support system in place. They may exhibit feelings of confusion, shame, embarrassment, guilt, anxiousness, and profound grief and loss.



How Do I Support A Child When I Only See Their Parent/Caregiver?

For children to thrive, they need to live in an environment of relationships that starts with their family and extends out to their community. Their relationships need to be invested in their development. It is your role to be invested in the child, and the biggest difference that can be made is to strengthen the child's relationship with their caregiver and community.

Child-led practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on children's safety and needs within the context of their families and communities and builds on families' strengths to achieve optimal outcomes. It challenges us to think about what the world is like for the child and to privilege their voices and experiences.

Practitioners shouldn't be afraid to ask or engage with the child directly. If that's not possible, having purposeful conversations with caregivers about their child and asking questions from their child's perspective can be helpful such as "if your child was here in the room, how would they describe home" or "how do you think your child would describe you as a parent". Other ways to support caregivers reflect on their child's support needs is to have them think about when they were a child and asking questions such as "when you were a child, what made you feel safe" and "what was important to you at their age".

By actively building the skills and insight of the caregiver, we are investing in children and their development. Help caregivers understand how the family functioning impacts on the child and their potential trajectory. We can do this by going back to basics: talk to caregivers about the importance of play, role model good engagement with the child, show interest in their child and how they relate within the family unit, ask about their routines and identify things that could help in their family. For more specialised support, referrals to parenting programs or sourcing available funding and brokerage options that engage children in developmental and social opportunities may be suitable.



Working with children and families can have a profound and lifelong impact. Be curious, be trauma informed and be client led

Our Responsibilities To Protect Children

United Nations Convention on the Rights of the Child

Australia ratified the UN Convention on the Rights of the Child in December 1990, which means that Australia has a duty to ensure that all children have human rights as well as the right to special protection because of their vulnerability to exploitation and abuse.



Click on the link to view a summary of the Convention on the Rights of the Child by Unicef which has 54 articles in all. Articles 43-54 detail how adults and governments should work together to ensure that all children are afforded all their rights.

Importantly, Unicef's summary of article 12 states; "Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life."[vii]

Family Violence Multi Agency Risk and Assessment Management framework (MARAM)

The Royal Commission into Family Violence identified the lack of system integration as a major issue - this included a lack of information sharing among service providers as a barrier to effective and timely support for families, and especially children.

As a result, the Victorian Government implemented the MARAM. MARAM addresses the lack of integration by broadening responsibility for identifying, addressing and managing family violence to the whole service system.

This allows a service more options to keep victim survivors safe, ensure the safety and wellbeing of children, and for a stronger, more collaborative approach that keeps perpetrators in view and accountable for their actions and behaviours. Information sharing is a key enabler of MARAM collaborative practice.

Please refer to your own agencies policies and procedures for training requirements.

Our Responsibilities To Protect Children

Cont...

The Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS)

The CISS and FVISS complement the MARAM framework to support a significant cultural shift in information sharing practice and risk assessment with the intent to improve family violence risk assessment and management and to support child wellbeing.

CISS enables authorised organisations and services to share information to promote the wellbeing or safety of children.

FVISS enables authorised organisations and services to share information to facilitate assessment and management of family violence risk to children and adults.

Please refer to your own agencies policies and procedures for training requirements.

Child Safe Standards

The Child Safe Standards require organisations that involve and interact with children to have policies, procedures and practices to keep infants, children and young people safe. All organisations working with children must take steps to prevent child abuse[viii]. Organisations that provide services or facilities for children must implement Child Safe Standards to protect them from abuse. They cannot assume that child abuse does not, and cannot, happen within their organisation.

In 2012 and 2013 the Victorian Parliamentary Inquiry looked into the handling of child abuse by religious and non-government organisations. Its report highlighted poor and inconsistent practices for keeping children safe. It found some organisations' cultures did not focus on children's safety and many failed to report or act on child abuse allegations.

The Child Safe Standards aim to:

- promote the safety of children
- prevent child abuse
- ensure organisations and businesses have effective processes in place to respond to and report all allegations of child abuse.



Child Safe Standards work by:

- driving changes in organisational culture – embedding child safety in everyday thinking and practice
- providing a minimum standard of child safety across all organisations
- highlighting that we all have a role to keep children safe from abuse.

As a starting point, the Commission for Children and Young people have developed a short guide to the Child Safe Standards [viii]. This guide provides an overview of the key concepts and requirements to comply with the new Child Safe Standards which came into effect on 1 July 2022.

