DECEMBER 2020

Supporting the mental health of children in families that are homeless: a trauma informed approach

A discussion paper based on research by Rikke Siersbaek and Camille Loftus

Challenging homelessness. Changing lives.

FOCUS Ireland

Dedication

This report is dedicated to the memory of Norah Gibbons, who chaired the Roundtable Discussion on research findings international best practices for supporting the mental health of children who are homeless.

Norah was a children's rights campaigner and a tireless advocate for vulnerable children. A social worker by profession, Norah was the first Chair of Tusla, the Child and Family Agency, from its creation in 2014, until 2018. Amongst her many achievements, she chaired a number of bodies addressing historic child abuse, and co-authored the Child Death Review.

Norah was driven by a profound sense of social justice and empathy; she changed many children's lives for the better. She was generous with her knowledge, both pragmatic and empathetic, putting her gift of communicating and connecting with people to productive use.

Norah was also tremendous fun.

She continued working to improve the lives of children and families up to her death in April 2020.

Focus Ireland is extremely grateful for her generous contribution of her expertise and experience to this work.

Ar dheis Dé go raibh a anam uasal.

Challenging homelessness.
Changing lives.

"There were 9,907 people homeless in Ireland in total according to the latest (April 2020) figures. While the slight reduction is to be welcomed, it is not a cause for celebrations. The number of homeless families was 1,488, and this is very concerning as there are 3,355 children homeless..... We should not lose sight of the damage this failure is inflicting upon thousands of children. This is a disgraceful situation and a scar on our society..... We must prioritise ending the number of people experiencing homelessness and to lead by example to make sure children have a place they can call home. The number of children living in emergency accommodation remains at an unacceptable level"[1]

Minister for Housing, Planning and Local Government, Deputy Darragh O'Brien
1st May 2020

http://www.darraghobrien.ie/news/ending-child-homelessness-must-remain-a-key-priority

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Introduction

In July 2014, as the current crisis of homelessness was unfolding, 344 families relied on emergency accommodation for a roof over their heads. In the years that followed, homelessness among families rose relentlessly, before peaking in July 2018 at 1,778 families, including 3,867 children (Dept. Housing, Planning & Local Government, 2020). Many of these families were accommodated on a night-to-night basis, adding considerably to their distress. Government has acknowledged that homelessness affects children and families in significant ways, as reflected in Minister O'Brien's observations above. Addressing homelessness is one of the five 'pillars' of Rebuilding Ireland, which recognises that an "unacceptable" number of families rely on emergency accommodation, and that a "whole of government" approach is required to address the issue.

Homelessness is a traumatic experience for everyone, and can be particularly so for children. It results in multiple disruptions to family life: homelessness is rarely the manifestation of only one crisis, but the accumulation of a series of crises – the loss of home and friends, unemployment, the disruption of education, and fundamentally, the loss of the sense of safety and security that home provides (Grant et al., 2013).

In research commissioned by Focus Ireland exploring families' journeys out of homelessness, Walsh & Harvey (2017) found that homelessness impacts on families in myriad ways. Parents identified different ways in which they felt homelessness affected children, themselves, and their relationships with each other, their children, and with their broader social networks. A range of practical issues arose, as well as impacts on emotional functioning and mental health. Common themes running through these observations were that, for some, many of these issues became more manageable once the family had made the transition to secure housing, and that staff attitudes – whether positive or negative – had the "biggest impact" on parents (p.43).

These findings from the Irish context are echoed in the international literature, which reports that children in families experiencing homelessness face higher rates of mental illness and behavioural difficulties than children who have a place to call home (Bassuk, Richard, and Tsertsvadze 2015; Cutuli and Herbers 2014; Guarino and Bassuk 2010; Marcal 2017). Research from the US (Faed et al, 2017) has found that mental health issues are prevalent among children experiencing homelessness, with increasing prevalence as children age: among children aged 3-6, a fifth needed mental health treatment. For adolescents the proportion was two-thirds.

Data on the level of need for such supports among families in emergency homeless accommodation are not available for Ireland; however the Focus Ireland frontline Family Support Workers and Case Managers report a high and growing need, ranging from those who need formal psychological interventions, to those whose resilience and mental wellbeing could recover with the benefit of support.

These needs arise in the context of a mental health service operating under considerable pressure: for example, none of the parents interviewed by Walsh and Harvey (2017, p.42) got the psychological help they had tried to access, while in April 2020, 2,470 children were waiting for an appointment with the Child and Adolescent Mental Health Services (CAMHS) (Fagan, 2020).

The UN Committee on the Rights of the Child recommended that Ireland improve the quality and capacity of mental healthcare services in the context of its Universal Periodic Review of children's rights in Ireland in 2016 (United Nations, 2016). The Sláintecare Report, produced in 2017 by the all-party Oireachtas Committee on the Future of Healthcare, echoed these concerns, noting that there are deficiencies in mental health services for children throughout their development, from lack of focus on perinatal and infant development, up to delays in access to counselling and mental health services for older

children and adolescents through the CAMHS. (Houses of the Oireachtas, 2017)

Homelessness is a profoundly traumatic experience, and deficiencies in mental health services compound that trauma. Focus Ireland commissioned this research to consider how the emotional and mental health impact of family homelessness on children, and their parents, could be better addressed given these deficiencies. What kind of practice changes would be effective – and practical – to better support children who are homeless? How could such changes contribute to a more coherent strategic response to the needs of families who are homeless?

Support for families is provided along a continuum, from the case management level (where many of Focus Ireland's services are situated) to the level of very specialised psychological interventions. It is clear that the resources currently available to meet the needs of these children are inadequate. However, it is not just a question of needing more resources. Given the range of under-resourced agencies already involved, it is also important to consider how such resources would be most effectively deployed, and which of the current services could be enhanced. The question Focus Ireland is seeking to answer in this study is 'if there were limited additional resources available, where along this continuum and in what way would they be most effectively deployed?'

To help address this question, this document reviews a selection of best practices at different levels of expertise to support the psychological needs of children in homeless families in Dublin. It then reviews the currently available services and the system blockages that prevent many families from accessing those services. This research provides a look at some best practice internationally, along with the output from a roundtable discussion among relevant service providers about the findings, and makes some recommendations on how the current system can be developed to meet the needs of children in homeless families.

Methods and limitations

This report is based on a limited scoping review of international literature on the mental health needs of, and interventions for, children in families experiencing homelessness. The literature review was supplemented with interviews with Focus Ireland front line staff. The findings were subsequently discussed at a round table of relevant service providers, to provide an initial consideration of how the findings might be applied in an Irish context. The findings do not purport to be exhaustive; more detailed research on the specific needs of children and parents, and how these can best be addressed, is needed.

Focus Ireland is grateful to the various contributors to this work, from researcher Rikke Siersbaek, to the participants in the roundtable discussion, chaired by children's advocate, the late Norah Gibbons.

Focus Ireland takes sole responsibility for the content of the report's conclusions.

Family homelessness

Context

This section provides a brief overview of family homelessness over recent years, using data published by the Department of Housing, Planning, and Local Government, the Dublin Region Housing Executive and Focus Ireland; note that the level of detail available at the time the crisis began varies by indicator.

The latter part of the period discussed includes the initial period of the Covid-19 pandemic, when a range of measures were put in place to contain the spread of the virus. These measures provide important context: the reduction in family homelessness achieved during March and April 2020 was significantly greater than at any point during the course of Ireland's homelessness crisis to date. A number of factors were particularly important in the progress achieved during March and April:

- At the end of March, Government introduced a three month ban on evictions from rental accommodation and on rent increases;
- There was a significant increase in the supply of private rental accommodation; how long this increased supply will remain available is not yet clear;
- There was an effective working partnership between statutory organisations and NGOs.

This demonstrates that it is possible to make significant inroads into preventing and reducing family homelessness: the issue is not as intractable as it might be perceived.

The scale and duration of family homelessness along with a significant increase in the overall level of homelessness, there has been a dramatic change in the profile of those relying on emergency accommodation.

Prior to the current crisis, homelessness had predominantly affected single adult males: six years ago, half of those relying on emergency homeless accommodation were adult males. While adult males remain the largest group among people who are homeless, Figure 1 illustrates that by April 2020, the number of homeless children had more than quadrupled over the previous six years, so that by April 2020, children comprised a third of the entire population of people who are homeless.

[2] Available at: https://www.housing.gov.ie/housing/homelessness/other/homelessness-data

[3] Available at https://www.focusireland.ie/resource-hub/latest-figures-homelessness-ireland/?t=$2#Family

[4] Amongst the factors likely to be driving the increase in the supply of private rental accommodation is a fall in demand for short-term holiday lets as travel restrictions were imposed, along with reduced housing sales in the context of ongoing economic uncertainty – the latter was a significant factor in housing stock being moved from the sale to the rental market in the wake of the global financial crisis.

