

# What works for children experiencing homelessness and/or family/domestic violence?

## *Part 1: Literature Synthesis*

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## Part 1: Literature Synthesis

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### Executive Summary

#### Background and Aims

This report examines the range of interventions designed to support and improve outcomes for children affected by homelessness and/or family/domestic violence. This report is part one of a two part project: What works for children experiencing homelessness and/or family violence: a literature synthesis of effective service models, practices and resources. Funded by FaHCSIA under the Child Aware Approaches Initiative, this project aims:

- To understand the purpose and intended outcomes of service and practice approaches with children and their care-givers who have experienced homelessness and/or family violence,
- To identify what types of service models are effective with this population,
- To document and disseminate information about a range of service models and practice tools as a means of improving service responses for this population, and
- To provide evidence about practice that can inform the development of effective policy and programs for this population.

This component of the project represents the synthesis of peer reviewed and grey literatures (government and community agency reports) on effective service models and practices with children under 12 and their caregivers who have experienced homelessness and/or family/domestic violence and the means by which they achieve positive outcomes for this target population.

Part two documents the key Australian policy and programs servicing children who experience homelessness and/or family violence.

#### Methodology

The project methodology was based on Pawson's realist approach (Pawson, 2006; Pawson, Greenhalgh, Harvey, & Walshe, 2004a). The realist approach was developed to help identify which social policy interventions work for whom and in what circumstances. It is concerned with identifying the mechanisms and contextual conditions that facilitate a particular outcome of a social policy intervention. This is simply illustrated as:

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Context + Mechanism = Outcome

Thus, it attempts to understand not only what interventions work, but why they work. Essentially, the underlying the program/intervention becomes the unit of analysis (Pawson, 2006).

Based on a total of 74 studies, this literature synthesis documents the existing interventions in the homelessness and family/domestic violence sectors. It identifies the key elements, mechanisms and practice tools/resources employed in effective service models and practices with children and their care-givers.

### Findings

Despite the recognised evidence of a causal relationship between family/domestic violence and homelessness, there remains a paucity of explicit approaches and interventions that aim to address both issues.

There is very limited discussion about the particular service needs of children who experience homelessness and/or family/domestic violence (Lee, et al., 2012), and evidence about what works to prevent the long term disadvantage and disengagement that can flow from these experiences is both limited and fragmented. While there is some continuity across the two sectors, there are also some differences.

### Mechanisms (and sub-mechanisms)

Generally, there can be different stages to a program or intervention, which means that each stage will have its own theory or assumption. For example, a particular treatment modality will have an implied or explicit theory as will the treatment target group. The following categories were identified across the literature:

- Target of the intervention (who they work with)
  - Child centred
  - Carers centred (predominantly mothers)
  - Children and carers

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- Treatment modality
  - Case management
  - Group sessions
  - Play therapy
  - Individual counselling
  - Advocacy and support
- Context
  - Homelessness
  - Family/domestic violence
  - Homelessness and family/domestic violence

### ***Homelessness***

In the homelessness sector, the need to provide practical support and housing services the broader aim of providing safety and stability. Evidence suggests that what families need, especially when children are involved, is stability, predictability and a safe and reliable environment. This can be achieved through numerous mechanisms, however, due to the complex and multifaceted nature of the overlapping issues of homelessness, family/domestic violence (and other associated factors), case management has become the most common response to address stability, safety and predictability.

### ***Family/domestic violence***

Within the family violence sector, there is sparse literature and research addressing interventions with children exposed to family violence (Graham-Bermann & Hughes, 2003; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007; Onyskiw, 2003). The sector offers a range of therapeutic interventions for children affected by family/domestic violence. There is a focus on addressing developmental delays, behavioural issues and treating trauma through interventions that target either the mother, the child, or the mother/child.

These interventions are predominantly group sessions. The goals or aims of the interventions vary but include: developing resilience to enhance coping with trauma; develop coping and social skills; education about family violence; increase self-esteem; understand and managing emotions; reduce externalising and internalising behaviour (Graham-

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Bermann, 2001; Graham-Bermann et al., 2007; Huth-Bocks, Schettini, & Shebroe, 2001; Lee et al., 2012; C. M. Sullivan, Bybee, & Allen, 2002; Thompson, 2011).

### Key Issues

#### *Commitment to be child-centred practice*

While there is an assumption that meeting the needs of caregivers will address children's needs (Gibson, 2010; McNamara, 2007), there is growing recognition of children as clients in their own right. The parent-child relationship is very important to positive outcomes for children.

The strongest evidence for positive outcomes for children who have been exposed to family/domestic violence was when researchers examined interventions with concurrent treatment with mothers and their children. It is difficult to directly attribute children's improved outcomes to the group work sessions alone.

Services that explicitly aim to address the needs of children need to think about creating child-friendly spaces that provide stable and safe environments with play areas appropriate for children.

#### *Complexity of needs among service users*

There are currently very few services that specialise in working with children who have been affected by homelessness or family/domestic violence and even less that are explicitly attentive to the overlapping demands of these two issues.

Notwithstanding the evidence around group work, the literature indicates that a 'one size fits all approach' to programs or services cannot meet the complex needs of children who have experienced family/domestic violence (Stephens, McDonald, & Jouriles, 2000).

#### *Collaboration and partnerships*

Although there does appear to be some compatibility between the two fields and related service sectors, there is little overlap found in practice. For this to occur in practice it would require significant investment and a strong commitment and resources to increase collaborative approaches.



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There is a need to have a range of family and child responsive interventions established across the homelessness and family/domestic violence sectors. Different approaches or interventions are appropriate for different contexts – not every service can do everything to meet the needs of their clients. However, across the sectors there needs to be a range of approaches to improve outcomes for children and their parents.

### ***Flexibility***

Due to the complex nature of the life circumstances, and the hardships and factors that contributed to homelessness, along with the trauma they have faced before and during their homelessness, children and their families have a range of housing, social and mental health needs (Tischler, et al., 2009). To address these diverse needs the sector response requires flexibility and integration with other services.

### ***Need to be trauma-informed***

Only the family/domestic violence program appeared to address violence and trauma issues. Exposure to trauma not only directly affects children but also impacts on parents, parenting capacity and the relationship between parents and children. Kilmer and colleagues note that due to the prevalence and prominence of trauma, homelessness services should adhere to a trauma-informed perspective and to principles of trauma informed care management (Kilmer, et al., 2012).

### ***Group work effective***

Most of the evaluations of interventions aimed at improving outcomes for children who have been exposed to family/domestic violence were conducted in group sessions. Consequently, the strongest and most compelling evidence relates to group work (Huth-Bocks, et al., 2001; M. Sullivan, et al., 2004; Thompson, 2011).

### ***Better documentation and assessment***

There should be further development and documentation of effective, evidence-based interventions for children exposed to family/domestic violence (Onyskiw, 2003).

More effective screening and assessment is also required in order to identify the needs of mothers and children, clearly articulated intervention goals, objectives, tasks and the

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selection of appropriate measures, which will allow for more rigorous evaluation and feedback on the effectiveness of interventions (Stephens, et al., 2000)

### ***Research and practice***

Stronger relationships are needed between research and practice; for research to inform practice. There is a need for existing practices to have clearly articulated intervention goals, objectives, tasks and the selection of appropriate measures, which will allow for more rigorous evaluation and feedback on the effectiveness of interventions.

There is a lack of existing literature that explicitly identifies interventions and approaches that address the needs of children who have experienced both homelessness and family/domestic violence.

### Chapter 1. Introduction

This section begins with an overview of the purpose and scope of the study followed by an outline of the report structure and brief comment on terminology.

#### 1.1 Purpose and scope

This report examines the range of interventions designed to support and improve outcomes for children affected by homelessness and/or family/domestic violence. This report is the first part of a two part project: What works for children experiencing homelessness and/or family violence: a literature synthesis of effective service models, practices and resources. Funded by FaHCSIA under the Child Aware Approaches Initiative, this project aims:

- To understand the purpose and intended outcomes of service and practice approaches with children and their care-givers who have experienced homelessness and/or family violence,
- To identify what types of service models are effective with this population,
- To document and disseminate information about a range of service models and practice tools as a means of improving service responses for this population, and
- To provide evidence about practice that can inform the development of effective policy and programs for this population.

Part 1 presents a synthesis of peer reviewed and grey literatures (government and community agency reports) on effective service models and practices with children under 12 and their caregivers who have experienced homelessness and/or family/domestic violence. It examines the means by which they achieve positive outcomes for this target population.

A modified form of Pawson's realist synthesis approach developed at the UK Centre for Evidence-Based Policy and Practice (Pawson, 2006; Pawson, Greenhalgh, Harvey, & Walshe, 2004b) has been employed to examine the literature.

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### 1.2 Structure of report

The report is structured as follows:

**Chapter Two** provides an explanation of the realist synthesis methodology and includes a description of the synthesis parameters.

**Chapter Three** provides a context for understanding the issue of children's homelessness and experiences of family/domestic violence, focusing on the causes and impacts of these experiences on children.

**Chapter Four** details the theoretical perspectives informing practice in the homelessness and family/domestic violence sectors.

**Chapter Five** explains the approaches to addressing needs and the key issues that are the focus of practice.

**Chapter Six** pulls together the broad themes and assumptions underlying interventions across the homelessness and family/domestic violence fields.

**Chapter Seven** identifies some key issues for consideration that could improve practice more generally across the two sectors.

**Chapter Eight** presents a conclusion highlighting central themes that emerged.

### 1.3 Terminology

Within the literature the terminology used varies in reference to the themes central to this study. For the purpose of this literature synthesis the term 'family/domestic violence' includes: domestic violence, family violence, intimate partner violence and inter-parental violence. Similarly, we use the term families to refer to carers, care givers, mothers, parents, and families.

### Chapter 2. Methodology

Drawing on Pawson's realist approach (Pawson, 2006; Pawson, Greenhalgh, Harvey, & Walshe, 2004a), this literature synthesis documents existing interventions and identifies the key elements, mechanisms and practice tools/resources employed in effective service models and practices with these children and their care-givers. Importantly, it identifies the similarities and differences between services provided through the homelessness sector and those provided through family/domestic violence services for children.

#### 2.1 Realist synthesis

More than a simple literature review or meta-analysis that summarises and evaluates the rigour of existing evidence, a realist synthesis does what its name suggests. It synthesises and extrapolates from the available data rather than just representing it. Syntheses have an explanatory rather than a judgemental focus; they unpack the logic and rationale behind how interventions work (Pawson, et al., 2004b).

Pawson's 'realist' synthesis methodology is concerned with investigating 'what works for whom in what circumstances?' The synthesis method attempts to identify the key policy mechanisms and the contexts within which these mechanisms operate to obtain the desired outcome. Thus, it attempts to understand not only what interventions work, but why they work. This is simply illustrated as:

Context + Mechanism = Outcome

In the context of this study, which involves numerous approaches to interventions and practices with children that are often complex and multifaceted, each intervention has an underlying theory or set of assumptions about how it will work: 'if they do X in this way, then it will bring about an improved outcome' (Pawson, 2006; Pawson, et al., 2004a). Part of what makes this study complex is the diverse range of contexts and theories about what will lead to these outcomes. The realist approach does not assume that deterministic theories can always explain or predict which outcomes will happen in every context (Rycroft-Malone, et al., 2012). Rather, for this project, the approach focuses on what interventions and theories of practice currently exist that can inform the way that services support children to

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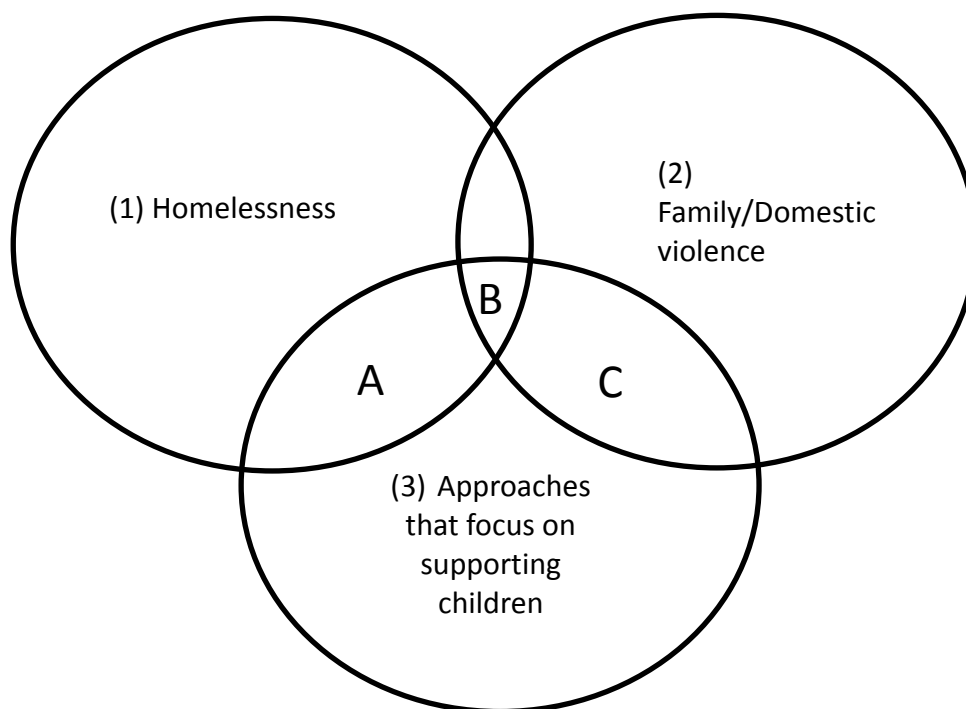
experience positive outcomes. It endeavours to uncover regularities or recurring patterns and theories, cutting across the boundaries of the fields of homelessness and family/domestic violence, to help account for the interaction between mechanisms, contexts and outcomes.

### 2.2 Defining the scope of the homelessness and family/domestic violence literature synthesis

In this synthesis the question that defined the parameters of the investigation spanned two contexts or fields - the homelessness and the family/domestic violence sectors. Within these sectors this review was concerned with interventions that explicitly aim to improve outcomes for children who have experienced homelessness and/or domestic/family violence.

Figure 1 illustrates the scope of the study; it shows that the literature synthesis focuses on the intersection between three fields of research and practice: (1) homelessness; (2) family/domestic violence; and, (3) approaches that focus on supporting children. However, it is only the areas labelled A, B and C that represent literature that is particularly relevant to the scope and purpose of the study.