Please refer to your own agencies policies and procedures for training requirements.

How To Effectively Work With Children

Practitioners have a vital role in assisting caregivers to engage with the experiences of their children and to explore and discuss activities and referral pathways for caregivers struggling to support and repair relationships with their child after trauma. Practitioners can also role model engaging behaviour, curiosity and empathy with the child and also with the caregiver and the child.

Best practice is to have safe and intentional spaces for children that set the foundation for a positive experience. Children should be able to easily identify the space as child friendly and welcoming. They should be invited to play with resources and quality toys to show that infants, children and young people are valued by your service and they can expect to be included.



Examples of ways to effectively work with children include:

- When meeting with a child for the first time, introduce yourself, provide information about their rights and what to expect from your service. Ask the child if they have any expectations of you. For more information please see the [Discussions With Children and Young People Accessing Services](#) document.
- Discuss your obligations to report information if you have concerns about their safety and wellbeing or that of another.
- To engage and build rapport, practitioners are encouraged to get on the same physical level of the child. This might include kneeling down, or sitting on the floor. This signals to the child that you are focused on them, willing to listen, and open to play. It reduces the power imbalance and reduces the intimidation that they may feel having an adult stand over them.
- By providing toys and a range of activities, you are encouraging play and building your rapport. This can form part of your assessment including attachment between child and parent and understanding the child's development.
- When children come into the service, they can be provided welcome packs which may include information on their rights, how to make a complaint, information about the service, and other supporting resources.

Conversations between practitioners and children relating to sensitive topics such as grief, loss and trauma are a challenging area of practice. These conversations are important as they validate the child's experience and provide a platform for implementing supports and responses to their needs. For further support and case consultation, please contact your region's Statewide Children's Resource Program Coordinator.

The Statewide Children's Resource Program

The Statewide Children's Resource Program (SCRCP) is funded by DFFH to assist, support and resource Specialist Homelessness System services and other non-government agencies and sectors to respond more effectively to the needs of children and young people who have experienced homelessness and /or family violence. The role of the SCRCP is flexible and can meet specific regional needs that are identified within the program's core functions, these being secondary consultation, training and resources, networking and advocacy, resources, and brokerage.



Resources To Support Your Work With Children

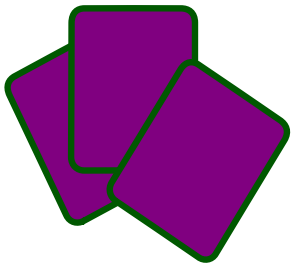
The resources listed below are an example of resources that have been developed by the Statewide Children's Resource Program to support practitioners working with children in Specialist Homelessness Services. All resources are free, and can be located in the [Practitioner Toolkit](#), or through your local Statewide Children's Resource Program Coordinator. Bookmark the page for easy access at a later time.



- The Practitioner's Toolkit assists in the support and engagement of infants, children and young people. The toolkit consists of activity worksheets with instructions, suggestions for activities, and psycho-educational material. Take some time to explore the toolkit and identify resources relevant to your work.



- The Children's Wellbeing Case Management Reflection Tool has been designed to complement BeyondHousing's existing assessment tools and MARAM tools. The tool supports the ongoing narrative to prompt conversations around the needs of children to support practitioners to develop a deeper understanding of their experiences. It will assist the practitioner to develop a meaningful case plan in collaboration with the infant, child or young person and caregivers.



- The Hear My Voice - Conversation Cards support practitioners to engage in meaningful conversations with infants, children and young people about their experiences of family violence and living without a home.

For further information, resources or support, please contact your local SCRP Coordinator.

Sources

[i] AIHW Specialist Homelessness Service 2020-2021: Victoria
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[ii] Specialist Homelessness Services annual report 2018-2019
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[iv] Homelessness Services Guidelines and Conditions of Funding May 2014 -
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[v] Specialist Homelessness Services annual report 2020-2021
www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/clients-who-have-experienced-family-and-domestic-violence

[vi] Specialist Homelessness Services annual report 2018-2019
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[vii] A Summary of the UN Convention on the rights of the child by Unicef -
<https://www.unicef.org.uk/rights-respecting-schools/wp-content/uploads/sites/4/2017/01/Summary-of-the-UNCRC.pdf>

[viii] Commission for Children and Young People
ccyp.vic.gov.au/child-safe-standards/being-a-child-safe-organisation/