Figure 1. Profile of people who are homeless by age and sex

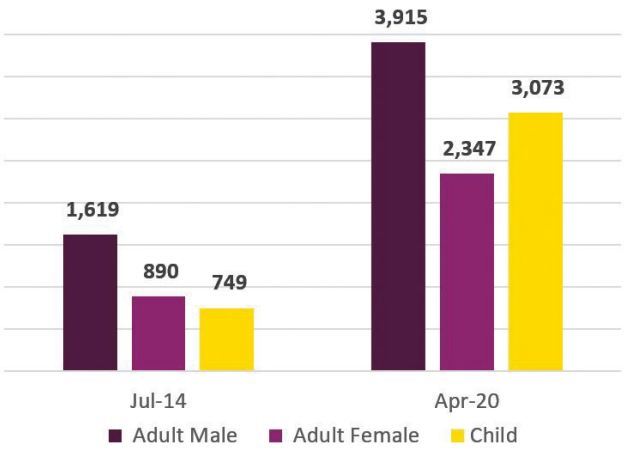
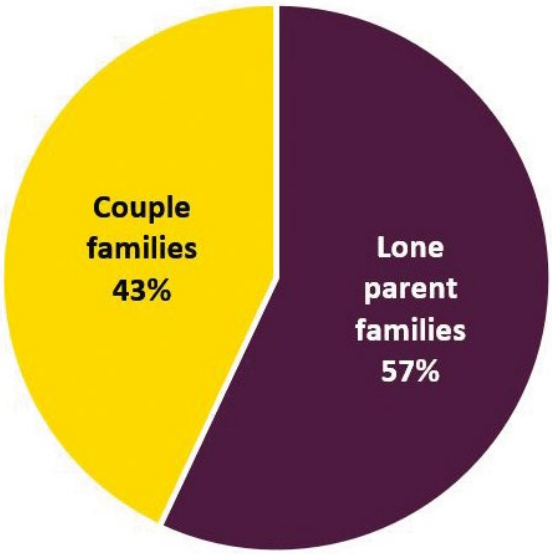


Figure 2. Profile of families who are homeless by family type

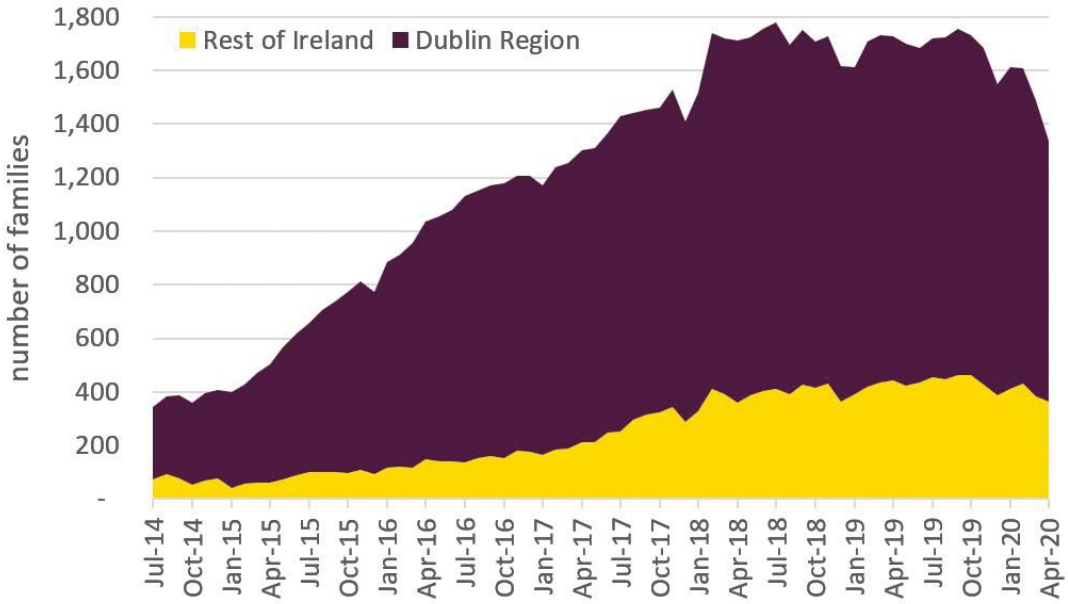


Homelessness is a dimension of poverty and vulnerability, this is illustrated by the disproportionate share of homeless families that are headed by a lone parent. While lone parent families account for just under a quarter of all families in Ireland, almost six in ten families living in emergency homeless accommodation are parenting alone.

From the onset of the crisis, family homelessness increased at a relentless pace, until the overall number of families affected began to stabilise during 2018 – albeit at an unprecedented level, with an average of just over 1,700 families relying on emergency accommodation in that year.

In the latter years of the crisis, family homelessness outside of Dublin also began to rise, however it has consistently been the case that over three-quarters of families who are homeless are located in the Dublin region.

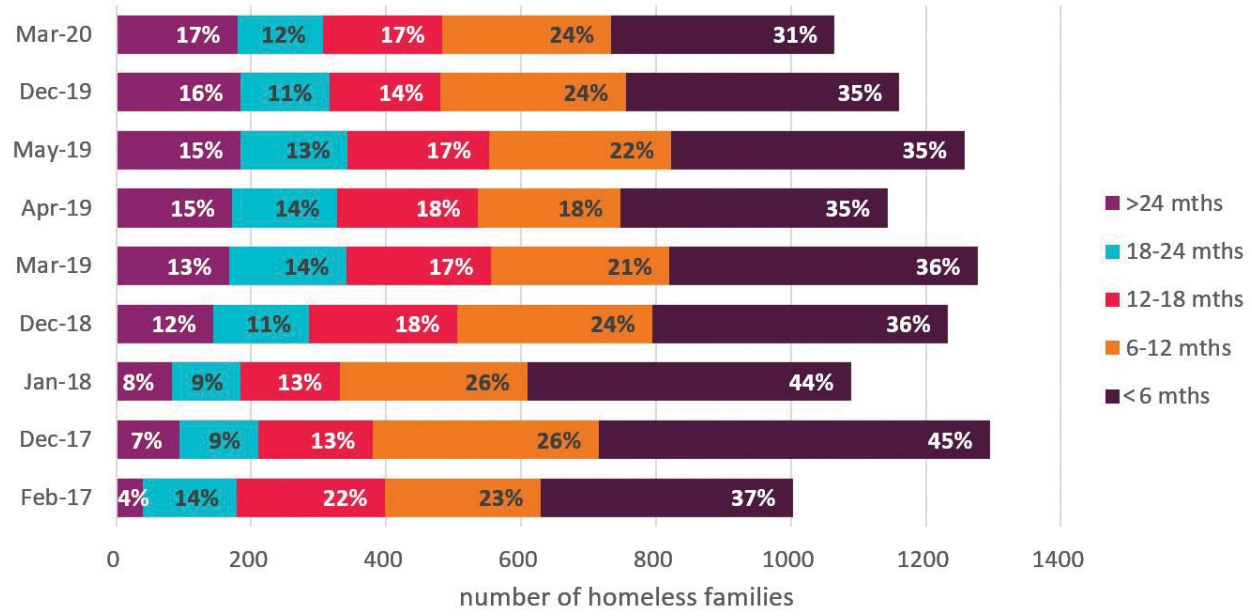
Figure 3. The growth in family homelessness



A distinctive feature of family homelessness in Ireland (compared to other countries with 'liberal' or 'Anglo-Saxon' type welfare states, such as the USA and Australia) is the length of time that families remain homeless. In countries where family homelessness is a more established phenomenon, the duration of homelessness is often shorter, less than six months. However in Ireland, families are remaining homeless for much longer periods of time.

Figure 3 shows that for families in Dublin, a greater share have been spending long periods in homelessness. A similar number of families were homeless in Dublin in January 2018 and in March 2020. At the earlier date, just three in ten families remained homeless for over a year, by March 2020 that had risen to seven in ten. By then, nearly three in ten families in Dublin had been relying on emergency accommodation for over a year and a half.

Figure 4. Number of families homeless and duration of homelessness, Dublin region



Rebuilding Ireland is Government's five year, €6 billion Action Plan for Housing and Homelessness, covering 2016-2020. The Plan set out a series of actions under five different pillars, the first of which was to address homelessness. The actions proposed in this pillar are summarised in the Action Plan (p.13) as follows:

Provide early solutions to address the unacceptable level of families in emergency accommodation; deliver inter-agency supports for people who are currently homeless, with a particular emphasis on minimising the incidence of rough sleeping, and enhance State supports to keep people in their own homes.

The Action Plan also set out a number of 'Pathfinder Projects' intended to "provide visible evidence of the Plan's capacity to drive the delivery of the homes that people need, where they need them", these projects were to be the "focus of particular attention, test and demonstrate the Action Plan's effectiveness".

[5]Data Source: Dublin Region Homeless Executive, Reports to the Housing SPC, various.

In relation to family homelessness, the Pathfinder Project was:

By mid-2017, emergency hotel and B&B type accommodation for families will only be used in limited circumstances and will have been largely replaced by suitable permanent family accommodation by delivering additional housing solutions including through an expanded Rapid-Build Housing programme

The data on homelessness published by the Department on a monthly basis indicates what proportion of families are accommodated in Family Hubs. These have emerged as the main alternative to commercial hotel accommodation for families experiencing homelessness. Data from the Dublin Region Homeless Executive(DRHE) published by Dublin City Council on 5th June 2020 noted that of the 974 families who were homeless in the Dublin area in April, 450 (46%) of these were in hotel accommodation. This was the lowest figure since 2015 i.e. prior to the publication of Rebuilding Ireland, indicating that the Pathfinder Project for family homelessness has failed.

Rebuilding Ireland (p.34-6) recognises that "families with children presenting as homeless require a response that is separate and distinct from presentations by adult individuals and couples" and that "it is widely acknowledged that any medium to long-term period living in a hotel seriously impacts on normal family life and is particularly detrimental to children", and stating the importance of ensuring that parents and children are supported "as much as possible" while in hotel and other emergency accommodation.

The Action Plan assigns "key roles" to the Department of Children and Youth Affairs (DCYA) and Tusla, together with the housing authorities and the Department of Housing, Planning and Local Government (DHPLG) to ensure that "effective services are in place".