*Figure 1 Scope of the study*



### 2.3 Searching the literature

First, a list of relevant and related search terms was developed. These terms guided the search and further key words were derived from the literature. The initial scan of the literature identified a strong distinction between homelessness services and family/domestic violence services, despite dealing with clients who experienced both homelessness and family/domestic violence.

#### Search terms

The following terms and combination of terms were used: homeless(ness), child(ren), interventions, at risk, complex needs, domestic violence, family violence, parents/parenting, mother, carer, evaluation, evidence, families, intimate partner violence, partner violence, programs, responses, services, treatment, and outcomes.

#### Databases

Literature was obtained using government websites, clearing houses, e-journals and databases, including:

- Academic Research Library
- Academic Search Complete
- APAFT
- Australian Academic Press (e-journals)
- Australian Institute of Health and Welfare
- Family & Society Plus
- Gale Virtual Reference Library
- Google Scholar
- JSTOR (e-journals)
- Meditext
- Oxford Reference Online
- ProQuest Social Science Journals
- Psychology & Behavioral Sciences Collection
- PsycINFO
- PsycheVisual.com

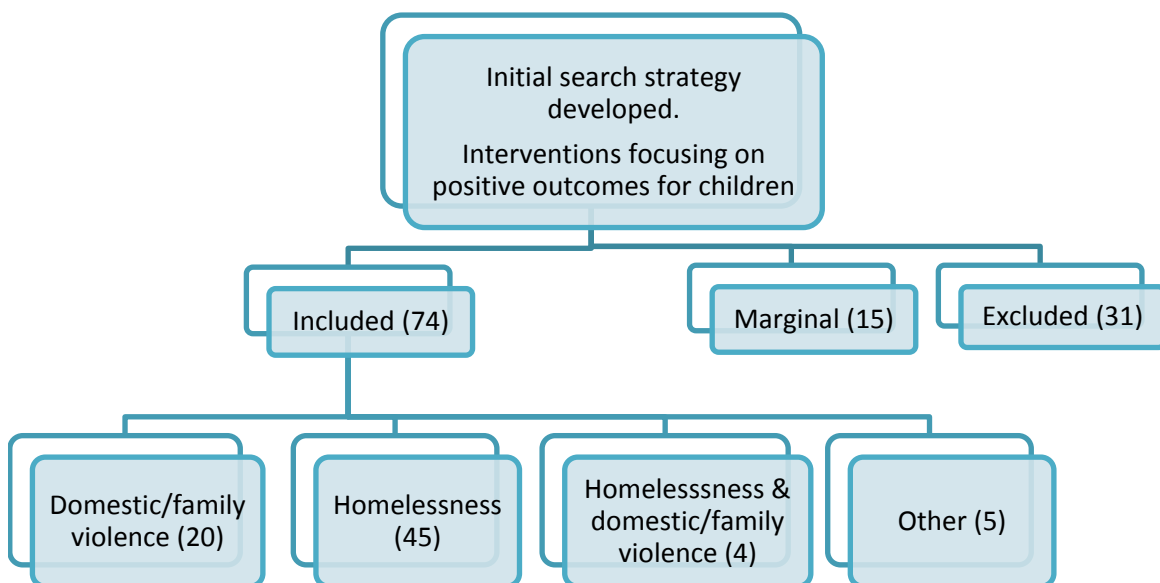
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- SAGE eReference
- SAGE Journals Online (e-journals)
- Scopus
- Social Work Abstracts PLUS (database)
- Wiley Interscience

### Search results

Initially, all papers that discussed interventions aimed at improving outcomes for children affected by homelessness and/or family/domestic violence were selected. This preliminary screening produced a total of 120 papers. As shown in Figure 2, a review of these papers yielded the following categories and numbers: 74 papers were included, 15 were marginal and 31 were excluded.

Figure 2 Search results



NVivo was used to conduct the initial screening with the pertinent literature imported as bibliographic data from Endnote; following a process akin to open coding. Articles were read and coded for the key theories, concepts, themes, interventions and contextual information. Similar data was coded together and, where appropriate, new codes were created. Recurring themes formed a framework for analysis. Following discussions with the project's steering committee, the framework and structure of the analysis was further refined.



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### Inclusion criteria

The consistent unifying point for inclusion was research and intervention studies that explicitly focused on positive outcomes for children affected by family/domestic violence and/or homelessness. The search for relevant literature included studies dating back to 1992. Figure 2 shows that the 74 included articles were sorted into the following subcategories:

Domestic/family violence (20 articles):

- peer reviewed journal articles: 15
- reports (govt & non-govt): 1
- other manuscripts (books, conference paper, thesis, website, practice manual, non-peer reviewed journals): 4

Homelessness (45 articles):

- peer reviewed journal articles: 31
- reports (govt & non-govt): 9
- other manuscripts (books, conference paper, thesis, website, practice manual, non-peer reviewed journals): 5

Homelessness and domestic/family violence (4 articles):

- peer reviewed journal articles: 4
- reports (govt & non-govt): 0
- other manuscripts (books, conference paper, thesis, website, practice manual, non-peer reviewed journals): 1 (not included in the end as it was actually about women and children were just nominally included).

Other (5 articles).

Currently, evidence-based program evaluations that address the efficacy of different interventions in the relevant fields are very limited. There are also very few peer or non-peer reviewed studies or descriptive accounts of interventions with children experiencing homelessness and/or family/domestic violence. Most of the literature focuses on the

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experience and impact of homelessness and family/domestic violence on children and families. Due to the paucity of quality intervention research in these fields, this synthesis includes descriptive research that extrapolates from findings that provide recommendations for practice.

### Exclusion criteria

Articles were excluded if:

- they did not explicitly focus on outcomes for children, or
- they examined issues related to but not specifically addressing homelessness or family/domestic violence.

## 2.4 Quality of the evidence base

### Homelessness evidence base

Within the homelessness field, there is extensive literature that outlines the scope of the problem, identifies risk factors and causes, and/or describes characteristics and needs of people experiencing homelessness. However, rigorous evaluations of interventions and approaches responding to the unique needs of these populations are largely absent. Some attribute this lack of rigorous evaluations to the transient nature of the population group and the difficulties in developing precision-based outcomes (Karabanow & Clement, 2004; Kidd, 2003; Robertson & Toro, 1999). In Australia, others have linked this gap to the relatively small numbers of researchers in the field and the lack of funding opportunities, including dedicated program funds for evaluations.

In recognition of the complexity inherent in homelessness, case management approaches, aimed at achieving both housing and integrated service responses, have been developed to complement and extend the housing response. Focused on addressing housing and other practical considerations such as income management and overarching family issues, these services have not prioritised or been skilled or resourced to specifically address the needs of children who are homeless (Horn & Jordan, 2007; Hurworth, 2007). Further, it is only relatively recently that the homelessness field has recognised that children should be recognised as clients in their own right with particular needs associated with their homelessness experience.

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As a result, if a strict hierarchy of evidence based on experimental and quasi-experimental evaluations and research were applied, this would leave the homelessness sector with very little research to guide their practice (Schorr & Farrow, 2011). For this reason, a realist synthesis provides a valuable guide to practice with the research that is available.

### **Domestic/family violence evidence base**

Within the field of family/domestic violence there is sparse literature and research addressing interventions with children exposed to family violence (Graham-Bermann & Hughes, 2003; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007; Onyskiw, 2003). The research that is available is considered by some as having methodological shortcomings; such as poorly defined samples, inappropriate or no comparison groups, and reliance on small samples that reduce confidence in results (Graham-Bermann & Hughes, 2003).

Since 2000 there has been a shift in emphasis in the literature towards planning and evaluating interventions across a broad range of outcomes, rather than an emphasis on individual symptom reduction (Graham-Bermann & Hughes, 2003). This change reflects the recognition of the diverse range of factors that impact on the lives of children exposed to family/domestic violence.

### **2.5 Gaps in the literature**

Given the lack of strong evidence across the fields of homelessness and family/domestic violence, there are numerous gaps and inadequacies. However, two key issues stand out. First, the research and service literature reflects a clear divide, or silos, between the homelessness and family/domestic violence service sectors. Second, the literature consistently calls for the need for cultural change in the family/domestic violence and homelessness fields, particularly in the service delivery domains. Both of these issues are briefly discussed before proceeding to the synthesis findings.

### **Siloed sectors**

The issues of family homelessness and family/domestic violence are intimately connected. This is apparent in the statistics and research about the causes of homelessness for women

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and children. The interaction between these two social problems contributes to the complex nature of these phenomena. However, responses to these issues remain siloed and divided.

The division between the fields of homelessness and family/domestic violence used in this study is not only a conceptual division. These divisions represent very real lines between sectors, including the service sectors, that have different cultures, funding, conceptualisations, histories, and structures that shape them. However, as seen across the different fields, it is recognised across the fields that there are intersecting needs of the people that access these different services and sectors.

Within the homelessness and family/domestic violence literature, different conceptualisations and understandings of a range of issues have a real and practical impact on the lives of people accessing services and support. Conceptualisations of family, homelessness, family/domestic violence, gender, and children, impact on how these people are treated and perceived, framing the scope of the service and the nature of support they receive. For example, Swick (2005) notes that although homelessness is a systemic issue, it is often still viewed and responded to as an individual failure in the homelessness service system.

Other researchers also note these issues, discussing how the divergent conceptualisation of the family/domestic violence and homelessness sectors impacts upon what their clients can access and the way they are treated. This synthesis highlights that across the two sectors there are a range of interventions that aim to address the spectrum of needs for children and their families who are affected by family/domestic violence and/or homelessness. However, the literature suggests that the skills, training and focus needed to address the diverse needs of children and families are spread across the two sectors, not found in either one of the sectors comprehensively.

### **Need for cultural and practice change**

Despite the differences between the homelessness and family/domestic violence sectors, what unifies them is a recognised need for cultural change. Currently the policy, research and practice literature share the view that the needs of children will continue to be peripheral,

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and at best, incidental in these sectors, without a change in the focus of service and research/policy responses, as well as attention to increase knowledge and skills.

### Chapter 3. Context – Children Experiencing Homelessness and/or Family/Domestic Violence

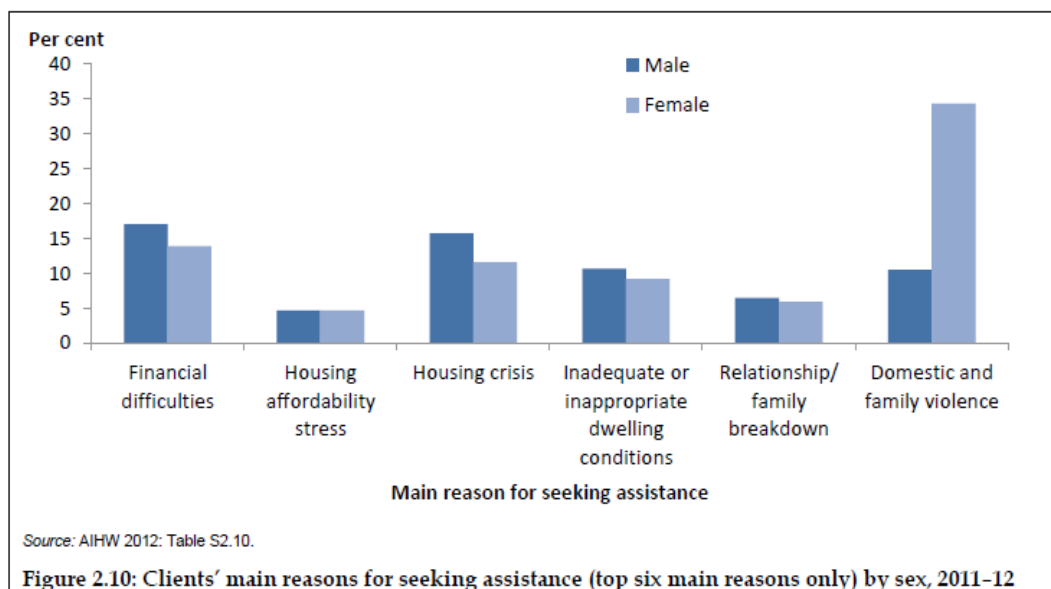
This section provides an overview of children's experiences with homelessness and/or family/domestic violence. This is an important context for interpreting the findings from the literature synthesis. The issues, including the size of the problem, causes and impacts for children, are presented firstly for homelessness and then followed by family/domestic violence.

#### 3.1 Size of the problem

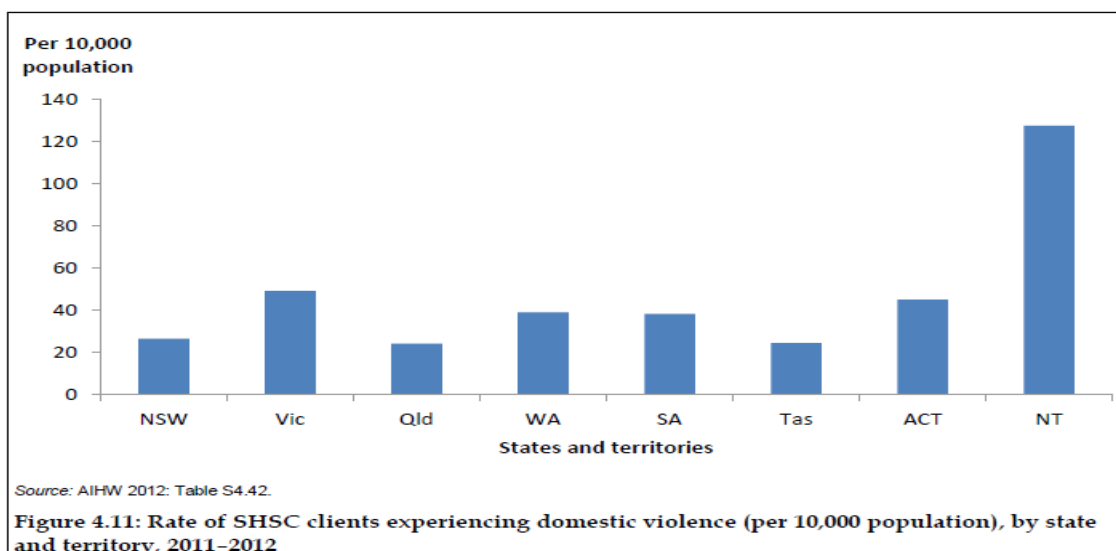
Children, especially those under 12 years, are emerging as the new face of homelessness in Australia. Between the 2006 and the 2011 Census, the percentage of children under 12 years who were homeless increased by 14% (AIHW, 2012). In 2011-12, there were a total of 67,277 children aged 0-17 years, representing 29% of all clients (229,247) presenting at specialist homelessness services (AIHW, 2012). Of this group of children and young people (67,277), 84% accompanied a parent or guardian to a specialist service while 16% presented alone, and over half of these (58%) were under the age of 10 (AIHW, 2012). Representing 13% of the general Australian population, children under 10 accounted for 17% of all clients accessing specialist homelessness services (AIHW, 2012:7). The figures also show that 25% of Aboriginal and Torres Strait Islander children in specialist homelessness services were aged under 10 (AIHW, 2012:49).

#### 3.2 Causes

Children, in general, become homeless when their families do. Families who experience homelessness are faced with a range of contextual stressors and risk factors such as low economic resources/poverty, high family stress, limited access to social support networks and exposure to family/domestic violence (Howard, et al., 2009). In fact, as illustrated in the Figure 2.10 below, family/domestic violence is a major cause of homelessness in Australia (AIHW, 2012:14). For one-third (33%) of all children, family/domestic violence was recorded as the main reason for seeking assistance from the specialist homelessness sector; for a further 12%, the main reason was housing crisis, followed by inadequate and inappropriate dwelling conditions (9%) and financial difficulties (9%) (AIHW, 2012:44).



Compared with other states and territories, the Northern Territory recorded the highest rate of clients who were escaping family/domestic violence (127 clients per 10,000 people). Victoria was second with 49 clients per 10,000 people (AIHW, 2012:57).



### 3.3 Effects of homelessness on children

An Australian evidence base is emerging about the short and long term effects of homelessness (Keys, 2009; Kirkman, Keys, Turner, & Bodzak, 2009; Kolar, 2004; Moore, McArthur, & Noble-Carr, 2007) and exposure to violence (Helmer-Desjarlais, 2010; Lee, Kolomer, & Thomsen, 2012; Spinney, 2012) on these children (David, Gelberg, & Suchman,

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2012; Gewirtz, 2007; Howard, Cartwright, & Barajas, 2009; Kilmer, Cook, Crusto, Strater, & Haber, 2012). In one literature review (Keys, 2009), the effects of homelessness on children were grouped into the following: health and wellbeing, family relationships, community connectedness and education.

### **Health and wellbeing**

#### ***Physical health***

Various studies have consistently shown that children experiencing homelessness are at greater risk of suffering from illness (Noble-Carr, 2006, Efron, 1996). Reports have stated that children experiencing homelessness often have poor dental health, asthma and skin problems (Buckner, 2008; DiMarco, 2007 as cited in Kirkman et al., 2009, 59). They are also more likely than the general population to suffer from respiratory, ear and infectious diseases by up to 50% (Halpenny et al., 2002 and Nunez, 2000, cited in Noble-Carr, 2006, 31).

#### ***Mental health and well-being***

Children who experience homelessness face increased risk of low self-esteem and increased mental health problems such as depression and anxiety. They are also at higher risk of exposure to domestic violence (Baggerly, 2004; Bassuk, et al., 1996). Homelessness can also place children at high risk for post-traumatic stress and related disorders (Gewirtz, 2007; Vostanis, 2002), and trauma related to homelessness can potentially change children's neurodevelopment (Kagan, 2004).

Children who are homeless are three times more likely than poor but housed children to witness violence in their neighbourhood or school (Bassuk, et al., 1996). Exposure to traumatic events such as violence can affect a child's stress levels, alter their view of the world and of themselves, and impact on their sense of happiness and their moral, mental and physical development (Hurworth, 2007).

Furthermore, children who face homelessness can sometimes come to expect instability as a way of life, which is associated with a sense of helplessness and lack of agency (Kirkman et al., 2009, 58). This may lead to problems such as socializing with peers, a lack confidence in their abilities and behavioral problems. Feelings of insecurity and unhappiness from the



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experiences of family violence and/or homelessness can sometimes lead to the display of aggressive behaviour (ibid, p.50).

### **Family relationships**

Research indicates that there is a wide variation in parenting practices and quality of parents who experience homelessness (Perlman, et al., 2012). Parents faced with homelessness often struggle to be the positive, nurturing parents they want to be (Perlman, et al., 2012). In some cases, where children assume caring for and protecting parents, the parent-child relationship can be inverted.

Becoming homeless can entail separation from one parent (Keys, 2009). For example, refuges cannot provide shelter to men and teenage boys, which means that they have to seek shelter apart from the rest of the family, thus diminishing the contact between family members.

However, it is important to note that despite the additional strains, most families stay close, with some even finding their familial relationships strengthened after weathering the storms of homelessness together (Noble-Carr, 2006, 40). A study by Moore et al. (2011) also revealed that children felt that their families provided them a sense of security and stability.

Children who experience homelessness are more likely than their housed counterparts to have parents who have experienced substance abuse and mental illness, and twice as likely to have been in foster care (Bassuk, et al., 1996).

### **Community connectedness**

Connections to community are often restricted by the experience of homelessness (Horn & Jordan, 2007; Moore, et al., 2007). Feelings of shame and fears of stigmatisation make it difficult for children to make new friends and connect to community more broadly.

Homelessness uproots children from their relatives, neighbours, and especially their friends. It makes it very hard for children to keep in contact with their friends. When moving to a different area or to a new school, children may find it difficult to make new friends when their lives are filled with ongoing moves and uncertainty.

### Education

Children who have experienced homelessness tend to exhibit more externalising problems, including delinquent and aggressive behaviour, than the normative sample (Buckner, 2008). As early as preschool they have been found to have an increased prevalence of behaviour problems than children who are not homeless (Koblinsky, Gordon, & Anderson, 2000). This in turn can impact on their performance in school (Baggerly & Jenkins, 2009).

Cognitive development in children who have experienced homelessness can also be affected (Baggerly & Jenkins, 2009; Parks, Stevens, & Spence, 2007). Academic achievement problems have also been reported for children who are homeless, including for elementary school children.

A child's performance at school can be affected by homelessness through:

- Unrecognised and/or unmet educational needs  
On a school level, it is more difficult for teachers and educators to identify a student's educational or special needs with frequent school changes. Even if a need is recognized and tests for special needs are made, the student may move before the results are available. It is also difficult for parents to identify these educational needs as they are often pre-occupied with daily survival needs (Julianelle & Foscarinis, 2003).
- Lost learning time  
The search for and enrolment in an appropriate school takes time. This translates into lost learning time (Julianelle & Foscarinis, 2003). The cumulative effect of lost school time can make it harder for children to keep up with work, thus increasing the likelihood of under-achievement and grade retention (Kirkman et al., 2009).
- Lack of a conducive and supportive educational environment outside school  
Children who are homeless may find it difficult to find the space and time to do homework and study in a temporary shelter, further affecting their studies (Kirkman et al., 2009). Moreover, the additional emotional and psychological stress from worry and insecurity can also make it harder for children to commit their full attention to work in and out of the classroom (Kirkman et al., 2009).

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### What children have said

There has been increasing recognition of the importance of hearing children's first-hand accounts of their experiences in the homeless service system, rather than through reports from parents or other adults (Keys, 2009, 2). This is especially important given the fact that children and adults experience the world differently (Moore et al., 2011, 116; Kirkman et al., 2009, 59).

Studies by Moore et al. (2011) and Kirkman et al. (2009) have focused on hearing children's voices through various activities that encouraged self-expression. The issues significant for children, identified through these studies, can be summarised as follows:

- Disconnected from friends, family – feel unsafe and unfamiliar
- Poor relationships with parents or siblings and/or extended family because of homelessness (stress, dislocation) or
- Close and nurturing families because of homelessness
- Worry about pets
- Concerned about parents - feel OK if parents feel OK
- Anger, sadness, insecurity
- Lack of power or agency about where they live

### 3.4 Effects of family/domestic violence on children

Family/domestic violence can involve a range of different experiences for children such as: experiencing violence directly, hearing conflict in another room and/or seeing the aftermath the following day (Helmer-Desjarlais, 2010). The impact on children can be profound and includes emotional and behavioural issues, and post traumatic stress. The parent-child relationship can also be affected because the violence can impact on parents' capacity to parent.

#### Emotional and behavioural development

Emotional and behavioural problems affecting children who have been exposed to family/domestic violence can impact on interpersonal relationships with family and friends. Exposure to family/domestic violence can inhibit a child's ability to trust, or to have a sense

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of safety and security (Thompson & Trice-Black, 2012). These children often demonstrate a decreased level of social competence (Fantuzzo & Perlman, 2007). Some experience more internalising behaviours such as fearfulness and anxiety (Sternberg, Lamb, Guterman, & Abbott, 2006) and tend to have higher rates of low self-esteem, often as a result of low parental nurturing, put-downs or threats (Lewis et al., 2006; Thompson & Trice-Black, 2012). Some children can exhibit more externalised behaviours such as aggression and lack of self-control (Fantuzzo & Perlman, 2007; Sternberg, Baradaran, Abbott, Lamb, & Guterman, 2006).

### **Post Traumatic Stress Disorder**

Increasing attention is being given to Post Traumatic Stress Disorder (PTSD) amongst children exposed to family/domestic violence. While diagnosis amongst children may be difficult, many have unwanted memories and recall of past trauma, present traumatic avoidance and arousal symptoms such as attention difficulties (Helmer-Desjarlais, 2010; Levendosky, Huth-Bocks, Semel, & Shapiro, 2002).

Children exposed to family/domestic violence can have difficulty seeing perspectives which differ from their own, or understanding the feelings of others (Edleson, 1999; Fantuzzo & Perlman, 2007; McInnes, 2004). Although the research findings vary, findings do suggest that some children exposed to violence are more likely to be later victims or perpetrators of violence (Ehrensaft, 2008; Lewis, et al., 2006).

### **Parent-child relationship**

Research indicates that children are affected by the impact that abuse has on the primary caregiver's capacity to be a nurturing parent. Research suggests that there is a link between parents' emotional distress and problematic parenting (Jouriles et al., 2010). The primary caregiver is considered the most important relationship in the formation of positive relationships and crucial for social and emotional functioning (Levendosky, et al., 2002).

### **3.5. Effects of homelessness and family/domestic violence on children**

Homelessness and family/domestic violence are two issues that frequently go hand in hand (Spinney, 2012). This is what Spinney refers to as a 'double whammy' of disadvantage.

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Family/domestic violence is one of the main triggers of homelessness (Homelessness Taskforce, 2008) and the main reason why women and children escape from their homes in Australia (Spinney & Blandy, 2011).

Exposure to family/domestic violence not only adversely affects families and children in several ways, but can lead to homelessness both directly and indirectly. Stainbrook and Hornik (2006) explore the similarities between single-female-headed families using domestic violence services and those using homelessness shelters in the USA. They found more similarities than differences between the two service user groups, and note that the similarities suggest that any differences between the two populations may be limited to shelter criteria (Stainbrook & Hornik, 2006). Shelter admission criteria differ from domestic violence and homelessness shelters and many women who use domestic violence shelters may not have any housing. Even though violence is one of the main reasons women seek shelter, it is not always the only motivating factor for seeking assistance.

### 3.6 Policy and service response

Following release of the Australian Government's white paper on homelessness, *The Road Home* (Homelessness Taskforce, 2008), and the National Partnership Agreement on Homelessness (COAG, 2009), policy makers and service providers have recognised the effects of homelessness and family/domestic violence on children and their particular service needs. For example, children are now counted as clients in the AIHW's Specialist Homelessness Services Collection (SHSC) and national targets for homeless children's engagement in education have been established. As part of their implementation plans for the National Partnership Agreement on Homelessness (NPAH), some States and Territories, have funded specialist children's services to address the specific needs of children experiencing homelessness and/or or family/domestic violence (e.g. Victoria and South Australia).

To date, however, service responses across the States and Territories to children in the family/domestic violence and homelessness service sectors have been extremely limited, unevenly distributed and poorly integrated with programs in the child protection (e.g. Child First) and family support services sectors. Importantly, there has been little consensus in the homelessness and family/domestic violence sectors about the service models and

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approaches that should be employed with these children and their care-givers, and little discussion about what service sectors should deliver these responses.

For example, some argue that parents should be the focus of the service delivery to children whereas others state that children require specialist responses either through individual or group work. Debate exists about the effectiveness of approaches employed in this work. Some services specifically provide therapeutic interventions designed to address children's trauma, whereas others employ narrative and behavioural approaches to build a platform of self-esteem and resilience that will enable children to engage with their peers, maintain family and community relationships, and remain engaged in learning.

Across the literature the interventions have differing approaches across different domains, which can be summarised as follows:

- Target of the intervention (who they work with)
  - Child centred
  - Carers centred (predominantly mothers)
  - Children and carers
- Treatment modality
  - Case management
  - Group sessions
  - Play therapy
  - Individual counselling
  - Advocacy and support
- Context
  - Homelessness
  - Family/domestic violence
  - Homelessness and family/domestic violence

Given the documented evidence of the lifetime impact of homelessness and family/domestic violence on children's health and well-being, social and familial relationships, community engagement and educational engagement (Flatau, Eardley, Spooner, & Forbes, 2009) this literature synthesis will consider models that address one or more of these elements in their practice with children and/or their caregivers.

### Chapter 4. Theoretical Perspectives

This section identifies the key theoretical assumptions that underpin interventions and approaches in the homelessness and family/domestic violence literature.