Rebuilding Ireland: families & children who are homeless

In addition to a commitment to extend the DRHE protocol on child protection in emergency accommodation nationwide, the plan sets out a number of actions specific to families and children:

- **Dedicated Child Support workers will be appointed in an initiative by the DCYA.** The workers will develop support plans for children and families with a particular focus on those with specific needs – a quarter of children presenting as homeless need this additional support.
- Home School Community Liaison and School Completion staff will assist children and families experiencing homelessness to maintain regular school attendance. Children in homeless accommodation will be prioritised within the School Completion Programme for services such as breakfast and homework clubs.
- Access to free public transport will be provided for school journeys and outings away from the emergency accommodation. Transport costs have been identified as a significant barrier to normal family life and a burden on parents and children alike.
- Access to crèches and preschool services will be provided to homeless families. Due to uncertainty about living arrangements, homeless families cannot pre-book a place for their child. The DCYA is asking the City and County Childcare Committees to liaise with these families and assist them in accessing pre-school. A new specific scheme will also be designed from existing resources.
- **A pilot project will be introduced to support the family functioning of homeless families currently in emergency accommodation by providing off-site or near-site family time including play, homework, cooking and washing facilities, family support and parent support.**
- The nutritional needs of families and children will be addressed. Some homeless families do not have access to cooking facilities or regular nutritional food, depending on the location of the emergency accommodation. The DCYA, in partnership with others, will identify problem areas and propose solutions.
- Additional resources will be put in place to strengthen inter-agency arrangements with Tusla including Family Support, Social Work and Education Welfare. Tusla will appoint specific staff to assist in accessing requisite family support and child welfare services and managing any difficulties that arise for children in relation to school participation.
- **A joined-up approach will be promoted between education, health (including public health nursing) and Tusla to meet the needs of homeless families, by using the existing Children and Young People's Service Committees.**
- A safety guidance/voluntary code for child safety in emergency accommodation will be produced and reviewed with relevant stakeholders.
- A new facility with accommodation for pregnant women who are homeless will be provided by DRHE, with DCYA and Tusla supporting the service, which will be managed by an NGO

Commitments with particular relevance to mental wellbeing are highlighted in bold text above.

The estimate that a quarter of children living in emergency accommodation would need Child Support Workers seems to be based on the experience of the Focus Ireland Family Homeless Action Team (FHAT) at that time. Child support workers in the FHAT are funded by the HSE and Tusla. On the basis of that estimate, over 750 children would need dedicated child support in April 2020.

The period covered by Rebuilding Ireland comes to an end in 2021; in this context it is of significant concern that the draft Programme for Government, Our Shared Future (June 2020) makes only a passing commitment to "prioritize the reduction of family homelessness" and refers to the children only in relation to their educational needs.

When a family becomes homeless

Local authorities are under a legal obligation to assess whether a person is homeless, but are not obliged to provide them with accommodation. While in practice, local authorities often prioritise families in providing accommodation, there is no legal or regulatory requirement on them to do so.

While in the current crisis structural/economic causes – such as shortage of accommodation[6], unaffordable rents, low incomes – are a more significant cause of family homelessness than the social/ individual issues – such as addiction or mental health issues – many families have had to cope with considerable stress and insecurity for some time before finally presenting as homeless to the local authority. They have had to rely on family or friends to keep a roof over their head, before the strain of overcrowding makes the situation unsustainable. Some young families become homeless when they become parents, with their first 'home' as a family being homeless accommodation. Domestic violence is also a cause of family homelessness, and provision of refuges is inadequate to need.

The scale of the problem now means that most families, once assessed as homeless[7] are required to 'self-accommodate'. This means that they have to find a place in a B&B or hotel for themselves, and then contact the Dublin Region Homeless Executive to arrange for the hotel to be paid. If they're lucky, the family may find a place where they can stay for a while. Unfortunately, and particularly as the crisis of homelessness has deteriorated, self-accommodation means that many families have had to face the challenge of finding a place to stay on a weekly, or even daily, basis.

While the percentage of families accommodated in hotels and B&Bs has been falling in recent months, fewer than half of homeless families secure a place in a Family Hub, which is considered more suitable accommodation. No expectation can be given of when permanent housing will be available to families.

[6] Lambert et al. (2018) Young Families in the Homeless Crisis: Challenges and Solutions, Focus Ireland. https://www.focusireland.ie/wp-content/uploads/2018/12/Lambert-et-al-2018-Young-Families-in-the-Homeless-Crisis-Abridged-Report-1.pdf

[7] A local authority can determine that a family is not homeless if it believes the family can make alternative arrangements, such as staying with family members, or where the local authority is not satisfied with the evidence presented. Where there is a risk that a family may end up sleeping rough, some local authorities do pay for emergency accommodation on a 'humanitarian basis'. However, this determination is made on a night by night basis, usually late into the evening. Local authorities are not required to provide a reason for their determination of a family's homelessness, nor is there any formal appeals process.

Focus Ireland's services for homeless families

Focus Ireland provides services and housing to directly address homelessness, along with research and advocacy in support of more effective public policy responses to homelessness, with the goal of preventing people becoming, remaining, or returning to homelessness.

Family Homeless Action Team

Focus Ireland has developed a particular expertise in working with young people and families who are homeless. In 2012, as part of the Pathway to Home model[8], Focus Ireland's family case management team was designated by the DRHE as the Family Homeless Action Team (FHAT) to work with families becoming homeless in the four Dublin local authority areas.

Figure 5. Family Homeless Action Team

Family HAT services are provided in 21 Family Hubs (where the FHAT service is based) and private emergency accommodation in Dublin, and currently support around half the homeless families in Dublin. Family HAT uses a case management model, based on a needs' assessment, with the primary goal of supporting families to exit homelessness as soon as possible[9] - ideally within 6 months. Focus Ireland's Family HAT is a multi-disciplinary team, which uses a developmentally informed approach to work with families who are homeless.

From 2012, when the local authority determined that a family is homeless, they referred the family to the Family HAT for an assessment of their support needs, including any particular needs of the children in the family. As the numbers becoming homeless grew, lack of resources resulted in the backlog for needs assessment growing, so that a declining proportion of families had their needs assessed by FHAT. When families are referred to a FHAT case worker, they are provided with advice,

[8] For more on the 'Pathway to Home Model', developed by the predecessor organisation to the DRHE see www.homelessdublin.ie › cornerstone_38_june_2009

[9] Given the shortage of social housing options, there is significant reliance on the private rented sector to find suitable accommodation, with around 7 in 10 families leaving homelessness for private rented accommodation.

information and contact details to access housing, health services and other supports and ultimately to help them to progress from homelessness. Where the family is assigned accommodation in a Family Hub, they are allocated a case worker as soon as one becomes available. A support plan is drawn up to guide on-going one-to-one engagement with the family. If the case worker determines that a child or children in the family have particular needs, those children are assigned a Child Support Worker as well. The FHAT includes 5 child support workers with an average case load of 20[10], so, as the numbers experiencing homelessness have increased a growing number of children with support needs have been unassessed and unsupported. The Family Hub model applied by other homeless NGOs does not include child support workers.

In addition to their core role of helping families move out of homelessness, the FHAT plays a crucial role in helping families to cope with the difficulties they face while living in emergency accommodation, for example, providing nutritious food, getting children to school, and support in accessing health and other support services – services which themselves are under strain, and which do not prioritise the needs of families who are homeless.

The escalation in the scale of family homelessness, and the severe shortage in supply of accommodation, has placed considerable strain on Family HAT resources. The DRHE has repeatedly increased the level of resources allocated to accommodating homeless families. In 2015, DRHE increased funding so that the number of caseworkers on the Family HAT increased to 25 (with additional fundraised support from Focus Ireland), with each case worker supporting around 20 families. However as numbers grew further these 25 caseworkers were not sufficient to meet the needs of all homeless families. With the advent of Family Hubs run by other homeless NGOs around 2017, families were also supported by case managers from other organisations. Nevertheless, in 2019 Focus Ireland estimated that around 400 families did not have an allocated case worker. These families are generally those who have become homeless more recently, many of whom are 'self-accommodating' on a weekly or nightly basis; the Family HAT includes a Duty Worker who provides support to these families.

Other Focus Ireland supports for families who are homeless

Until the end of 2019, the Coffee Shop on Eustace Street provided advice and information services and food to homeless families. It was also the location for our Family Evening Service, provided with the support of Tusla. The Family Evening Service provided a safe and supportive place for families who are unable to access emergency accommodation until late at night. The service opens at 5.30pm, providing vulnerable families with an evening meal, a place for children to do homework; it is a place of safety for families. Families have the support of skilled case managers to help the circumstances they find themselves in, and to navigate out of homelessness. The service closes at 9pm, or whenever families have been able to get to their emergency accommodation. Each evening the service supports about six families, with 12-15 children, who need this extra assistance.

Since the start of 2020, these services have moved to the new Family Centre on Mountjoy Street. This service provides advice and information, laundry facilities and a food service. In addition it will have a drop in childcare facility to allow parents some respite while they engage with a support worker or go on a viewing of a potential rental property. The full development of this new service has been delayed due to the Covid-19 pandemic.

[10]Three of the child support workers are funded by HSE and two by Tulsa, with some additional fundraising from Focus Ireland.

Focus Ireland relies on fundraising to provide additional supports to families, including practical assistance with the cost of transport and childcare, school books, uniforms etc. as well as family activities such as children's summer camps and family days out. In addition, Focus Ireland provides access to a range of therapeutic supports tailored to the particular needs of children and families.

Unmet needs of homeless families

Rebuilding Ireland envisaged that Family Centres would play a significant role in supporting homeless families but, despite some helpful innovations such as assistance with cooking, the physical and resource limitations of these Centres has resulted in them playing only a limited role.