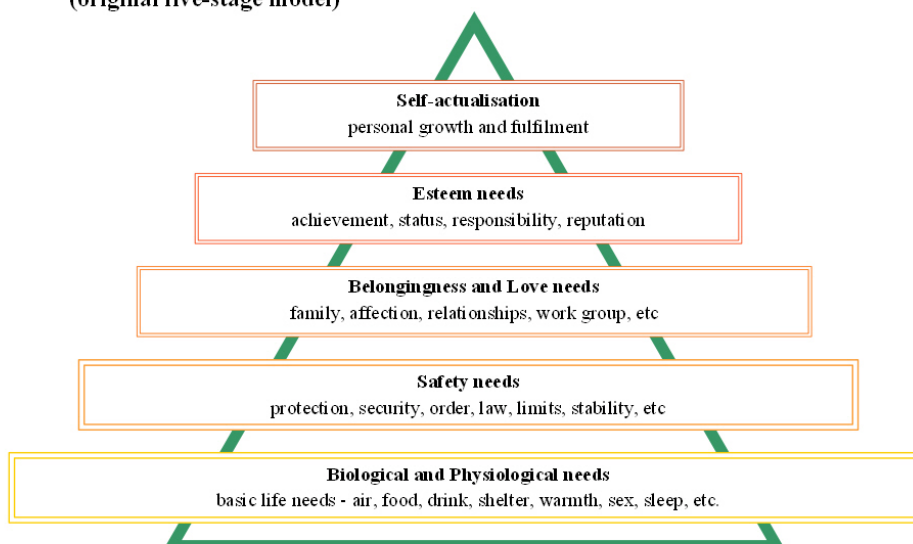
#### 4.1. Theoretical perspectives

Hierarchy of needs and ecological approaches are two overlapping theoretical frameworks that pervade the homelessness literature.

#### 4.2 Hierarchy of needs

Hierarchy of needs approaches prioritises particular needs. This 'hierarchy of needs' approach, based on Maslow's Hierarchy of Needs model illustrated below (Maslow 1968), is both implicitly and explicitly referred to throughout the homelessness literature. It is generally assumed that basic survival needs such as safety and shelter must be attended to before addressing other needs such as, for example, self-esteem and fulfilment (Maslow, 1968; Tischler, et al., 2009). Researchers report that addressing these primary needs as a priority can enable practitioners to address these other important issues (Coker et al., 2009; Kolar, 2005; Le Bon & Boddy, 2010). It is asserted that early intervention and timely provision of stability can prevent or minimise any further harm and facilitate connection to community and recovery (Kolar, 2005).

Maslow's Hierarchy of Needs  
(original five-stage model)

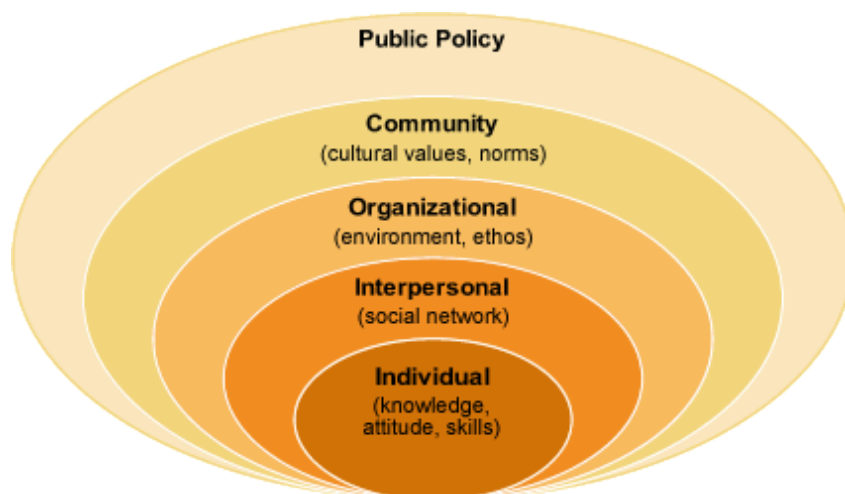


© alan chapman 2001-4, based on Maslow's Hierarchy of Needs

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### 4.3 Ecological approach

The 'ecological approach' provides a broader perspective that reflects the need to address multiple and diverse needs spanning a range of social domains. It is argued that a broad, holistic or ecological approach is taken to facilitate stability for children and their families (Kilmer, et al., 2012). Ecological or holistic perspectives underpin the approaches to case management that were included in this synthesis. An ecological perspective, as posited by Bronfenbrenner (1979), presents a perspective that highlights the range of social domains that impact on individuals to shape their development, which is generally represented as shown below. The model indicates that the individual, at the centre of a complex system, can influence and in turn is subject to the influences of several domains from the family and social networks, to the broader community and policy context.



Source: <http://www.esourceresearch.org/Extras/Figures/tabid/244/Default.aspx>

### 4.4 Theory of behaviour change

Within the family/domestic violence literature, underpinning the different interventions are theories and hypothesised mechanisms of change (Graham-Bermann & Hughes, 2003). First and foremost, the target of the intervention is underpinned by theories about mechanism of change: either directly working with the children or indirectly through the mother (Graham-Bermann & Hughes, 2003). As will be seen, there is evidence for both of these approaches but the evidence suggests that concurrent child and mother interventions are most effective.



### Chapter 5. Understanding and Responding to Needs

This section begins with a brief description of the main strategies for responding to needs in the two service systems. This is followed by an explanation of the key issues, outcomes, underlying theories and associated evidence.

#### 5.1 Prioritising needs

The literature highlights the need to provide for the basic (if not hierarchical) needs of people who experience homelessness, as well as developing the necessary life and coping skills to avoid homelessness in the future (Dykeman, 2011). As a consequence, interventions addressing homelessness often call for staged or sequenced approaches that prioritise attending to these needs, before attending to psychological, emotional and social needs of homeless people. For children, the literature highlights the necessity for, and need to establish, stability, predictability and a safe and reliable environment.

Three key aspects of the hierarchy of needs that emerge from the literature to achieve this for children and families who have experienced homelessness are: housing, social support, and education and early childhood care.

#### 5.2 Addressing needs holistically

With a more holistic focus, the ecological perspective was identified in the literature as an appropriate approach to use to address the multiple and complex issues experienced by children and families. The ecological perspective acknowledges that services need to work with not just the parent/caregiver or the child, but a range of individuals with interlinked and interdependent needs. An ecological perspective is the cornerstone to case management models; it can be sequential or hierarchical in its approach to needs and is attentive to both tangible and material needs as well as psychosocial needs.

Based on an ecological framework, Kilmer et al. (2012) made recommendations for addressing the needs of children and families who experience homelessness, some of which included:

- Ensuring secure, stable and affordable housing;
- Facilitating connections to others and community;

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- Providing well-targeted material support;
- Ensuring family-centred services and supports; and,
- Connecting families with developmentally informed trauma-based services.

### 5.3 Key issues

#### Housing

The need to provide support to obtain and sustain housing pervades the homelessness literature. The family/domestic violence sector similarly acknowledges the need for stable housing. Families who receive appropriate housing and adequate support are often able to significantly improve the health, social, and educational outcomes of their children (Kolar, 2005).

The importance of early intervention to minimise the negative impacts on children also requires the timely provision of housing. The risk of future housing instability and homelessness following transition to independent housing means that families may need ongoing support. The importance of follow up and long term engagement has been identified for this population group (Tischler, et al., 2009).

Thus it is recognised that, housing for children and families affected by homelessness and/or family/domestic violence needs to be:

- **Timely:** Early intervention is necessary to minimise the negative impact of lacking adequate, stable and safe housing;
- **Appropriate:** Housing needs to be safe and appropriate for children. Location is important to maintain links to support within the community, schooling and early childhood education;
- **Stable:** Housing needs to be stable to allow families to develop support networks and to provide the security that allows parents and children to think about and, in turn have hopes for, the future rather than focused on urgent and imminent demands; and include, where necessary
- **Ongoing support:** To address any ongoing risk of returning to homelessness and assist in developing living skills necessary to maintain housing.

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### *Theory*

A lack of housing not only has an effect on the wellbeing of the family, but also limits the capacity to make positive changes and engage with services and other supports, acting as a barrier to interventions that support families (Kilmer, et al., 2012).

### *Evidence*

Adequate, safe and stable housing is identified in the literature as one of urgent needs for all people confronted with or at risk of homelessness. Housing is a central component of the provision of stability provided by the homelessness sector. The corresponding need for services to provide support to obtain and sustain housing is a ubiquitous issue in this homelessness literature. Researchers note that this issue is accentuated for families due to the impact that a lack of adequate housing can have on children (Kilmer, et al., 2012; Kolar, 2005; Le Bon & Boddy, 2010).

Kolar (2005) notes that families who receive appropriate housing and adequate support are often able to significantly improve the health, social, and educational outcomes of their children. Tischler et al. (2009) also stress that ongoing follow up and support is critical for families once they are housed, as many continue to be at risk of future housing instability and homelessness.

A major constraint felt by the homelessness sector is the existing housing market and the lack of affordable and appropriate housing. This limits the capacity of the homelessness sector to enable access to housing for their clients, which as identified above is a key goal of homelessness services.

### **Social support/social capital**

Stable housing has the spill-on effect of helping establish and maintain social networks and support, and facilitate stability of engagement with education. Homelessness and family/domestic violence can disrupt links to social support. The instability of homelessness and moving around can make it hard to develop the social ties upon which informal social support is built. But perhaps more profoundly, and tied to the need for therapeutic or

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psychosocial supports along with material support, is the inculcated sense of instability and difficulty felt by children and their families to develop trusting relationships.

Kilmer et al. (2012) suggest that services facilitate connections to community and others, including schools, neighbours, faith communities, friends and extended family. Connection to these formal and informal supports not only provide access to other resources but also helps to establish a sense of place and community, and contributes to a feeling of stability which has a positive impact, on the child directly, and on parenting capacity (Kilmer, et al., 2012). Thus it is claimed that there needs to be support across a range of types of social capital, both formal (such as services) and informal (e.g. peers, neighbours, community groups etc.). Furthermore, it is considered essential that specialised homelessness and family/domestic violence services facilitate access to mainstream services and supports to enable families to develop ties to peers with the service sector, and a wider range of supports.

### ***Theory 1***

The experience of homelessness can adversely impact the social and educational experiences available to families (Swick, 2005). Expanding the links to include new social and educational experiences can connect families to the broader community rather than just being linked to other families that face similar instability and disadvantage (Kilmer, et al., 2012; Swick, 2005).

### ***Evidence***

Kilmer et al. (Kilmer, et al., 2012) suggest that homelessness services facilitate connections to community and others, including schools, neighbours, faith communities, friends and extended family. They note that connection to these formal and informal supports provide access to other resources, help to establish a sense of place and community, and contribute to a feeling of stability, which has a positive impact on the child directly, and parenting capacity (Kilmer, et al., 2012). Weinreb et al. (2007) found that the provision of emotional support was a prominent feature to safe and sustainable housing.

### ***Theory 2***

Social support can affect parenting quality (Obradovic et al., 2009).

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### ***Evidence***

Marra et al. (2009) examined the impact of conflict and social support on parenting behaviours in a study of case management interventions with mothers who are homeless. They found that women who reported high emotional and instrumental social support self-reported greater improvements in parenting consistency over time than those who reported lower levels of support. However, conflict in support networks was found to be a risk factor for harsh parenting practices. Marra et al. (2009) suggest that social support can enhance homeless mothers' ability to provide consistent parenting, but that these benefits may be undermined if conflict occurs in combination with limited levels of instrumental social support. "With some caution, we conclude that receiving social support... is positively associated with increased provision of consistent discipline between the two parents" (Marra, et al., 2009, p. 353).

### **Education and early childhood care**

#### ***Theory***

Homelessness severely restricts children's access to and full participation in the education system. Due to high levels of mobility experienced by families who are homeless it can be difficult for children to maintain regular contact with school (Efron, Sewell, Horn, & Jewell, 1996).

There are numerous barriers for homeless families and children to access preschool programs, childcare and school. These barriers include: a lack of time and time management skills due to the imminent demands and conditions of homelessness; lack of resources; fear of children being removed if homeless status becomes known; lack of immunisation and documentation (like birth certificates); and transportation limitations (McCoy-Roth, et al., 2012).

#### ***Evidence***

The literature discusses the importance of schooling in the lives of children experiencing homelessness (Baggerly & Jenkins, 2009; Gibson, 2010; Kilmer, et al., 2012; McCoy-Roth, Mackintosh, & Murphey, 2012; Moore & McArthur, 2011). This is not just about the direct role

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and importance of education but also the positive role of school plays as a protective factor (Gibson, 2010). Schools provide a strong opportunity for supporting children and families who have experienced homelessness (Kilmer, et al., 2012).

Research indicates that high-quality child care and early education can provide enriching experiences that promote children's positive and healthy development (McCoy-Roth, et al., 2012). These early experiences can be especially beneficial for homeless children, because they provide stability and a safe place in children's otherwise uncertain lives. Its daily routines can play a counterbalance to the disruption that homelessness leads to (Gilligan, 2000; McCoy-Roth, et al., 2012).

# Chapter 6. Synthesis of Interventions – Target Groups and Approaches

## 6.1 Case management (homelessness)

Informed by ecological, holistic approaches, case management is the key mechanism for addressing the multiple needs of people, including families, who have experienced homelessness. Case management refers to a range of approaches that work to coordinate and facilitate collaboration between an often wide range of roles and responsibilities across services to address the needs of clients (Barker, Humphries, et al., 2012). It requires a broad, holistic or ecological approach to be taken (Kilmer, et al., 2012). Case management is considered “critical in providing access to appropriate benefits, opportunities, and care for families” (Gewirtz, et al., 2009, p. 344).

The need for stability, safety and predictability is acknowledged across the literature; with approaches to address these needs emerging most strongly from the homelessness sector. Due to the complex and multifaceted nature of the overlapping issues of homelessness, family/domestic violence (and other associated factors), case management has become the most common response to address stability, safety and predictability.

### **Context and implementing case management**

Context is central to the realist synthesis; so it is not surprising to find that the implementation of case management varies considerably depending on contextual factors. For example, case management can vary between and within services based on case manager characteristics, the number of children served, federal funding levels, and qualifications (Zlotnick & Marks, 2002). However, case management approaches endeavour to coordinate and facilitate collaboration between an often wide range of roles and responsibilities across services to address the needs of clients (Barker, Humphries, McArthur, & Thomson, 2012).

### ***Case management and family support***

For example, Toro et al. (1997) evaluated a case management model in the USA that was framed by an ecological perspective and targeted a wide range of needs of homeless families

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and individuals, including: obtaining housing, job training and placement, child care, mental health, dental and broader health care.

In the UK, a family support worker (FSW) model has been examined in homeless hostels for parents and children (Anderson, et al., 2006; Tischler, et al., 2004). The FSW provided assessment of social, educational and health needs; support and parent training; liaison with and referral to specialist services where appropriate; and support to the hostel staff. This model targeted both the needs of mother and children. It was found that the family support workers needed to continue to provide support when families are re-housed as they are still vulnerable (Tischler, et al., 2004).

### ***Trauma-informed case management***

Weinreb et al. (2007) examined a trauma-informed case management model, the Homeless Families Program (HFP) in the USA, which provided a multifaceted set of services, including: primary health care, family advocacy/case management, parent education and support, and mental health and substance abuse treatment; to families who were sheltered, 'doubled up', or during initial stabilisation in permanent housing.

### ***Case management and therapeutic strategies***

Bright Futures, a Victorian program, provides enhanced case management and therapeutic group work responses to children whose families are accessing homelessness and/or family/domestic violence services (D. McDonald & Campbell, 2007; McNamara, 2007). Findings from evaluations of the program found this was an effective service delivery model that incorporates enhanced case management and successful therapeutic, creative arts group work strategies that suit the needs of homeless children (D. McDonald & Campbell, 2007; McNamara, 2007). This program is an interesting example that combines both a specialist response to case management and therapeutic interventions to children and families. It is framed by an early intervention focus in order to minimise any negative impacts of homelessness for children.

### ***Underlying theory***

Approaches to case management included in this synthesis emphasise the need to address the needs of child(ren) and their families.



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The common theory is that positive outcomes for children are achieved when the relationships and needs of both caregivers' and family members' are considered (Zlotnick & Marks, 2002).

### *Intervention*

This entails providing supports and services that address the diverse range of ecological influences that impact on the lives of homeless families, but not in isolation from each other.

Kilmer et al. (2012) noted that many interventions for children and families who are experiencing homelessness attend to the needs of the children or the caregiver and often do not address the caregiver-child relationship. They suggest that a coordinated, ecologically grounded and developmentally based approach that includes a focus on the child/parent relationship is more likely to address the diverse range of influences on the child and family, and minimise the fragmentation of services (Kilmer, et al., 2012).

### **6.2 Family-centred (homelessness)**

Traditionally the homelessness sector has focused its attention on adults as the primary client, with an often implicit assumption that benefits will 'trickle-down' to the children and family members (Brinamen, et al., 2012; McNamara, 2007; Spinney, 2012). Some homelessness researchers advocate for family-centred services and supports (Dykeman, 2011; Kilmer, et al., 2012; Swick, 2008). Family-based or family centred approaches assist in re-establishing the interpersonal equilibrium often disrupted when people live without a stable home and can help the adult members of the family cope with the stress of parenting within a homeless environment (Dykeman, 2011).

Family-centred services reflect a coordinated approach to care that focuses on the needs of the whole family, not just the caregiver or an identified child. Family-centred services and supports can also facilitate positive parenting (Swick, 2008). Efforts can include psycho-education interventions for parents addressing their capacity to meet their children's needs in the context of adversity, as well as building living and coping skills and approaches designed to foster or enhance emotionally responsive caregiving.

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### Highlighting family strengths

In tumultuous and difficult times the literature argues that a focus on the strengths of the family unit can help them develop a voice, feel competent and empowered, and develop rapport and trust with the service provider to then work together to improve outcomes for the whole family. A shift in attention of the homelessness sector towards the needs of families can also provide the foundation for a range of intersectoral and intrasectoral collaborative endeavours (Gibson, 2010).

### Strengthening parent-child relationship

Kilmer et al. (2012) note that a central emphasis of working with children and their families should be strengthening the family unit, particularly maintaining or strengthening the caregiver-child dyad (Kilmer, et al., 2012). This dyad has a great influence on the children's development and adaptation. A positive caregiver-child relationship also supports the development and enhancement that contribute to resilience, and is a consistently identified protective factor to promote health adaptation (Kilmer, et al., 2012). As such, it is imperative that the caregiver is supported, as their wellbeing is a critical element linked to resilience.

### Improving parenting practices

Given the challenges that parents and children face while homeless it is not surprising that interventions target parenting amongst families experiencing homelessness. Increasingly, clinicians and researchers are endorsing efforts to facilitate positive parenting as a primary strategy for addressing the negative impacts of homelessness on children's adjustment (Perlman, et al., 2012). Although the impact of homelessness can affect the quality of the parent-child relationship (Perlman, et al., 2012). However, there is currently a lack of research on parenting strengths and the needs of parents experiencing homelessness (Perlman, et al., 2012).

Gewirtz et al. (2009) found that positive parenting practices were significantly associated with child adjustment, and that parents' experiences, and influences from the surrounding environment, affect the parent-child relationship. They found that effective parenting practices, such as positive parenting, less coercion, use of problem solving and self-reported parenting self-efficacy were associated with positive child adjustment. These findings

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highlight the importance of attending to and supporting parents in their interactions with their children while they experience homelessness.

Parenting Through Change (PTC) was evaluated for its feasibility of implementation in an emergency shelter (Forgatch & DeGarmo, 1999; Forgatch & Patterson, 2010). This program targeted five parenting practices: skill encouragement; problem solving; limit setting; monitoring; and, positive involvement. It was conducted in groups over a 14 week period, with 90 minute sessions. They found that there were a range of positive outcomes, which included:

- improved parenting practices,
- reduced child behaviour problems (externalising problems, arrests, drug use, and depression); and,
- increased child academic performance.

Furthermore, maternal depression and maternal arrests were significantly lowered (Forgatch & DeGarmo, 1999; Forgatch & Patterson, 2010). Follow up found that the mothers involved in the program group were outperforming control group participants on socioeconomic indicators of education, income, and occupation (Forgatch & DeGarmo, 1999; Forgatch & Patterson, 2010).

### **6.3 Mother and child centred (family/domestic violence)**

The most compelling evidence supported the use of concurrent or parallel mother and child interventions to improve child outcomes (Graham-Bermann & Hughes, 2003; Graham-Bermann, et al., 2007; Jouriles, et al., 2009; M. Sullivan, et al., 2004; Tischler, et al., 2009; R. McDonald, et al., 2011).

At the core of the mother focused and mother-child focused interventions is the dynamic between the mother and the child. Research suggests that interventions are most effective in meeting both maternal and children's needs when the interventions are focused at the dyad (Graham-Bermann, et al., 2007; M. Sullivan, et al., 2004; Tischler, et al., 2009).

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### Theory

These interventions are based on the premise that the mother's capacity and ability to parent has been adversely affected by family/domestic violence and that improving their (a) parenting skills; and/or, (b) emotional and psychological wellbeing, will lead to positive outcomes for the children.

### Intervention

Graham-Bermann and Hughes (2003) present three 'exemplary examples' of programs that have been implemented, evaluated and published. The programs included were referred to as the Advocacy and The Learning Club; Project Support and Kids Club. All three reported positive effects for mothers and children. These findings support previous studies of treatments for child aggression that found that success is greater when interventions focus simultaneously on the symptoms of the child, as well as providing parenting education and support.

The focus of Project Support, an intervention used in the United States, involved teaching mothers about child management (parenting) skills and providing them with practical and emotional support. The aim of the intervention was to reduce conduct disorders and aggressive problems in children aged between 4-9 years (Jouriles, et al., 2009; Jouriles, et al., 2001). The intervention utilised home-based visits when families left the shelter. Participants received an average of between 20 and 23 sessions with a therapist over a period of up to eight months.

While this project was focused on mothers, child mentors were used with the children to allow therapists to spend time with the mother. The child mentors were students who accompanied the therapists and provided positive support and pro-social modelling for the children. It is unclear, however, what role and impact this played in the intervention.

### Outcomes

Findings showed that the children in Project Support exhibited greater reductions in conduct problems than a comparison group and mothers displayed greater reductions in inconsistent and harsh parenting behaviours and psychiatric symptoms (Jouriles, et al., 2009; Jouriles, et

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al., 2001). By the end of treatment, the changes in the mothers' parenting and psychiatric symptoms were considered to account for a 'sizable proportion' of the effect on child conduct problems. That is, reductions in features of psychopathy for children in Project Support were partially attributable to improvements in parenting; this suggests parenting is a viable intervention target (R. McDonald, et al., 2011).

A further example is a USA community-based intervention program for children aged 6-12 years, and their mothers who had been exposed to family/domestic violence during the previous year (Graham-Bermann, et al., 2007). This was a 10 week group work intervention that targeted children's knowledge about family/domestic violence, attitudes and beliefs about families and family/domestic violence, emotional adjustment and social behaviour.

### ***Parenting program***

A parenting program was run concurrently, designed to improve mothers' repertoire of parenting skills and enhance their social and emotional adjustment, thereby reducing the children's behavioural and adjustment difficulties. Graham-Bermann et al. (2007) found that mother and child interventions were more effective in reducing negative outcomes for children. However, they raised concerns about whether the intervention could be implemented with community service providers without the university resources, as the sector may lack the skills and resources. The authors also had reservations about replication and evaluation of this program with children in other settings.

## **6.4 Mother-centred**

Interventions with mothers that were examined in this synthesis focus on:

- education, working with mothers to improve their coping, parenting and child management skills;
- emotional support; and,
- advocacy and practical support.

The research indicates that (a) education for mothers has a significant impact on reducing conduct disorders, reducing harsh parent-child interactions, and may help reduce features of psychopathy in their children. To be most effective, both (b) emotional support, and (c)

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advocacy and practical support, need to be linked to the provision of case management to reduce the stress and burden placed on mothers confronted with complex needs. The need for strong collaboration between services to address the needs of children and families is a recurring theme.

### **Group work**

The interventions with mothers were focused on education and working with mothers to improve their coping, parenting and child management skills; emotional support, and advocacy and practical support. Some of these interventions were conducted in groups and others were one-on-one. The research indicates that education for mothers had a significant impact on reducing conduct disorders and harsh parent-child interactions, and may help to reduce features of psychopathy in their children.

### **Advocacy and support**

The complex needs and conditions of their lives entail that emotional support, advocacy and practical support are essential to help them address their needs. By providing assistance to reduce the stress and burden placed on mothers confronted with the complex needs of their children, there is also an improvement in the mother/child interaction.

Advocacy interventions can also be very effective in reducing stress and psychiatric symptoms (C. Sullivan, et al., 2002). There are passing references to the need for advocacy and support for parents to attend to other environmental factors that impact on the stability of their own lives and those of their children. There is limited discussion, however, about the need for practical support identified in the literature included in this study.

Ancillary services, support and assistance are often provided as part of specific interventions and are seen as central to engaging mothers by offering what the mothers themselves consider they most need at the beginning of treatment (Jouriles, et al., 2009).

### **Intervention with mothers**

Interventions such as the USA Project Support have a strong evidence base and focus on developing child management skills and providing instrumental and emotional support. This intervention, like many others, is conducted with mothers upon leaving a shelter/refuge. In

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Project Support sessions are home based. The role of stable housing is not explicitly accounted for in this intervention. Furthermore, the intervention involved between 20-23 sessions, reinforcing the need for continuity of care, and again, stability.

### 6.5 Child-centred (homelessness)

Research with children has made it apparent that children experience and perceive challenges differently, and that a 'one size fits all' service approach does not meet their individual needs (Moore, McArthur, & Noble-Carr, 2011).

The assumption that working with parents will have a positive impact on children pervades the homelessness sector (McNamara, 2007). Although it is clear that positive outcomes for caregivers can have benefits for children, some argue that if the individual needs of children are not assessed and addressed, children will struggle to independently resolve the emotional and physical impacts of trauma on their development (McNamara, 2007).

Terms such as child-centred, child-inclusive, child-led, and conceptualising the child as the primary client, are all different presentations and permutations of shifting the focus away from the assumed parent-down approach.

Workers need to take cues from children and provide them with opportunities and appropriate spaces to express their needs in a way that is consistent with their emotional and developmental requirements, interests and wishes (Moore, et al., 2011).

Koblinsky & Anderson (1993), for example, suggest that any programs offered to small children need to:

*[P]rovide a stable, predictable environment. By keeping play areas, routines and activities consistent minimizes the adjustments children need to make when they return. The design of space and curriculum should also satisfy homeless children's need for: quiet space; private space; personal possessions; outdoor activity; and opportunities for emotional expression. (p 24)*

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Thomas (2007) identified six principles for working with children in a child-centred way:

- Acting in the best interests of the child;
- Engaging with children through the use of play techniques and by providing space;
- Giving reassurance that the child is not alone, responsible, or to blame;
- Feeling genuine empathy and respect for children; and,
- Working at a level appropriate to the child's developmental capabilities.

### **Play therapy**

Play therapy stands out in the literature as one of the primary child-centred interventions for working with children who have experienced homelessness.

#### *Theory*

Thomas (2007) suggests that play is very important, broadly, as it allows children to deal with anxiety through a safe, established and normal practice. It endeavours to teach children to express feelings and gain some control over difficult and disturbing thoughts and emotions.

#### *Outcomes*

Baggerly (Baggerly, 2003, 2004; Baggerly & Jenkins, 2009) examined the effectiveness of child-centred play therapy on self-esteem, depression and anxiety, and on developmental and diagnostic factors on homeless school children. These studies have been conducted in rooms in homeless shelters (Baggerly, 2003) and in buildings near classrooms at school (Baggerly & Jenkins, 2009). They found that the children involved had improved self-esteem, reduced anxiety and depression. The researchers concluded that child-centred play therapy "may have a positive impact on children who are homeless and on children's development within the classroom" (Baggerly & Jenkins, 2009, p. 45). However, it must be noted there was a significant drop-out rate in these studies, with participants frequently being unable to attend the recommended number of sessions.

### **Therapeutic play**

Spinney (2012) discusses a range of available intervention activities and therapeutic play activities suitable for children's workers and parents living in homelessness shelters/refuges



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that can be used with children exposed to family/domestic violence. The author suggests that:

*[U]nlike their mothers, very young children living in refuges in Australia are not often given the opportunity to begin to come to terms with, or reflect on, their experiences. Indeed, they have tended to be distracted from thinking about what they have been through. (Spinney, 2012, p. 4).*

Spinney (2012) suggests that 'playing with a purpose' is a way to provide first-aid early interventions that allows children who are homeless and have experienced violence to explore their experiences in a safe and supportive environment.

Spinney (2012) presents an account of an Australian qualitative research project, Safe from the Start, which was designed to identify and form a register of intervention activities and therapeutic play for affected young children aged up to six. It sought to increase understanding of how staff within crisis accommodation services, and other front-line workers and parents, can address some of the probable negative impacts of the inter-linked experiences of homelessness and family / domestic violence on children (Spinney, 2012).