From 2019, Tulsa started to propose an important role for the county Children and Young People Services Committees (CYPSCs) but this has yet to fully emerge. In 2019, the National Consultative Forum on Homelessness, which includes cross-departmental, agency and NGO representation and is convened by the DHPLG, established a working group on family homelessness. This has yet to report.

Despite positive developments in terms of state supports for families coping with homelessness, the engagement of other homeless NGOs in family support, and the additional support Focus Ireland provides, what is available remains inadequate to the scale of need: growing pressure on already scarce resources means that families who are homeless must join waiting lists both for case managers and for child support workers. Many families spend long periods of time in homeless accommodation; the strain of that situation impacts on the mental health of both parents and children.

In this context, the ability to access the full suite of ancillary services – including childcare, healthcare, both physical and psychological – is critical in mitigating the negative impacts of homelessness on family members. A strong, supportive, and comprehensive system of supports is not yet in place with major gaps in services resulting in further waiting lists and delays, complicating the task of providing support to families who are homeless.

Mental health services

Mental health services for children and young people are structured along a continuum, with each stage providing services for increasing levels of need; broadly services are provided at three levels:

Figure 6. Mental health services for children

Primary	Community services provided by a range of personnel including school counsellors, childcare staff, public health nurses, occupational and speech & language therapists, educational & clinical psychologists
Secondary	Children with more complex needs, identified through formal assessment, are treated by multidisciplinary community Child and Adolescent Mental Health Services (CAMHS) teams, under the clinical direction of a consultant child & adolescent psychiatrist
Tertiary	Where children have complex and severe needs, care is provided via specialist services, delivered either via intensive community based care, or on an inpatient basis

Mental Health Coalition, 2015

However, mental health services for children and young people are chronically under-staffed and under-resourced (Irish Medical Organisation, 2017); for example in April 2020, 2,470 children and teenagers were on the CAMHS waiting list, 248 of whom had been waiting for over a year for their first appointment (Fagan, 2020) Exacerbating these challenges are a number of issues, as identified by the Mental Health Coalition (2015) these include:

- Accessing secondary level community CAMHS requires a referral from a GP;
- Inadequate guidance for what families should do to support their child while waiting for first appointment;
- Lack of guidelines and policies, and of standardised patient pathways within services;
- Lack of 'out of hours' crisis services;
- Lack of data collection and evaluation

Being out of home complicates matters further: children who are homeless tend to move around a lot – particularly families who are required to self-accommodate. The address used when a child is placed on the waiting list is unlikely to be valid by the time an appointment is offered; consequently families can miss a badly needed appointment with a mental health professional simply because they did not receive notification. With a missed appointment, the child is returned to the back of the queue.

Children's experience of Family Hubs

Ensuring that families who are homeless were provided with 'suitable permanent family accommodation' rather than hotels and B&Bs was a key commitment in Rebuilding Ireland. While as noted above, this commitment has not been realised, a different approach has been taken via the development of Family Hubs. Family Hubs are a co-living arrangement intended to provide more stable accommodation for families while they are homeless, and provide facilities not generally available to them in commercial hotels, such as cooking and laundry facilities.

The provision of Family Hubs has expanded considerably over recent years, so it is important to consider the experience of those families who are living in Family Hubs: to what extent do they represent a significant improvement in quality of life for families who are homeless? The Ombudsman for Children conducted research with children about their experience of living in Family Hubs (2019).

This research found that while children (and the parents of younger children) identified some positives associated with Family Hubs, for example relatively stable accommodation, better facilities and activities for children, and more helpful staff, the research makes clear that many of the negative mental health impacts on parents and children persist in such accommodation (2019, p.27-8):

"While Family Hubs may provide a measure of stability and security, the accounts of children and parents highlight the negative impact that living in this type of environment is having on family life; parenting; individual and family privacy; children's ability to get adequate rest and sleep; children's health, wellbeing and development; children's ability to learn and study; children's opportunities for play and recreation; children's exposure to inappropriate behaviour, aggression and fighting; children's freedom of movement; and children's ability to maintain relationships with extended family and friends."

What emerges strongly from the research is the inability to conduct normal family life in a Family Hub, with resultant impacts on attachment and development. In addition to the many practical concerns such as outlined above, children must have parental supervision at all times placing additional strains on both children and parents. Families are required to sign in and out of their accommodation and are not allowed to have visitors, meaning that children do not have access to their extended family, including, in some cases, one of their parents. Living in a Family Hub does not reduce the stigma of being homeless experienced by children and parents. A further issue identified is that families felt that they had been forgotten about once they had entered a Hub. Although providers state that this is not the case, famiies believed that there was less urgency in finding them a permanent home once they were no longer accommodated in commercial hotels.

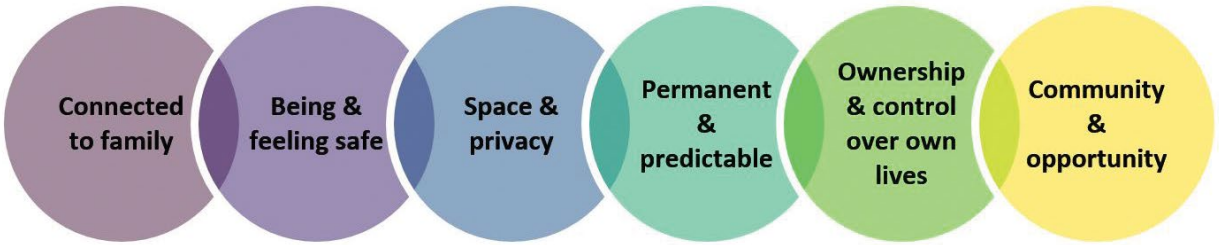
In terms of recommended action, the first priority in the report was to support families to exit homelessness at the earliest opportunity. There is no form of temporary accommodation that will replicate the stability and security of a home. The most pressing need for families who are homeless is a home.

To mitigate the negative impacts of being homeless the Ombudsman for Children (p.30) also recommended providing greater access to Child Support Workers and therapeutic supports:

“Further attention should be given to identifying additional practical measures (for example, an increase in therapeutic supports and child support workers) that could be implemented to support the resilience, dignity and self-worth of children and parents while they are living in emergency accommodation.”

What impact does homelessness have on children?

Figure 7. What does 'home' mean to children?



How do children understand homelessness?

As Ireland has had limited experience of child and family homelessness until the current crisis, most of the research available on the topic draws from American and Australian experiences[11]. Much of this research indicates that children's understanding of homelessness is "determined more by their level of connectedness to family and community, and the absence of fear, instability and insecurity" (Moore et al., 2008).

In general, the international research shows that for children, what makes a house a home is sharing with family and feeling protected from violence, hurt and bullying. Home meant having your own space, where children could have their own toys (Bland & Shallcross, 2015). By contrast, many children find supported accommodation cramped and found living in close proximity with other families stressful. Children who are homeless often experience high levels of mobility, which can cause confusion and fear of the future; in contrast 'home' is permanence and stability. Children associated routine and predictability with home, something that can be hard to achieve in supported accommodation. For many children, home was feeling like they 'fitted in'; leaving friends, school and local community was the most difficult aspect of homelessness. Staff working with families who are homeless believe that connectedness is the most important therapeutic goal for children who are homeless.

An important distinction to be drawn between the current experience of family homelessness in Ireland and other countries is that families typically spend much longer living in emergency accommodation for much longer periods than is the experience internationally. (Bland & Shallcross, 2015)

[11] There was an earlier wave of family homelessness in Dublin in the 1990s during which Focus Ireland published three research reports: B&B in Focus: The Use of Bed and Breakfast Accommodation for Homeless Adults in Dublin (1994), Focusing on B&Bs: The Unacceptable Growth of Emergency B&B Placement in Dublin (2000) and O'Brien et al (2000) The Mental & Physical Health & Well-Being of Homeless Families in Dublin – A Pilot Study, all of which are available at https://www.focusireland.ie/resource-hub/research/

Domains in which homelessness impacts upon children

The impact of homelessness on children is both immediate and durable: "it is widely recognised that homelessness has a detrimental effect on children's health and wellbeing that can persist beyond the period of homelessness" (Bland & Shallcross, 2015). Physical and mental development can be delayed for babies and young children who experience homelessness, while older children experience stress, anxiety, grief, and high rates of mental health problems and behavioural disorders. Children can suffer damage to their relationships with family and friends, with a decline in the quality of the parent-child relationship; sometimes to the extent of roles becoming inverted. The more frequently children in a family who is homeless have to move, the greater the negative impact on children's health and well-being. The experience of homelessness can start a child on the path to youth, and subsequently adult homelessness (Bland & Shallcross, 2015, p.7-8). There are a number of inter-related domains in which homelessness impacts on children's mental health, wellbeing and development.

Figures 8. Domains in which children are affected by homelessness

Health & wellbeing	• High stress leads to mental health, behavioural problems; developmental delay • More frequent moves increase negative impacts
Education	• Impedes attendance & achievement • School as a place of stability in the insecurity of homelessness • Continuity of schooling a significant predictor of welbeing later in life
Family relationships	• Homelessness impacts on the quality of the parent child relationship • Parent child relationship can become inverted
Community connectedness	• Enforced mobility disrupts relationships with neighbours, friends, relatives and others

Mental Health Coalition, 2015

Understanding adversity in children

Research on 'adverse childhood experiences' (ACEs) has contributed much to our understanding about how adverse experiences impact on children. Bartlett & Sacks (2019) caution that we need to understand both the full range of childhood adversity, as well as the considerable variation in how children respond to it – otherwise we run the risk of allowing some very vulnerable children fall through the cracks, while over-treating children who are coping.

Figure 9. Impacts of childhood adversity

Childhood adversity	• Refers to a wide range of circumstances that pose a serious threat to a child's physical or psychological well-being. These experiences can have serious consequences, particulary when early in a child's life, are chronic and/or severe, or accumulate over time, leading to physical and mental health problems that can last a lifetime. • **Importantly, most children can recover from childhood adversity when they have the right supports, in particular a warm and sensitive caregiver.**
Adverse childhood experiences (ACEs)	• Adverse childhood experiences (ACEs) is a term used to describe various adverse experiences in childhood. Research shows that the greater the number of ACEs, the worse physical and mental health outcomes in adulthood are likely to be. • Screening for ACEs should include adversity related to social disadvantage, otherwise children at particular risk e.g. ethnic minority or migrant children are missed. • **Research indicates the importance of gaining a full picture of the child's life, to avoid over-treatment of children who are functioning well despite exposure to ACEs.**
Trauma	• Trauma can result when adverse experiences are perceived as extremely frightening, threatening or harmful - emotionally, physically, or both. • When traumatised, children can develop strong negative emotions & physiological symptons soon after exposure, and can continue well beyond initial exposure. • Childhood trauma can impact on multiple domains of development, but importantly, **trauma affects each child differently, depending on their individual, family, and environmental risk and protective factors.**
Toxic stress	• When a child experiences extreme, long-lasting, severe adversity **without adequate support from a parent or guardian**, toxic stress can result. This occurs when a child's stress response system becomes over activated, wearing down both brain and body over time. • The extent to which child's stress response to adversity becomes toxic depends both on a child's biolgocial make-up – including the degree to which prior adverse experiences have already damaged the stress response – and the characteristics of the adverse events e.g. intensity, duration, whether a caregiver caused the child harm.

Homelessness as a traumatic event

A traumatic event is understood as something sudden and unexpected, which is perceived as dangerous. It may involve physical harm or the threat thereof; either way it overwhelms our immediate ability to cope, leading to intense fear. Trauma can be acute, for example following a one off event such as an accident, or complex, where the trauma is ongoing and/or consists of multiple traumatic events (Bassuk, Konnath and Volk, 2006).

Homelessness can be traumatic for anyone, but particularly so for children. Accordingly, there is a growing consensus (National Child Traumatic Stress Network, 2005; Bassuk, Konnath & Volk, 2006; Guarino & Bassuk, 2010; Torchalla et al., 2015; Faed, Murphy & Nolledo, 2017) that responses to family homelessness need to address the trauma of losing home, safety and security, as well as other traumatic events which may precede or accompany homelessness – homelessness can exacerbate experiences of childhood trauma. In the absence of a trauma informed response to family homelessness, "children may suffer negative consequences that last a lifetime including potential damage to their mental, physical, cognitive and social functioning" (Faed, Murphy & Nolledo, 2017, p.2).

Given the duration of homelessness experienced by many families, homelessness can be understood as a complex trauma, where children have prolonged exposure. "Complex trauma profoundly impacts children's, physical, emotional, behavioural and cognitive development. It impairs their ability to feel safe in the world and to develop sustaining relationships"(Bassuk, Konnath and Volk, 2006). While in general most children can recover from traumatic experiences, "children exposed to complex trauma are likely to experience more severe difficulties and challenges over a longer time. Because complex traumatic experiences often occur within the caregiving system, adaptations become increasingly difficult and more deeply ingrained, resulting in greater impact on children's day-to-day functioning" (Bassuk, Konnath and Volk, 2006).

Not only is the experience of homelessness traumatic in and of itself, families who experience homelessness are more vulnerable to other traumas and adversities; notwithstanding the wide variability in the previous life experiences of children who become homeless, many will have faced one or more challenges that hinder their development before the trauma of homelessness occurs (Faed, Murphy & Nolledo, 2017, p.2).

Indeed the response to homelessness can itself be traumatising. The international research supports the findings of the Ombudsman for Children's Office that the experience of living in any form of congregate emergency accommodation can be a stressful one:

"Shelter policies typically are instituted for safety purposes, not for supporting positive parenting and healthy family interactions. Shelters may deny admission to fathers, prohibit pets and personal food, and resemble barracks rather than homes. Families in shelters are often isolated from their social networks, and their family routines and traditions are disrupted. Children and families who live in shelters need to make significant adjustments to shelter living and are confronted by other problems, such as the need to re-establish a home, interpersonal difficulties, mental and physical problems, and child-related difficulties such as illness"

(Faed, Murphy & Nolledo, 2017, p.4-5)

Trauma-informed care

While a clinical response to the experience of homelessness is necessary for some children (and should not be replaced) a trauma-informed response is useful in the context of growing needs without a matching growth in services, and a good practice in general for organisations serving traumatised populations groups (Homeless Link, 2017).

Research on resilience indicates that one of the most important factors in reducing the negative impacts of trauma in children is having a positive and secure attachment with at least one caring adult. The challenge in the homelessness context is that effective parenting becomes almost impossible – even in Family Hubs. Trauma-informed approaches, applied throughout the services response to family homelessness, can support parents and children in that regard. Indeed the US based National Center on Family Homelessness sees this as an essential component of quality care, increasing effectiveness, improving outcomes and facilitating recovery (Guarino & Bassuk, 2010).

Trauma informed approach

- A family-centered, trauma-informed approach is where a service provider understands what childhood trauma is, recognizes its symptoms in a family, and responds by integrating that knowledge into treatment that can set a family and their children on a path to recovery

Faed, Murphy & Nolledo, 2017, p.5

To implement such an approach, the National Center on Family Homelessness stresses the importance of providing child-specific services at the earliest opportunity, so as to reduce the negative impact on their development, for example, therapeutic interventions that are creative and non-verbal e.g. play therapy, art and movement therapy, along with mental health support service for children and parents (Faed, Murphy & Nolledo, 2017, p.5).

Implementing a trauma informed approach also means that staff providing service responses to families who are homeless should understand the impact of trauma, along with the survival strategies children and adults use to cope. The behaviours children develop to manage traumatic stress can include being hyperactive, oppositional, shy and withdrawn. The risk is that these children are labelled negatively, when they are actually negotiating natural fight, flight, or freeze responses to the trauma of homelessness. A trauma-informed approach supports appropriate responses to these kinds of coping behaviours (Guarino and Bassuk, 2010; Homeless Link, 2017).

Best practices in delivering mental health care to homeless children

Homelessness is a traumatic event, and the trauma starts from the day the family becomes homeless. The impact on children can be particularly profound and long-lasting: a fact of considerable concern given that in 2019, over a third of those who are homeless in Ireland are children, and 6 in 10 homeless families are parenting alone.

How the trauma of homelessness impacts on each child will differ: their routes into (and out of) homelessness vary and they have different risk and protective factors. It is important that all children experiencing homelessness are not pathologised as having a mental health problem. Equally we must recognise that some children will have experienced considerable adversity, so that their resilience to adversity is already exhausted by the time homelessness occurs.

It is also important not to lose sight of the fact that the most valuable contribution to the mental well-being of a child who is homeless is ensuring that their family has a place to call home and any measures to reduce the impact of homelessness are, at best, ameliorate an experience should not be allowed to occur.

This section explores best practice from international experience in supporting children and parents to survive homelessness. While mental health interventions for children who are homeless with their families is an emerging practice, the practices identified here are intended as a base against which to assess current practice in Ireland, and how this can be enhanced – most particularly in the context of increasing demand on services without a corresponding increase in resources.

At a broad level, there is a consensus in the literature that the following represent key components of providing appropriate care for children who are homeless with their families:

- Routine assessment for developmental and mental health problems;
- Timely and appropriate therapeutic supports, including clinical evaluation and treatment when indicated by assessment;
- Staff working with homeless families at all levels should be knowledgeable about the effects of trauma and the course of normal child development (Barker and McArthur, 2013; Bassuk, Richard and Tsertsvadze, 2015).

Best practice in working with families who are homeless

Screening and Assessment

Each of us react differently to adversity, and some families who are homeless will experience difficulties that other families may not (HCH Clinicians' Network, 2010; Faed, Murphy and Nolledo, 2017). Therefore, it is important to identify the particular needs of any given child and to tailor the response to their particular situation – this is particularly important for children under the age of three, when development is rapid and significant, and where a failure to detect and address developmental delays can have lasting and profound impacts (Faed, Murphy and Nolledo, 2017)

For families who experience homelessness, the mental health needs of children are likely to be complex and interlinked with other aspects of their situation: for some, homelessness will be one of a number of adverse childhood experiences, meeting their needs is likely to involve a number of services. Assessments thus need to be both comprehensive, and followed up with a plan to address those needs. (Barker and McArthur, 2013).

Focus Ireland's Family HAT is a multi-disciplinary team, which uses a developmentally informed approach to work with families who are homeless. The FHAT conducts an assessment of their support needs, including those specific to children. Where the assessment determines children have particular needs (and are living in accommodation where the FHAT services is available), they are assigned a Child Support Worker.