The Safe from the Start toolkit that was developed as a result of the research was found to be effective in: helping to identify signs of abuse; being used as a one-on-one therapeutic tool; and, being used as a tool with parents (Spinney, 2012). A key message identified in this paper that discussed the intervention activities like Safe from the Start, is that effective early intervention with affected children can be implemented by non-specialised workers and parents with confidence, as long as they receive adequate training (Spinney, 2012).

### **Filial therapy**

Filial therapy is derived from play therapy and aims to assist the parent-child relationship by "promoting healing during a highly distressing event such as homelessness" (Kolos, et al., 2009). It endeavours to teach children to express feelings and gain some control over difficult and disturbing thoughts and emotions (Kolos, et al., 2009).

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### ***Theory***

By teaching the parent new skills to respond to and interact with their child, the parent-child relationship will be strengthened.

### ***Outcomes***

Filial therapy has been seen to be useful with a variety of different target populations resulting in “strengthening parent-child relationships, increasing parental empathy and children self-esteem, and decreasing parental stress and disordered child behaviours” (Kolos, et al., 2009). Clinicians work with caregivers to facilitate a positive relationship with their children and learn skills to manage children’s behaviours.

There is a lack of current research that specifically measures the effectiveness of filial therapy with homeless populations. However, Kolos et al. (2009) suggest that filial therapy is simpler and more accessible than other play therapy models. There is also flexibility in training and it can be conducted in groups in community centres or residential homelessness services.

### **Group work**

Research examining the effectiveness of group work with homeless children is limited. However, group work has been seen to be an effective intervention modality for treating vulnerable children in different settings (Helmer-Desjarlais, 2010; Hurworth, 2007; D. McDonald & Campbell, 2007; McNamara, 2007; Swick, 2008; Thompson, 2011). Within the literature in the homelessness field there are numerous references to group work with children in the context of family/domestic violence, as seen in Hurworth’s discussion of group work (2007).

Psycho-educational groups for homeless children usually comprise a set number of sessions and are focused on education and skills development. Despite the lack of literature specifically addressing group therapy with homeless children, group therapy in other settings indicates that there are numerous ways of working that are needed for different age groups (Hurworth, 2007). Facilitators function as a teacher or trainer and engage participants in discussion, exercises, role play and feedback (Hurworth, 2007).

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### *Theory*

Group work is considered “an effective and resource efficient way to engage a number of children at one time in an environment where they have the opportunity to learn from each other and build a greater sense of connectedness to community” (McNamara, 2007, p. 49). Group work can be provide a flexible approach to working with children that can be done within the homelessness sector with specialised support, training and co-facilitation (McNamara, 2007).

### *Outcomes*

Discussion of the benefits of group work refers to research in the family/domestic violence field. The reported benefits include reduced aggression, decreased anxiety, and improved social relations with peers (Graham-Bermann, 2001; Hurworth, 2007).

### *Research*

The Bright Futures Project created a therapeutic creative arts group work program designed to assist children to develop self-confidence, self-esteem, social skills and contribute to wellbeing (D. McDonald & Campbell, 2007). The program developed a set of best practice principles, which address: group work design issues; group work timing, content and review; communication; transport needs; parenting support; and, training and resources (D. McDonald & Campbell, 2007). The children’s group work in the Bright Futures Project involves engaging with parents to ensure they are aware of what is addressed in the program, and ideally, continually maintain contact on a weekly basis.

## **6.6 Child-centred (family/domestic violence)**

### **Group work**

Group work or group therapy is the most predominant intervention targeting children who have experienced family/domestic violence. Thompson (2011), for example, suggests that a mixture of structured group counselling and play therapy: ‘balanced therapeutic modality’, is a good approach to interventions for children who have been exposed to family/domestic violence. However, Thompson notes that group interventions for this group of children are often limited to eight to ten sessions, yet little is known about the length of time required for

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children's domestic violence groups to move through the stages of group development (Thompson, 2011).

### ***Goals and outcomes***

The goals or aims of group work interventions vary, but include: developing resilience to enhance coping with trauma; developing coping and social skills; education about family/domestic violence; increasing self-esteem; understanding and managing emotions; reducing externalising and internalising behaviour (Graham-Bermann, 2001; Graham-Bermann, et al., 2007; Huth-Bocks, Schettini, & Shebroe, 2001; Lee, et al., 2012; C. Sullivan, Bybee, & Allen, 2002; Thompson, 2011).

Helmer-Desjarlais (2010) summarised the common treatment goals that emerged from a literature review and across an in-depth exploration of four group counselling programs:

- Breaking the secret;
- Understanding family violence;
- Emotion labelling;
- Increasing skills and self-esteem;
- Acquiring social support;
- Safety skills and planning;
- Dating violence;
- Sexual abuse and harassment; and,
- Other goals. (Helmer-Desjarlais, 2010)

Program sessions varied from 9 weeks to 18 weeks and tended to be a mixture of structured therapy and play therapy. Structured therapy sessions are educational in focus and designed to enhance the child's sense of safety, develop a therapeutic alliance, and a vocabulary of emotions that enables children to express their feelings (Graham-Bermann, et al., 2007). Later sessions address topics that include responsibility for violence, managing emotions, conflict and its resolution (Graham-Bermann, et al., 2007).

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Lee et al. (2012) document a preliminary evaluation of a ten-session group intervention with children exposed to domestic violence, conducted in the USA. Their program, called Superheroes, was designed to promote five primary outcomes:

- a) alleviation of guilt/shame;
- b) improvement of self-esteem;
- c) establishment of trust/teamwork skills;
- d) enhancement of personal safety; and,
- e) abuse prevention.

Using pre- and post-test data, they found an overall decrease in depressive symptomology, symptoms of psychosocial impairment, and certain problematic behaviours. Their early findings provide some support for the efficacy of a psycho-educational group intervention approach to meet the needs of children exposed to domestic violence (Onyskiw, 2003). This intervention required two clinicians and volunteers for one-on-one work with children. However, it must be noted that in this example there was a companion parents' program, though it was not the focus of their evaluations.

### ***Effectiveness of group work with children***

Overall, the findings from the studies on child-centred group work are mixed. If the primary goal of group sessions with children is to bring about positive change then the evidence is not convincing. However, when coupled with mother interventions (discussed above), and when the goals are broadened to include, for example, a variety of activities to make children feel 'at home' and develop relationships with others, rather than solely aimed at the reduction of symptoms, then the evidence of child focused interventions via group work becomes much more compelling.

Group work/therapy for children has been seen to effect positive changes in children's perceptions of themselves, and can result in some behaviour change. However, in every instance of the literature reviewed, this has occurred with concurrent treatment with mothers and is different to direct attribution to the treatment sessions. A resounding theme is the reference to either the need for, or significance of, the concurrent mother sessions.

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### Early childhood mental health consultation model

Brinamen et al. (2012) explore the potential role of a consultant model into homelessness and family/domestic violence shelters; the 'early childhood mental health consultation' (ECMHC) model.

#### *Theory*

The ECMHC has at its foundations the significance of the parent–child relationship in the interrelated developmental process of young children and their parents (Brinamen, et al., 2012).

The ECMHC is based on a consultant-consultee relationship (where the practitioner is the consultee) which works to shift the focus of services from parent-focused to child-focused. This occurs through a range of mechanisms and processes, such as:

- training,
- developing an understanding of the survival priorities of families,
- appreciating the impact of adults' decisions on children, and
- increased efforts to create space for reflection and thinking (Brinamen, et al., 2012).

This model aims to improve the understanding, practice and capacity of workers in relation to the needs of children and families who are have experienced homelessness and family/domestic violence (Brinamen, et al., 2012).

The consultant-consultee model suggested by Brinamen et al. has been used in other settings (2012), and it is argued, can be extended into the homelessness and family/domestic violence sectors to better meet the needs of children.

### Chapter 7. Improving Responses for Children and Parents

This section summarises some the important issues raised in the literature regarding how the service response can be improved in order to maximise positive outcomes for children and families.

#### 7.1 Child and family responsiveness

Across the literature there is a call to reconceptualise service provision to be attentive and responsive to the holistic needs of families, including the specific needs of children. An array of terminology is used in the literature: family-aware, family-focused, family-oriented, family-centred, whole family, family-sensitive; child-inclusive, child-centred, child-led, child-aware, child-specific, child-sensitive.

Dorothy Scott (2009) developed a spectrum, which has been adapted and extended below, which places services on a continuum that situates their focus of attention and practice in relation to children and adults. Scott developed this spectrum to describe the continuum that exists in a range of adult or children focused services. In making the argument that adult services need to be more focused on children and vice versa, Scott argues that services need to 'think family' which will incorporate both the needs of adults and children.

The four elements of the continuum are defined as:

1. Narrow: Fulfilling core role only and not attentive to the needs of families/children ("families/children are not my concern").
2. Somewhat narrow: Focus on core role and conduct assessment of needs of families/children which can lead to a referral ("families/children are a concern but someone else's job—refer on").
3. Somewhat broad: Attentive to needs of family/children, which are incidental but unavoidable ("Not my core role to address needs of family/children but I have to do it").
4. Broad: The needs of families/children are an intrinsic part of core role ("families/children are part and parcel of my job").

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*Family responsive approaches* include an array of service models and practices that recognise that people's lives are linked to family. The emerging literature suggests that there is a need for a range of responses appropriate to different services and different contexts.

*Child responsive approaches* are sometimes, but not always, a subset or variation of family responsive services, as the focus is on the child and the involvement of the other family members can vary greatly in approaches. Under the broad child responsive category there are a range of approaches on a continuum that spans:

- acknowledging that someone has a child (child aware);
- changing services so that they are sensitive and appropriate to children's needs (child sensitive);
- including children in a process or intervention, as a part of a family (child inclusive) and,
- services that explicitly target the child as the primary client (child centred).

There is a recognised need in the literature for both the homelessness and family/domestic violence sectors to shift further along the spectrum of family responsive and/or child responsive practice, which will require the sectors to further build their capacity to adequately assess for need and respond to what is required. Where necessary, the sector will still be required to access specialist services. We do note there is often a paucity of specialised service responses available for children.

### **7.2 Therapeutic considerations**

Therapeutic interventions for children and parents affected by homelessness and/or family/domestic violence need to be nestled within an integrated care plan that addresses the diverse range of issues that this population can face (Tischler, et al., 2009). Retention in therapeutic interventions was problematic across the homelessness and family/domestic violence sectors. The instability and chaos of the lives of this target group reinforces the necessity for integrating the provision of wider range of support not only as valuable in itself but to help develop rapport and trust.



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Developing a trusting relationship can start with the less therapeutic focused interventions and support, including developing coping and parenting skills, practical support, and clearly articulating the confidentiality and boundaries that frame the professional relationship.

### 7.3 Collaboration and partnerships

A consultant model provides a way to support existing services to build the capacity of organisations and develop ways of working with families and children. The expert consultant can support existing services to increase their capacity to respond to families and children generally, but also specifically to particular cases. In *Bright Futures*, the consultant supported individual services and their clients, and built the sector's awareness and response to families and children. A consultant model can provide education to mainstream services, such as schools and early childhood centres, to build awareness regarding the needs of children and families.

It is suggested that the consultant straddle, and facilitate collaboration between the sectors. This model is used in other contexts, such as between health and child protection, and family relationship services and mental health services. The consultant can play a critical role in facilitating culture change and the breaking down of silos and divisions within and between sectors. Referral pathways can be developed as workers and services become aware of, and develop relationships with, other services to help address the diverse needs of their clients.

### 7.4 Relationship based service provision and support

The centrality of relationship based service provision across the homelessness and family/domestic violence sectors is not foreground in the literature. Although it does not stand out as one of the key features, the discussion of relationship based practice pervades much of the literature, articulating both implicitly and explicitly the centrality of relationships to positive outcomes.

Relationships are considered central for several interlinked reasons and involve a range of different parties. First of all, the relationship between the mother-child is paramount to facilitating positive outcomes for children and families. Secondly, the relationship between the client(s) and the worker is a key factor in receiving support. The client-worker

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relationship is a model of a supporting relationship with someone that they can trust. This is seen most clearly where children are considered clients. Thirdly, these other relationships act as models or examples of relationships with other people more broadly.

In one of the few articles that focuses on concurrent issues of homelessness and family/domestic violence, Brinamen et al. (2012) emphasise the centrality of relationship focused practice. The consultant model they outline is dependent on a good relationship between the consultant and consultee, and helps them to develop relationships with their clients, both children and parents (Brinamen, et al., 2012). They highlight the transformative nature of relationships, given the need for parents and children affected by conflict to learn to trust and develop new and sustainable relationships, modelled through interactions with their workers.

In a realist synthesis examining case management responses to homelessness, Gronda found that case management works because of the relationship between the client and the case management team (Gronda, 2009). Access to housing was seen to be a central factor in enabling the case management relationship to lead to beneficial outcomes. Thus, there is an intimate interconnection between the provision of support and the creation of the beneficial relationships.

### **7.5 Screening, assessment and triage**

The need for screening, assessment and triage is made explicit in the research and is very obvious when looking across both sectors. As children and families have diverse, complex and interlinked needs, which can rarely be met by one service, a comprehensive assessment of clients' needs is essential. It is evident that an assessment tool would increase awareness and attention regarding the needs of this population group. Assessment enables treatment matching and also data collection.

Reflecting the current literature, an ecological or holistic assessment would be necessary. To be effective, this process would consider the diverse range of needs that affect this population group and transcend any divide between attending to primary support needs (housing, income, etc.) and psychosocial needs. Furthermore, including the perspective and views of children in the assessment process will enable them to identify their needs.

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Therefore, assessment needs to be linked to a practice model that enables adequate responses. One example, outlined by McNamara (2007) has three streams:

- Stream One: Assessment and case planning support;
- Stream Two: Enhanced case management; and,
- Stream Three: Therapeutic Group Work.

Stream One involves secondary consultation to the referring agency to help them support the needs of the child(ren) and family within that service, to develop comprehensive case plans for individual children in partnership with the referring agency, caregivers and children (McNamara, 2007). Stream Two entails a specialist case management team providing enhanced case management support on a one-on-one basis to children with significant needs that require urgent attention (McNamara, 2007). Stream Three involves therapeutic group work for children (McNamara, 2007).