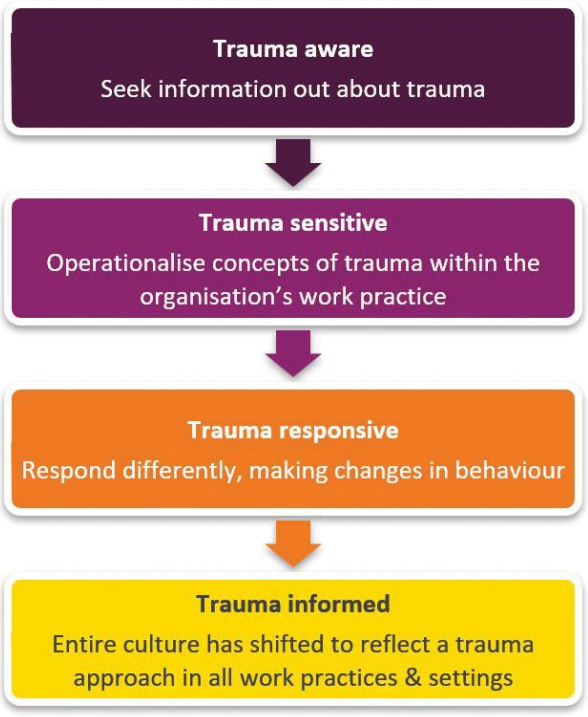
A key challenge experienced by those working with children who are homeless is securing access to appropriate therapeutic supports, and where required, clinical assessments and treatment. Focus Ireland endeavours to make these available to families through its fundraising, from providing a range of therapeutic activities for children, to paying for private healthcare because children typically face long waits to access the assessments and treatments they need through the public health system.

Trauma informed care

The FHAT model is to assist families to access the services they need through a range of service providers.

In delivering a trauma-informed approach, research stresses the importance of ensuring that this approach is embedded right throughout the continuum of care for families who are homeless. The literature suggests a progression from 'trauma aware' to 'trauma-informed' in four stages (see Appendix 2).

The policy and service response to family homelessness is multi-agency, from local authorities, to childcare and schools to health services. A key challenge is incorporating a trauma informed approach across the spectrum of service provision for homeless families.



Case management

In a case management setting, Guarino and Bassuk (2010) offer a number of steps that can be taken immediately to help traumatised family members feel secure and comfortable:

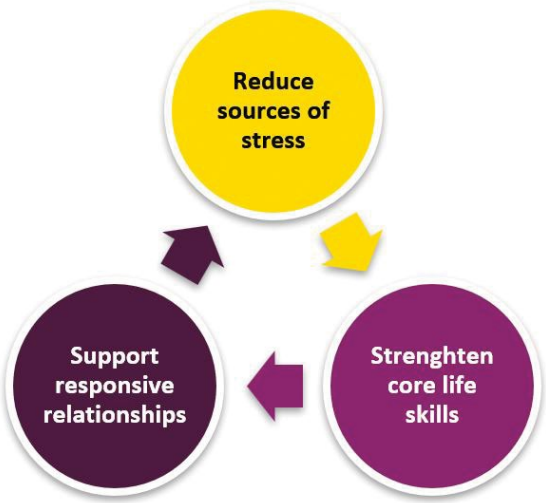
a) Identify and, if possible, avoid the particular "triggers" of the child and parents in question that remind the individual of traumatic events they have experienced. These include loud noises, hand or body gestures, confusion or disorder, transitions, negative feelings, physical touch, certain smells, separation from caregivers;
b) Help children express how they are feeling with pictures of feelings faces (e.g. 'angry' 'happy' 'sad') and teach parents same;
c) Guide children through relaxation techniques such as breathing exercises and muscle relaxation and teach parents same;
d) Support parents in providing predictable routines in predictable environments as much as possible;
e) Promote family resilience through positive parenting and healthy attachment between parents and children;
f) Modelling good interactions with children by keeping eye contact and asking them about their needs and opinions provide a model for parents. (Guarino and Bassuk, 2010)

Much of this practice is a core part of the work that Focus Ireland's Child Support Workers do with families who are homeless.

Harvard Center on the Developing Child Three Principles

The Center on the Developing Child at Harvard University has developed a set of three design principles based on a scientific understanding of child development and core capabilities of adults. They suggest that these principles result in improved outcomes for children and adults, if used by policymakers and practitioners in the design of services or when evaluating and commissioning existing services for families and children experiencing homelessness. The design principles are:

Reduce sources of stress: prolonged exposure to the trauma of homelessness can result in toxic stress – for both parents and children. Interventions that reduce stress for both children and parents have double benefits: adults are better able to provide the responsive relationships that can mitigate the impact of trauma; children can be better supported to develop healthy stress responses. Finding a sustainable housing solution is the most important contributor to reducing the stress of homelessness.



Support responsive relationships: responsive relationships between children and parents have a double benefit, promoting the healthy brain development and "buffering protection" which can prevent challenging experiences from producing a toxic stress response in children, and providing practical assistance, emotional support and hope needed to survive trauma.

Strengthen core life skills: we are not born with the skills that allow us to manage life, work and relationships successfully, they are developed over time. While children start to develop these skills at a young age, the experience of homelessness can hamper this development. Young and vulnerable parents may not yet have had the opportunity to fully develop the skills set they need to help themselves and their children manage the trauma of homelessness.

Specific interventions and approaches

Trauma informed practice for non-clinicians

Case management can be enhanced by providing trauma and child development training to case managers and by training them in evidence-based non-clinical trauma interventions such as the Child-Adult Relationship Enhancement (CARE) programme (Judge Baker Children's Center, no date; Gurwitch et al., 2016). CARE was developed to fill the gap when children who need psychological supports are not identified as such or when services are not available. It is not therapy but is a trauma-informed training for non-clinicians who interact with children with a history of trauma (Gurwitch et al., 2016). It uses "the 3 P" skills (Praise, Paraphrase and Point-Out Behaviour) to connect with children, a set of techniques for giving children effective positive commands, and selective ignoring technique to redirect problematic behaviours" (Judge Baker Children's Center, no date).

Case management for families who are homeless can be enhanced by:

a) Providing mental health screening for each child in a family who is referred to FHAT;

b) Undertaking more research on the particular needs for psychological services for Irish children and families living in emergency accommodation.

Coordination and continuity

In general, interventions must address a range of issues with the appropriate range of professionals involved in the case management for each family (Barker and McArthur, 2013). Additionally, they must be coordinated and continue across the housing spectrum so children with support needs can access the same coordinated set of services before, during, and after their experience of homelessness. Services that lack coordination and continuity will increase burdens on already stressed families and will limit access (Marcal, 2017).

Meitheal framework for strengths & needs

- Physical and Mental Health
- Emotional and Social development
- Behavioural Development
- Education
- Parents and Carers
- Family and Neighbourhood
- Child's views

In Ireland, Meitheal is a national practice model used to identify and understand the strengths and needs of children and families. The aim is to ensure that required supports can be easily accessed and properly coordinated, particularly when different organisations are involved. It is also intended to ensure a more timely response. A lead practitioner identifies the child's and family's needs and strengths under a number of headings, and brings together a 'team around the child'. Both child and their family should be fully involved in this process[12].

FHAT uses the Meitheal model, particularly where there is a child welfare or protection concern.

Psychological Supports

The emerging international literature describing best ways to support children in families experiencing homelessness focus on whole family interventions to promote resilience and to counter the impact of trauma (Bassuk, Volk and Olivet, 2010; Cutuli and Herbers, 2014). However, interventions must first address the basic needs of individuals experiencing homelessness, and then in a staged manner move along to addressing the psychological needs. The most immediate need that children have when entering homelessness is for predictability, safety,

[12]Tusla. Available at: https://www.tusla.ie/services/family-community-support/parenting-information/how-do-children-and-families-get-extra-help-when-they-need-it/

stability and reliability in their environment (Barker and McArthur, 2013)

According to Barker et al (2013), psychological interventions can be categorised into four approaches:

1. Case management
2. Family centred
3. Mother centred
4. Child centred

The majority of these interventions are designed to support whole families experiencing homelessness. The focus on the family as a unit and on promoting positive parenting is a strategy to mitigate the negative impacts of homelessness on children (Barker and McArthur, 2013).

Evidence-based programmes of note include:

- The Australian programme 'Bright Futures' which combines enhanced case management offering services that address the full range of issues impacting a given homeless family in totality and therapeutic creative arts programmes in a relaxed and safe setting to increase positive peer interaction and reduce isolation (Merri Outreach Support Service, no date; Barker and McArthur, 2013).
- The US programme, 'Parenting Through Change' which is aimed at single mothers works to improve parenting skills in the domains of skill encouragement, problem solving, limit setting, monitoring, and, positive involvement. The programme has been associated with a range of positive outcomes including reduced problem behaviours and symptoms in children, improved child academic performance and improved parenting practices (Barker and McArthur, 2013).
- Another model is the Parenting Under Pressure model, which originated in Australia, and combines psychological principles relating to parenting, child behavior and parental emotion regulation within a case management model. Focus Ireland has trained staff in the Parenting Under Pressure model.

It should be noted however that these models are used in countries where the duration of family homelessness is usually considerably shorter than that faced by families in Ireland. The very nature of homelessness makes it extremely difficult for parents to provide the stability and predictability, particularly where it lasts for some time.

Drawing on Growing Up in Ireland research on the impact of economic adversity on children's health, Professor Richard Layte[13] notes that "from the perspective of intervening to get the biggest effect … it's going to be by giving them the right circumstances to parent in as opposed to intervening on their parenting. You first try to provide adequate housing and adequate income, and you make sure they're in a set of circumstances that allow them to parent before you even think about trying to intervene to improve their parenting".

Cognitive behavioural therapy

A recent review of the evidence base for psychosocial treatments for children and adolescents exposed to traumatic events (Dorsey et al., 2017) found that various modes of cognitive behavioural therapy (individual, group, and individual and parent) are well-established, efficacious treatments for children who are suffering a variety of symptoms in response to trauma. The most comprehensively studied of these, and the only treatment promoted for children experiencing PTSD in the most recent NICE guidelines from the UK, is Trauma Focused Cognitive Behavioural Therapy (National Institute for Health and Care Excellence, 2005; Dorsey et al., 2017).

[13] 7 May 2020 TRiSS BiteSized Talks: Covid-19 Insights from the Social Sciences.
Available at: https://www.youtube.com/watch?v=A1iMLlgU1q8

Trauma Focused Cognitive Behavioural Therapy (TF-CBT) with parental involvement

10-12 parallel child and parent sessions, with a few sessions with both together. Elements of treatment:

- Education about trauma and its effects
- Parenting skills
- Relaxation skills
- Learning how to recognise, name, verbalise, and regulate emotions, especially negative ones
- Learning connections between thoughts, feelings and behaviour, and how to confront unhelpful and inaccurate thoughts
- Helping children gradually create a story about their trauma that lets them deal with it rather than avoid it
- Controlled and gradual exposure to triggering items, situations, places, sounds, smells, etc.
- Teaching children personal safety skills

(National Institute for Health and Care Excellence, 2005; Dorsey et al., 2017).

Best practice in addressing family homelessness

Homelessness is fundamentally a problem of housing. But in the case of family homelessness it is one that traumatises children, leaving potentially life long impacts.

There is a limit as to what can be achieved in terms of working directly with families: system level change is required to effectively address these issues. Priority areas are outlined as follows.

Accommodation

- Homelessness traumatises children. Preventing and securing sustainable exits from homelessness are among the most important actions to reduce this childhood trauma
- In relation to emergency accommodation:
  - Self-accommodation and one-night accommodation are entirely unsuitable for families. The stress of daily moves, not knowing where they will sleep that night, increases the trauma of homelessness. Families should have the security of a minimum of a month in emergency accommodation;
  - Children should not be housed in accommodation with only one room to share with their whole family, including parents. Both children and parents need opportunities to be on their own, to have privacy, and develop independence;
- Stability and safety is of critical importance in recovering a sense of security and control. Guarino & Bassuk (2010) argue that temporary and emergency accommodation for families should have:
  - A well-maintained physical environment that is clean and where needed repairs are carried out quickly.
  - Good lighting, clear marking of exits, clear rules for common spaces to encourage a sense of security and calm.
  - Spaces for children to play with toys and books that are clean and not broken.
- Congregate accommodation necessitates rules and regulations and so creates intitutional cultures. Where emergency accommodation is required models which reduce the requirement for institional rules - for instance accommodation with its own-door and scattered with mainstream housing – is preferable.

Mental health services

- Provide adequate funding and resources – most particularly skilled staff (in line with A Vision for Change (Department of Health, 2006)) – to decrease waiting times for a first appointment to a maximum of 10 weeks, as recommended by the Sláintecare Report (Houses of the Oireachtas, 2017)
- Implement a national community level counselling service to address ongoing mental health needs of children that do not require CAMHS intervention (Mental Health Coalition, 2015)
- Offer evidence-based therapies for children with psychological needs through CAMHS and in community mental health teams.

Coordination

- Families who are vulnerable to housing insecurity, as well as those who are homeless, move frequently. This can mean that appointments for badly needed services are missed, because notification is sent to an address they are no longer at. This can leave children being put to the back of what is often a very long queue, through no fault of their own or their parents. A unique ID could be used to better facilitate the coordination of care and communication.
- Services and service providers should coordinate and collaborate. From international experience, Community Action Targeting Children Who Are Homeless (CATCH) (Donlon et al., 2014) could provide a model for enhancing co-ordination of services for families who are homeless. Closer to home, models of coordination in use in the broader homeless healthcare and housing sectors in Ireland could also provide a useful model for family homelessness.

Coordinating housing & health services for vulnerable populations

- In Dublin, a multi-disciplinary group of professionals representing hospitals, GP, housing and addiction treatment meet on a weekly basis to coordinate their care of the people who use their services.
- Individual clients' needs cross boundaries between specialities and it makes sense for those specialities to come together and discuss their shared cases to better coordinate care and not duplicate services.
- A similar model could well be developed in serving the psychological health needs of children in families experiencing homelessness.
- To start, a monthly meeting of representatives of all agencies that serve these children would be a useful way to begin to bring various practitioners into contact with each other.
- NGOs focused on housing and homlessness & children, Tusla, HSE, local authorities, Department of Education, and others should develop relationships and regular interaction to understand each other's roles in serving these children, to see the areas of overlap and to begin to coordinate services and use resources in the best way.

Discussion and conclusions

Government strategy, as set out in Rebuilding Ireland and elsewhere recognises that the best responses to family homelessness are to prevent it and to move families out of it as quickly as possible. While there have been significant shifts towards measures which prevent homelessness and record numbers are being supported out of homelessness each month, the total number of families who live in emergency homeless accommodation for long periods remains at unprecedentedly high levels.

The primary response in relation to reducing the harmful effects of long-term family homelessness has been to shift emergency provision from hotels and B&Bs towards Family Hubs. While, in most cases the physical accommodation in Family Hubs is better than in commercial hotels and B&Bs, the shift has been undertaken without an evidence-base and without the application of consistent standards in terms of the welfare of the families who live in them. The findings of the Ombudsman for Children in relation to children's experiences of living in Family Hubs indicate that many, if not most, of the aspects of homelessness which are traumatic for children persist in Family Hubs: they are not a solution to the welfare of children who are homeless.

Homelessness is a traumatic experience, a trauma that is compounded when families have to remain in emergency accommodation for extended periods.

It is a significant concern that the new Programme for Government (June 2020) does not include actions to specifically address the scale of family homelessness, or any commitment to a new strategic approach. Nevertheless, the fact that Rebuilding Ireland only covers the period until 2021 creates both a necessity and an opportunity for the new Government to introduce new thinking. It is essential that this new thinking not only addresses the fundamental issue of ending family homelessness but also acknowledges and addresses the consequential issue that homelessness has a traumatic impact on parents and children.

A clear finding from the research is that a trauma informed approach should be integral to the response to family homelessness right across the continuum of services, from first presentation as homeless right through to effective resettlement. This requires training, coordination, commitment and in some instances policy change in statutory and NGO service providers.

Towards a strategy for family homelessness

In terms of minimising the traumatic impacts of homelessness on children and parents, the following represent priority actions.

All responses to families that are homeless should be guided by the best interests of the children involved. This approach should apply to local authorities, Tusla, private providers of emergency accommodation and charitable homeless organisations.

Prevention and Housing

Homelessness is a traumatic event for children and families; and it is entirely avoidable through effective policies which prevent families experiencing homelessness in the first place.

- Increased efforts to prevent family homelessness, particularly targeted at the private rental sector where most families had been living prior to becoming homeless;
- A significant increase in the supply of family accommodation which families can afford to rent. The private rented sector can provide a sustainable housing solution for many families, but only if rent subsidies such as HAP realistically and consistently reflect the level of market rents. However, many families had been living in the private rented sector when they were made homeless, and are understandably reluctant to risk experiencing homelessness again. Increasing the output of social housing provided by local authorities and approved housing bodies is critical to sustainably addressing family homelessness;
- Restoration of prioritisation in social housing allocations for families who are long-term homeless to ensure that the most vulnerable families are not trapped in homelessness the longest.

Administration and Quality of Emergency Accommodation

Research internationally and in Ireland makes clear that there is no substitute for a stable family home. However, the rules and administration of homeless services can cause trauma which is avoidable:

- The length of time that families spend in emergency accommodation should be closely monitored and kept to the shortest time possible. Government should set maximum periods that families can remain in emergency accommodation before being offered a suitable home, with the maximum being progressively reduced as the crisis comes under control.
- The practice of self-accommodation (where families must source their own hotel room and seek payment by the local authority) and on-going one-night accommodation (where local authorities repeatedly provide emergency accommodation for the current night requiring families to reapply each day) is entirely unsuitable and should be ended, as recommended by the Ombudsman for Children. Many families are not well equipped to self-accommodate, and the requirement to do so, allied with the instability of one-night placements increases the trauma of homelessness. Families should have the security of a minimum of a month in emergency accommodation, but local authorities should retain the flexibility to provide a single night's accommodation where families present late in the evening.
- Best efforts should be made to provide temporary accommodation close to the family's existing community networks and schools;
- The interests of children require better arrangements for enabling contact with the children's broader family networks than are currently in place in some emergency accommodation. Most particularly where families are required to spend extended periods in temporary accommodation, it is unacceptable that children's access to family is restricted by the inability to have visitors.
- Clear guidelines for all providers of emergency accommodation should be drafted by Tusla, setting out a reasonable balance in relation to child protection and normal family functioning. For instance, the requirement for children to be supervised by parents at all times places unreasonable and contradictory burdens on parents, which would not apply during normal family life.
- Temporary accommodation for families who are homeless should be provided to a consistent standard, incorporating adequate facilities, a well-maintained environment, and places for children to play.
- Children and parents need adequate space in their accommodation for family life. Families should not be placed in emergency accommodation which denies both children and parents opportunities to be on their own, to have privacy, and develop independence;

Supports in Emergency Accommodation

An effective response to family homelessness requires an integrated, trauma-informed, multi-agency response. Service provision should include:

- A case management approach in which every family that is homeless has a designated case manager with an appropriate case load to support their exit from homelessness and assist them in negotiating the challenges of homelessness itself.
- Bringing services to families, rather than requiring families to travel to services. Where possible these should be mainstream services made accessible to homeless families, rather than the creation of an alternative parallel services which are no longer accessible when the family leaves homelessness.
- Administrative and/or IT solutions to address the transience of families who are homeless: families should not miss out on necessary Tusla, HSE, educational or other services because they have been allocated to accommodation outside of their original administrative area;
- Responding to family homelessness is the responsibility of mainstream agencies, but to do this effectively, they need to be appropriately resourced, with clear attribution of respective responsibilities.