A structured but flexible model, such as the one outlined above, provides clear links to a range of responses that meet the diverse and eclectic needs of this population group. An assessment tool needs to be linked to the local context – to the capacity of services and also to the range of services and supports that can be drawn on. Assessment, screening and triage work well with a consultant model (discussed below) which can help develop the individual responses of services, both broadly (identifying strengths and building the responses of services to children's and families' needs), and for specific children and families where needed.

### 7.6 Skills and training

Research confirms that there is uneven capacity of homelessness services to assess and respond to children's needs (Brown, 2006; Gibson, 2010).

The level of training and experience working with groups of children within the homelessness sector will have an effect on the outcomes. Training in observational skills and basic child and adolescent development for homelessness workers has been recommended (Brown, 2006); support and training from early childhood specialists in order to build confidence and skills in doing this work. However, it has been noted that training alone

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would be insufficient unless existing services change their organisational practices (Gibson, 2010).

It has also been noted that service staff working with some families may be concerned that their relationship with the parent could be jeopardised if they identify the children's needs or express any concerns about the children's safety (Gibson, 2010). On the other side of this there is the suggestion that service providers may blame parents which can result in refraining from interfering, missing the opportunity to facilitate healthy parent-child relationship and improve outcomes (Perlman, et al., 2012). Perlman et al. (2012) suggest that this could be addressed in part by introducing a strengths-based intake assessment to mediate against pathologising or scapegoating.

### Chapter 8. Conclusion

This final section highlights the key contextual issues facing both services and families experiencing homelessness and/or family/domestic violence. It also details the key issues for the two sectors as well as the central theories and guiding principles that inform practice with children and parents.

#### 8.1 Context

##### Homelessness

In the homelessness sector, the provision of practical support and housing is intended to achieve the broader aim of securing safety and stability. The literature indicates that families, especially those with children, need stability, predictability and a safe and reliable environment. This can be achieved through numerous mechanisms, however, due to the complex and multifaceted nature of the overlapping issues of homelessness, family/domestic violence (and other associated factors), case management has become the most common response to address stability, safety and predictability. The scope of the case management varies according to context.

##### Family/domestic violence

Within the family violence field, there is sparse literature and research addressing interventions with children exposed to family violence (Graham-Bermann & Hughes, 2003; Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007; Onyskiw, 2003). Across the service sector in Australia and internationally there are a range of therapeutic interventions for children affected by family/domestic violence. These interventions mostly focus on addressing developmental delays, behavioural issues and treating trauma through interventions that target either the mother, the child, or the mother/child.

These interventions are predominantly group sessions. The goals or aims of the interventions vary but include: developing resilience to enhance coping with trauma; develop coping and social skills; education about family violence; increase self-esteem; understand and managing emotions; reduce externalising and internalising behaviour (Graham-

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Bermann, 2001; Graham-Bermann et al., 2007; Huth-Bocks, Schettini, & Shebroe, 2001; Lee et al., 2012; C. M. Sullivan, Bybee, & Allen, 2002; Thompson, 2011).

### **Bridging the divide**

While there is some continuity across the two sectors, the complex nature of homelessness and family/domestic violence has resulted in the development of different responses to the needs of children. Stainbrook and Hornik (2006) suggest that because of differences in funding, mechanisms, and cultural distinctions between the two service sectors, the focus of the programs differ, and moreover, the needs of the families may not be addressed (Stainbrook & Hornik, 2006). Their findings suggest that homelessness support services need to be more attentive to violence and trauma as well as resource issues such as housing (Stainbrook & Hornik, 2006). While these services are developed for a specific purpose, the client populations have multiple and complex issues/problems no matter what service type they use and the needs of these families rarely are related to the single function of the shelter (Stainbrook & Hornik, 2006).

### **Structural issues**

Brinamen and colleagues discuss the structural impediments and expectations or demands placed on practice from case management and clinical expectations that shape responses to their clients – reinforcing an action oriented or limited focus on particular goals (Brinamen, et al., 2012). That is, workers often feel compelled to act, due to the urgency and often crisis driven nature of their clients' needs. This can force them into a very pragmatic, and less reflective, way of doing the work.

Furthermore, what is often missing is the awareness and skills to be attentive to and assess the needs of families and children. Assessment and triage to services and supports specific to the needs of the parents and children is needed. Some homelessness services will not be able to offer intensive parenting or child-centred programs because of costs, staff shortages, staff training, or other barriers to service delivery.

### 8.2 Key issues

The field of homelessness concentrates on addressing the diverse range of factors that shape the lives of homeless families primarily through varying approaches to case management. A hierarchy of needs and ecological perspective reflect the homelessness sector's strengths; providing access to accommodation and facilitating contact with other supports to bring about some degree of stability, security and predictability. However, there are a lack of interventions and approaches aimed at meeting the emotional, social and psychological needs of parents and children.

In contrast, the literature from the family/domestic violence sector focuses strongly on addressing exposure to trauma through interventions that target the mother, the child, or the mother/child. However, the concurrent or parallel mother/child interventions stand out as the best approach, both theoretically and based on the evidence. Although it is recognised that women require support to facilitate stability, approaches to addressing these other needs are not explored in the family/domestic violence literature.

#### **Commitment to be child-centred practice**

While there is an assumption that meeting the needs of caregivers will address children's needs (Gibson, 2010; McNamara, 2007), there is growing recognition of children as clients in their own right.

#### **Parent-child relationship very important to positive outcomes for children**

The strongest evidence for positive outcomes for children who have been exposed to family/domestic violence was when researchers examined interventions with concurrent treatment with mothers and their children. It is difficult to directly attribute children's improved outcomes to the group work sessions alone.

Services that explicitly aim to address the needs of children need to think about creating child-friendly spaces that provide stable and safe environments with play areas appropriate for children.

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### **Complexity of needs among service users**

Although services and programs do exist that can work to support positive outcomes for children exposed to homelessness and/or family/domestic violence, they are few and far between. There are currently very few services that specialise in working with children who have been affected by homelessness or family/domestic violence and even less that are explicitly attentive to the overlapping demands of these two issues.

The literature indicates that a 'one size fits all approach' to programs or services cannot meet the complex needs of children who have experienced family/domestic violence (Stephens, McDonald, & Jouriles, 2000).

### **Collaboration and partnerships**

Although there does appear to be some compatibility between the two sectors, there is little overlap found in practice. For this to occur in practice it would require significant investment and a strong commitment and resources to increase collaborative approaches.

There is a need to have a range of family and child responsive interventions established across the homelessness and family/domestic violence sectors. Different approaches or interventions are appropriate for different contexts – not every service can do everything to meet the needs of their clients. However, across the sectors there needs to be a range of approaches to improve outcomes for children and their parents.

Even though there exist very few services for children and families to be referred to, referral pathways and collaboration need to be clarified and strengthened within and between specialist homelessness services, family/domestic violence services, and also existing services that work with children, including schools and early childhood education and childcare.

### **Flexibility**

Due to the complex nature of the life circumstances, and the hardships and factors that contributed to homelessness, along with the trauma they have faced before and during their homelessness, it has been clearly identified across the literature that children and their



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families have a range of housing, social and mental health needs (Tischler, et al., 2009). To address these diverse needs the sector response requires flexibility and integration with other services.

### **Need to be trauma-informed**

Both sectors address issues of housing and resources, however only the family/domestic violence program appeared to address violence and trauma issues despite high levels of trauma and PTSD among both service user groups. The rates of trauma experienced by homeless families suggest that homeless services also need to be attentive and sensitive to trauma issues (Stainbrook & Hornik, 2006). Increasingly, homelessness itself, and events leading up to or prior to homelessness, are being conceptualised as forms of trauma.

Exposure to trauma not only directly affects children but also impacts on parents, parenting capacity and the relationship between parents and children. Kilmer and colleagues note that due to the prevalence and prominence of trauma, homelessness services should adhere to a trauma-informed perspective and to principles of trauma informed care management (Kilmer, et al., 2012).

### **Group work effective**

Most of the evaluations of interventions aimed at improving outcomes for children who have been exposed to family/domestic violence were conducted in group sessions. Consequently, the strongest and most compelling evidence relates to group work (Huth-Bocks, et al., 2001; M. Sullivan, et al., 2004; Thompson, 2011).

### **Better documentation and assessment**

There should be further development and documentation of effective, evidence-based interventions for children exposed to family/domestic violence (Onyskiw, 2003).

More effective screening and assessment is also required in order to identify the needs of mothers and children, clearly articulated intervention goals, objectives, tasks and the selection of appropriate measures, which will allow for more rigorous evaluation and feedback on the effectiveness of interventions (Stephens, et al., 2000)

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### Research and practice

The literature suggests a need for a stronger relationship between research and practice; for research to inform practice. There is a need for existing practices to have clearly articulated intervention goals, objectives, tasks and the selection of appropriate measures, which will allow for more rigorous evaluation and feedback on the effectiveness of interventions. Research on family/domestic violence interventions with children indicates the benefit of treatment early on (M. Sullivan, et al., 2004).

The literature that addresses homelessness and family/domestic violence as co-occurring issues is very limited and only 5 references (Figure 2) initially met the criteria for the synthesis but only 3 studies were included (Brinamen, et al., 2012; Spinney, 2012; Stainbrook & Hornik, 2006). However, they did not provide strong evidence from evaluations of interventions that worked towards positive outcomes for children.

There is a lack of existing literature that explicitly identifies interventions and approaches that address the needs of children who have experienced both homelessness and family/domestic violence. This is in some ways due to the significant crossover between these two issues, which is noted in the otherwise distinct fields of homelessness and family/domestic violence. Both fields of research acknowledge, at least in passing, the role of the other overlapping issue of homelessness or family/domestic violence. However, for the most part, the approaches and focus of these two fields are quite distinct. There is a clear need for further research and evaluations of programs that explicitly address the concurrent and overlapping issues of family/domestic violence and homelessness.

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## Appendix A. Homelessness Programs

Program title	Goal	Treatment modality	Dosage	Target	Group makeup	Age range	Context	Findings
(Baggerly, 2003, 2004)	Determine if CCPT increases self esteem and decreases depression and anxiety in homeless children	<b>Group Play therapy.</b> Licensed mental health counsellor-supervisor & a Registered Play Therapist	9 – 12 30 minute play sessions, once or twice a week.	Children	Two children per group	5-11	Private room in a homeless shelter	Improved self-esteem, anxiety, and depression. 48% dropout rate.
(Baggerly & Jenkins, 2009)	Examined the effectiveness of <b>child-centered play therapy</b> on developmental and diagnostic factors in schoolchildren who are homeless	Participants received individual <b>CCPT</b> . Graduate-level intern with 1 week training CCPT	45 minute session once a week, average of 14 sessions. (35 session were recommended, but this did not happen)	Children		5-12	Building near classrooms at school	Improvement internalization of controls and self-limiting features; showed positive trends in unsupported development. Effect sizes ranged from small to medium. "The findings are congruent with previous research that indicates that child-centered play therapy may have a positive impact on children who are homeless and on children's development within the classroom."

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								Dropout rate high (?)
(Dykeman, 2011)  Too broad	Describes impact of homelessness, methods of estimating frequency, and models of service delivery. Biopsychosocial model of intervention is proposed							
(Gibson, 2010)  Not an intervention	Identifies some innovative and promising approaches to lessen the incidence, duration and impact of homelessness.							
(Tischler, Karim, Rustall, Gregory, & Vostanis, 2004)	To establish the psychosocial characteristics and perspectives of homeless families who received input from a designated family support worker (FSW) at a statutory hostel for homeless parents and children. "The broad objectives of the	<b>Family Case management.</b> A family support worker (FSW) provided: assessment of social, educational and health needs; support and parent training; and liaison with and referral to specialist services and supports the hostel staff. Offers parenting and housing support withy	Mothers and children				Statutory hostel for homeless parents and children	Consumer's perspective and experience indicated: satisfaction with the service whilst they were residents at the hostel, but they were often not clear about the objectives of agencies and interventions they were involved in. Need careful consideration of confidentiality and sharing of information.

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	service were to provide assessment and identification of health and social care needs, liaison with specialist services, and parent training and support”	referral to other agencies such as child mental health services and psychotherapy through multi-agency meetings						Family support worker involvement needs to continue when families are re-housed in the community – Still vulnerable when the return to the community. Support was one of the major benefits (addressing isolation)
(Anderson, Stuttaford, & Vostanis, 2006)	Extends FSW outlined above – 4 workers instead of one. Aimed to ascertain (1) To what extent was there inter-agency working between the FST and other local services? (2) What are the specific characteristics of the FSW role that make it a useful service for homeless families? (3) To what extent were specific therapeutic interventions being developed?	Family <b>case management</b> through family support team (FST): “provides assessment and detection of a range of problems, support to parents and children, parenting interventions for child behavioural problems, liaison with other agencies, and referral to specialist services when appropriate”	Mothers and children				In hostel for homeless families	Staff felt the program had worked well “appears to have had a positive effect”. Still identified a need to address the mental health issues of children and parents. Prominent message was the support and someone to talk to – non specific skills integral to families who often feel isolated and lonely

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(Werrbach, 1994) Not specifically homelessness		Child case management					
(Canham & Emanuel, 2000)  Not specifically homelessness		Psychotherapy group	Hour-long		6 children aged 4-8 years		“The authors noted the gradual change in the children from ‘rival gangs’ to the concept of an ‘internal work group’ as the capacity to relate to one another improved.”
(Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009)  Unclear about what the intervention involved – how similar to the Early Riser program.	“[T]his study aimed to explore the nature of relationships among parental mental health, perceived parenting self-efficacy, observed parenting, and child adjustment in a diverse sample of formerly homeless families.” They “hypothesized that any direct effects of either parental mental health or parenting self-efficacy on child adjustment	Early Risers program, delivered in supportive housing (August, Realmuto, Hektner, & Bloomquist, 2001). Aims to address four domains (a) academic competence, (b) behavioral selfregulation, (c) social competence, and (d) parent investment in Child. This is done in tandem with the FLEX family support program tailor to each family (August et al., 2001)		Primarily Parents but children included(?)	6-12 year children	Healthy Family Network – family supportive housing agencies. These services are diverse in their missions, target population, and criteria for admission. Case management services used and vary with the needs of families and individuals	Their findings confirm the need for social services in addition to housing subsidies for families who have experienced homelessness. “Typically, services available to families in supportive housing are case management-focused. Case management is critical in providing access to appropriate benefits, opportunities, and care for families. However, our findings suggest that supportive housing also has the potential to provide an important portal for