Mental health and well-being

The response to family homelessness needs to explicitly recognise that it is a traumatic experience, with the potential to have both short- and long-term mental health impacts.

- Every family which becomes homeless should have an initial needs assessment which should include consideration of mental health needs; where indicated this should be followed by a more detailed assessment and therapy plan;
- Every child who requires additional support should have access to a Child Support Worker with an appropriate case load. Tusla should establish an evidence based assessment tool for the support needs of children in homeless families.
- Coordination among service providers is critically important in terms of addressing mental well being in families. Each CYPSC should convene a multi-disciplinary group on a regular basis to respond to the needs of individual families who are homeless. At a national level, a multi-agencies group, led by the DCYA, and including local authorities, childcare providers and the Department of Education should keep an overview of issues arising in CYPSCs.
- Tusla should establish a national community level counselling service to address ongoing mental health needs that do not require CAMHS intervention, as recommended by the Mental Health Coalition;
- Where mental health supports are required, waiting times for assessments and treatments serve to exacerbate the trauma of homelessness. Adequate funding and resources – most particularly skilled staff – should be provided and ring-fenced to decrease waiting times for a first appointment to a maximum of 10 weeks, as recommended by the Sláintecare Report.
- Evidence-based therapies for children with psychological needs should be available for parents and children who are homeless through CAMHs and in community mental health teams.

Appendix 1: Practical steps to move from trauma aware to trauma informed

Trauma Aware

- Form a change team
- Conduct organisational assessment
- Define goals
- Identify trauma 'champion'
- Implement goal
- Test outcome
- Identify new goals

Trauma Sensitive

- Be welcoming
- Maximize safety
- Educate staff
- Parent resources available
- Empowerment
- First person language
- Promote strength
- View holistically
- Share vision across systems
- Address staff issues

Trauma Responsive

- Recognize & respond to traumatic stress
- Screen for trauma history
- Strengthen resilience & protective factors
- Address impact on family
- Assist children in reducing overwhelming emotion
- Help children make new meaning of their lives

Trauma Informed

- Whole system is based on understanding trauma
- Safety
- Recovery
- Collaboration
- Client agency
- Empowerment, strength & resilience

Appendix 2: The CATCH model

Community

- Coordinating shelter and community services
- Community collaboration
- Solutions oriented
- Strengthened advocacy
- Efficient use of resources
- Building partnerships

Shelter

- Changing the structure, policies & practices of shelters
- Policies, supports, care provided in shelters is trauma informed
- Staff understand consequences of trauma
  - on developing brain
  - potential retraumatisation via service system
  - mislabeling mental health issues for failure to consider past trauma
- Staff and customers undertake self-care practices

Family

- Enhancing parenting to mitigate impacts of homelessness

Child

- Assess children's development & mental health to inform service referrals

Donlon et al. (2014) Community Action Targeting Children who are Homeless (CATCH)

Appendix 3: Report of Roundtable discussion

To further consider how international research and practices might best inform services for Irish families experiencing homelessness, Focus Ireland convened a roundtable discussion among a range of statutory and NGO service providers. The aim of this roundtable discussion is to share the experiences of a diverse range of services working with families who are homeless, and consider how best to address the needs of families who are homeless, given the limitations within which we operate.

The discussion was conducted on the basis of 'Chatham House Rules', so that participants felt free to participate fully. With the exception of the introductory speakers, the summary of the discussion content which follows therefore does not attribute views to specific speakers. A list of attendees at the event is provided in Appendix 3.

Setting the context

To the greatest extent possible:

- Practice must recognise that families are children's most important resource, but that parenting while homeless is extremely difficult and parents may need support too. Parents may benefit from assistance in recognising different impacts on different members of the family, as well as assistance in accessing the supports needed to address those impacts. Parents are often acutely aware that their parenting style is under scrutiny in emergency accommodation, as they have to "parent in public".
- Best interests of the child should prioritize keeping children near their schools and communities (while acknowledging that given accommodation constraints, this may not always be possible);
- Services and supports should 'follow the child';
- Every family who is homeless should have a Case Manager.

Child support workers

The recent report of the Ombudsman for Children highlighted the important role that Child Support Workers can play in helping children to cope with the challenges of being homeless. Yet the importance of this role is not yet reflecting in funding arrangements for supporting homeless families. Roundtable participants reported that the number of Child Support Workers funded to work with families who are homeless is wholly inadequate to the task.

Stigma

The stigma associated with being homeless – which is often associated in the public consciousness with personal failure as opposed to structural or policy failures – has a negative impact on well-being. Prolonged and repeated traumas can tip such mental 'diswelfare' into poor mental health.
Some families were experiencing mental health issues – which is itself a stigmatising experience – before entering emergency accommodation and the experience of being homeless can compound this stigma.

Transience

A key challenge in responding to the needs of homeless families is that they are transient. Having lost their home that was located in one administrative area, families are frequently placed in emergency accommodation in a different administrative area. Indeed over the duration of their homelessness, families can reside in several different administrative areas – hundreds of homeless families continue to rely on 'self-accommodation', often on a night-to-night basis.

While services to support families are provided on an area basis, this is not the case in relation to homelessness – services frequently struggle to find any accommodation for families who are homeless, much less finding it in the same administrative area in which they formerly lived, and in which their children go to school. It means that children and families can easily 'fall through the cracks', for example, while children in emergency accommodation have access to free childcare, roundtable participants noted that take up of such provision was low amongst some homeless families.

It is not clear whose role it is to identify these families and connect them with support services. Homeless services track families in and out of homelessness, but this does not track broader outcomes, such as mental health, which can be critical to successful and sustainable transition out of homelessness. Roundtable participants said that the responsibility should lie with mainstream services, rather than establishing parallel services for families who are homeless, but stressed that those agencies need support to undertake this task effectively.

Some ideas discussed in this regard included:

- Developing a sort of 'Special Purpose Vehicle' to track families during homelessness. The public health nursing system was suggested as a possible mechanism, as it is focused on a broader set of outcomes than homelessness status, and so could be useful in accessing the services families may need to mitigate the impact of homelessness. It was noted however that there are no public health nurses in Tusla.
- Rather than asking families who are homeless to travel to services, it may be more effective to have the services come to them;
- It was noted that the service co-ordination challenge can be exacerbated by policy / institutional 'turf wars'. The DCYA has an explicit co-ordination function in this regard and family support mechanisms might be a useful way to proceed; roundtable participants suggested that a special sub-group on families of the Homeless Inter-Agency Group might be one way to proceed.
- It was suggested that IT might be one way of supporting more effective cross-agency communication. One concern noted in this regard was that GDPR could be a barrier to such tracking and service coordination. A suggestion was to incorporate consent to share information with a community of practitioners who are involved in working with families.
- On a longer-term basis, it was suggested that incorporating questions on homelessness into broader longitudinal research such as the Growing Up in Ireland study would be useful.

A trauma informed approach

Participants at the roundtable noted that while some of the agencies involved in working with families who are homeless do use a trauma informed approach (e.g. NGOs who are contracted to provide such supports) it was important that this approach was embedded across service providers – both statutory and non-statutory. It was suggested that the domestic violence sector could provide examples of how to implement this approach in practice.

An example in this regard might be to restore prioritisation in social housing allocations for families who are homeless, in recognition that homelessness is itself a traumatic event. Participants also suggested that families who are homeless should be prioritised at primary care level.

There are potentially wider benefits from employing a trauma informed approach to working with families who are homeless, for example, effective support for mental health increases educational participation and achievement. This is particularly important if children who have experienced homelessness are not to become homeless again as independent adults.

What does 'success' look like?

Clearly, the most important indicator of 'success' in addressing homelessness is when a family moves to a permanent home, and is supported to recover from any traumatic impacts of being homeless.

Much of the discussion on family homelessness in Ireland to date has focused on the physical conditions in emergency accommodation, and alleviating some of the practical constraints that families face when living out of home e.g. Family Hubs instead of hotels and B&Bs, Leap cards for homeless families, access to childcare services. Roundtable participants noted that there needed to be a consistent approach in relation to standards in Family Hubs; there are sometimes significant differences in relation to such accommodation.

While these are obviously welcome, around two-thirds of families spend more than 6 months in emergency accommodation; 'success' in tackling family homelessness should incorporate addressing the impact of trauma on parents and children, and this requires a coordinated inter-agency approach.

Appendix 4:
Participants in the Roundtable discussion

Participants are listed in alphabetical order.

Name	Organisation
Mike Allen	Focus Ireland
Deborah Chemhere	Tusla
Nicoletta Coppola	Depaul Ireland
Jacinta Corcoran	Sophia
Róisín Coughlan	A Lust for Life
Norah Gibbons	Child welfare expert
Lorna Kerin	Tusla
Niamh Lambe	Focus Ireland
Niamh Lee	Crosscare
Camille Loftus	Focus Ireland
Finola McLoughlin	Barnardos
Aoife McNamara	Ombudsman for Children's Office
Kate Mitchell	Mental Health Reform
Amy Mulvihill	Tusla
Eddie Murphy	A Lust for Life, HSE
Ciara O'Connell	Depaul Ireland
John O'Haire	Focus Ireland
Magdalena Orbutz	Depaul Ireland
Erica Purdy	Crosscare
Marion Quinn	Childhood Development Initiative
Sinead Reynolds	HSE
Sarah Sheridan	Focus Ireland
Rikke Siersbaek	Trinity College Dublin
Tanya Ward	Children's Rights Alliance

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