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	would be mediated by observed parenting practices.”							family based mental health prevention and treatment services. Specifically, our findings suggest that intervening both to improve parenting and to address adult mental health needs might be desirable and even necessary to support child adjustment in families living in supportive housing.”
Parenting through change (M. Forgatch & Patterson, 2010; M. S. Forgatch & DeGarmo, 1999)	Targets five parenting practices: skill encouragement; problem solving; limit setting; monitoring; and, positive involvement.	<b>Group work</b> – actively learning and role-playing	14 week, 90 minute sessions	Parents and parenting practices				Positive outcomes included; improved parenting practices, reduced child behavior problems (externalizing problems, arrests, drug use, and depression); and, increased child academic performance. Maternal depression and maternal arrests were significantly lowered. 9-year follow up indicated that mothers in the program group were outperforming control group participants on socioeconomic indicators of

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								education, income, and occupation”
Family Care Curriculum (FCC) (FCC; Sheller & Hudson, 2010). As seen in (Perlman, Cowan, Gewirtz, Haskett, & Stokes, 2012)	Aims at changing parenting beliefs and attitudes through the development of reflective capacities. learning to think about what they and their children are thinking, feeling, and needing, parents will become more consistently sensitive and receptive to their children’s needs—leading to sustained behavioral changes.	Strengths based Integrates principles of attachment.  FCC is unique in that it begins with a train-the-trainers session to enhance sustainability and cost-effectiveness	6 week program, 1 hr sessions once per week.				Emergency and transitional housing	“Preliminary results suggest that providers, even those with limited or no previous experience facilitating groups, have been able to successfully implement FCC within the context of emergency and transitional housing agencies.” autonomy. “Preliminary findings suggest that mothers’ beliefs about parenting positively change from pretest to posttest.” High retention rate. Short duration allows most parents to participate in full program. (Perlman et al., 2012)
(Zlotnick & Marks, 2002)  Not really an intervention	Authors examine case management services that target homeless children and their families	Case management in health care for the homeless (HCH) program		Children and their families	Varied			Data collected from the case managers and from federal reports demonstrated differences among projects by case manager characteristics,



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								number of children served, and federal funding levels. The service's case management entailed coordinating services to address service overlap and gaps – difficulties with continuity of care. Zlotnick and Marks (2002) found many that the services whose case management target children focused on specific age groups.
Homeless Families Program (HFP) (Weinreb, Nicholson, Williams, & Anthes, 2007)		Trauma-informed care management model integrating mental health, substance abuse, and support services for homeless families in primary care. Families assigned a primary care provider & family advocate.	Multifaceted set of services, including: primary health care, family advocacy/case management, parent education and support, mental health and substance abuse treatment.				Families receive support while homeless – either sheltered or 'doubled-up' and during initial stabilisation in permanent housing	Findings demonstrate that it is feasible to integrate services that address the physical and behavioura; health and support needs of homeless families in a primary health care setting. Provision of emotional support was prominent in all service provision. Building safe and sustaining social support seen as critical.

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<p>(Kolos, Green, &amp; Crenshaw, 2009)</p>	<p>This is not an evaluation of an intervention. Rather, they aim to elucidate experiences of homeless parents, introduce concepts of filial therapy, and propose the use of filial therapy with homeless families</p>	<p><b>Filial therapy</b> "is a derivative of child-centered play therapy, where the child experiences unconditional acceptance and positive regard from a mental health therapist." Clinicians work with caregivers to facilitate a positive relationship with their children and learn skills to manage children's behaviours. Parents are taught skills that emphasise descriptions of behaviors and reflections of feelings. The skills include tracking the child's play behavior, focused listening, reflecting feelings, and therapeutic limit setting</p>		<p>Caregivers</p>			<p>There is flexibility in filial therapy training, which can be conducted in groups in shelters or community centers.</p>	<p>They suggest that filial therapy is one way for parents to improve interactions with their children even under the conditions of stress or during a crisis situation such as homelessness.</p>
<p>(Marra et al., 2009)</p>	<p>Marra et al (2009) conducted and exploratory analysis that</p>	<p>Homeless Families Project (HFP). The focus of the parent study was the</p>	<p>Case Management levels varied: high; medium; low (see</p>					<p>They found that women who reported high emotional and instrumental social</p>

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	examined the impact of conflict and social support on parenting behaviours in mothers who are homeless and involved in a study of case management interventions.	impact of different levels of <b>case management</b> .	reference for details). However, difference in the groups are not examined.					support self-reported greater improvements in parenting consistency over time than those who reported lower levels of support. However, conflict in support networks was found to be a risk factor for harsh parenting practices. They suggest that social support can enhance homeless mothers' ability to provide consistent parenting, but that these benefits may be undermined if conflict occurs in combination with limited levels of instrumental social support. "With some caution, we conclude that receiving social support... is positively associated with increased provision of consistent discipline between the two parents"
Bright Futures (McDonald & Campbell, 2007;	Provides: enhanced case management and/or group	Offers 3 streams: (1) assessment and development of a case plan (2)				0-18 years accompanying their families who are		The evaluation found that an effective service delivery model has been

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<p>McNamara, 2007)</p> <p>Bright Futures has a range of aims. Here we look at the direct intervention provided to children and their families</p>	<p>work responses to children whose families are accessing Homelessness and/or Family Violence Services. Aims to provide the support response that the sector has clearly identified that it requires to address the needs of children who are experiencing homelessness.</p>	<p>Enhanced Case Management (3) Therapeutic Group work.</p> <p>“Incorporates enhanced case management and successful therapeutic, creative arts Group work strategies, which are well suited to addressing the needs of homeless children.” (McNamara, 2007)</p>				<p>accessing homelessness support or family violence services</p>	<p>developed that incorporates enhanced case management and successful therapeutic, creative arts Group work strategies, which are well suited to addressing the needs of homeless children. Support for homeless children and their families. Bright Futures led to positive immediate impacts for many individual children and their families. Benefits for children included: • Enhanced emotional well-being, confidence and self-esteem; • Reduced levels of anxiety and fear; • Enhanced communication, interpersonal and social skills; • Improved attitudes and behaviour; • New strategies and skills to manage personal issues and relationships; • Noticeable improvements in school engagement;</p>
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								<ul style="list-style-type: none"> <li>• Greater awareness about who to turn to for support; and</li> <li>• Increased access and readiness to engage with specialist support services.</li> </ul> <p>Significant benefits were also reported for parents and caregivers, including:</p> <ul style="list-style-type: none"> <li>• Reduced feelings of isolation;</li> <li>• Improved family wellbeing and relationships;</li> <li>• Greater willingness to seek professional help; and</li> <li>• Reduced personal anxiety as a result of their children feeling more settled.</li> </ul>
(Tischler, Edwards, & Vostanis, 2009)	Draws together findings from a series of studies with women & children who experienced homelessness.	Identifies psychosocial & health priorities & psychotherapeutic interventions						
(Tischler, Vostanis, Bellerby, & Cumella, 2002)		A mental health service based on an outreach model that used a variety of approaches (child behavior modification, mental health						

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		assessment, brief therapy). Using a 'needs led' approach						
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## Appendix B. Family / Domestic Violence Programs

Program title	Goal	Duration and dose	Target	Age range for children	Group size	Treatment modality	Context & Timing	Findings
'Advocacy and The Learning Club' (C. M. Sullivan, Bybee, & Allen, 2002)	Developed to provide advocacy services to mothers. By extension, children are thought to be helped when their mothers receive more support and learn new information from a mentor and an educational program.	16 weeks. An average of 9 hours per week. 10 week education program (The Learning Club)	-Advocacy and practical support for mothers. - Children's group education and mentoring	7-11 years		-Group work – psycho-educational (children) /support group. -Advocacy and support (mothers).	Leaving shelters	Children improved feelings of self competence; Mothers maintained an increase in social support and satisfaction; Fewer children who received the intervention were abused by a parent; Changes maintained at 8 month follow up; "Thus, the advocacy for the women and children, plus the children's group education program, is successful in significantly reducing violence and in changing children's perceptions of themselves."
'Kids Club' (Graham-Bermann, 2001)	To foster resilience and to enhance children's recovery from the potentially traumatic effects of exposure to interparental violence – develop coping and social skills	10 weeks	Small group education session for children and n provides support for their mothers.	5-13 years			Has been offered in both shelter and community setting	"While the children's intervention program was useful by itself in reducing the child's adjustment problems, it was more effective when empowerment and parenting support were also provided to the mother"
(Graham-Bermann, Lynch, Banyard, DeVoe, & Halabu, 2007)	Targeted children's knowledge about family violence attitudes and beliefs about families and	10 weeks	Group session for children. Parenting program aimed at providing a	Groups were aged graded: 6-8 & 9-	5-7 children. Gender		Community	The Child & mother intervention was clearly more effective in reducing the percentage of children in the clinical range from



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	family violence, emotional adjustment and theory social behaviour within the small groups the sessions are run		repertoire of parenting skills and enhance social and emotional adjustment	12 years	mixed			posttreatment to follow-up relative to the child only intervention. The program was situated in the community and in a group format which is generally more affordable and accessible than long-term individual or parent-child psychotherapy.
Groupwork with children(Loosley , Drouillard, Ritchie, & Abercromby, 2006) in (Helmer-Desjarlais, 2010)	"To explore responsibility for violence; increase self-esteem; create safety plans; identify, express, and manage the children's feelings around the experience; and create new conflict resolution strategies."	12 weeks	Mothers and children's group	4-16 years	6-8			
Paths of change		10 sessions	Children and parent	4-13 years	8-10			
Preschoolers group		16 sessions	Recommended concurrent sessions for parent	3-6 years	3-6			
Group Play therapy for pre-schoolers (Huth-Bocks, Schettini, & Shebroe, 2001)	Designed in response to the need for more clinical interventions for young children exposed to domestic violence and related traumas	14 sessions, 60 minutes each	Children	4-5 years	6, with 2 therapists		Preschool	Children would likely gain more from a longer-term group. Children's distress would likely lessen if parental functioning improved through concurrent therapy. Qualitative measures suggest that the group has a positive impact on group participants.

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Superheroes (Lee, Kolomer, & Thomsen, 2012)	"designed to address the needs of children exposed to domestic violence"	10 session, 1.5 hours	Focus on children with a companion parent support group		Led by two clinicians			"Overall decrease in depressive symptomology, symptoms of psychosocial impairment, and certain problematic behaviours. Findings support psychoeducational group intervention approach." Suggest careful consideration of intervention goals.
(Thompson, 2011)	"A qualitative case study design illuminates the complex processes that group members engaged in within the bounded system of their counselling group"	18 sessions		6-7 years		Integrated structured and play therapy		Small qualitative study made recommendations based on a case study that captures insider's perspective of children's lived experience
(M. Sullivan, Egan, & Gooch, 2004)	"Designed to increase parenting skills, address needs of both parents and children regarding increased coping abilities and safety planning, and decrease effects of both postviolence stress"	9 week	Mothers and children			Based on CBT and systemic intervention approaches		Following the review of previous research on efficacy of interventions with both children and mothers and findings of their own evaluation: "Overall, it seems that concurrent group interventions for children and their mothers may hold promise." They also found that The intervention had dramatic effects on children scoring above the clinical cutoff, indicating that children in most need benefitted greatest. Findings also suggest that consideration should be given to extending or intensifying

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								the intervention for children above clinical cutoff at initial assessment.
Project Support (Jouriles et al., 2009; Jouriles et al., 2001)	Involves (a) teaching mothers child management skills and (b) providing instrumental and emotional support to mothers. To reduce Diagnosed conduct and aggressive problems in children by building on existing parenting skills	Up to 8 months. An average of 20 & 23 home-based treatments	Focused on mothers. Child mentors were used to allow timer for the therapist and mother.	4-9 years		Home based treatment, one-on-one.	Home based treatment sessions. Leaving shelter	Children in program exhibited greater reductions in conduct problems than the comparison group. Mothers displayed greater reductions in inconsistent and harsh parenting behaviours and psychiatric symptoms – this change in the mothers' parenting and psychiatric symptoms were considered to account for a 'sizable proportion' of Project Support's effects on child conduct problems by the end of treatment.
Project Support (McDonald, Dodson, Rosenfield, & Jouriles, 2011)	To reduce child conduct problems, have a positive effect on features of psychopathy in children.		Parents?			Home based treatment, one-on-one.		Participants exhibited greater reductions in features of psychopathy for children. These results suggest that parenting interventions that reduce harsh parent-child interactions, and that teach parents to respond to child misbehavior with firm (but not harsh) discipline, may help reduce features of psychopathy.
(Tyndall-Lind, Landreth, & Giordano, 2001)	(a) Describes the effectiveness of sibling group play therapy with child witnesses of domestic violence. Aims to improve self-concept, reduce internalizing	12 sessions, 45 minutes, panning 12 days	Children who had sibling no more than three years apart staying in the shelter.	4-10 years	Two siblings in each group	Intensive group work	At shelter	The results support intensive sibling group play therapy as an effective intervention for child who have witnessed family violence. This model is an effective means to provide services on a

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	and externalizing behavior problems, and reducing overall behavior problem. (b) Compare the effectiveness of intensive sibling group play therapy and intensive individual play therapy.							limited time schedule with children in crisis." "Intensive sibling group play therapy was shown to be equally as effective as intensive individual play therapy."
BuBs (Building up Bonds) (Bunston, 2006)	An intervention program for infants & their mothers accessing crisis/emergency accommodation. The program's aims are twofold: 1. To deliver an intervention which enhances the affectional bonds between infants and mothers 2. To provide 'hands on' training, transferable skills and cultural change to staff with regards to the mental health needs of infants affected by relational violence.	9 x 2hr groups	Mothers and infants. "Both infant and relationship centred"	4 months – 4½ years	Min 2, max 3 mums. 2-7 infants	Small groups. Facilitators were active participants. Toys & activities were kept to a minimum	Shelter/ refuge	Inconclusive
PARKAS - Parents Accepting Responsibility Kids Are Safe	"It is informed by systemic thinking, but utilizes a strong psychotherapeutic approach,	Children 1½ hrs. Mother/carer 2hrs – in one day, over 8-10	Mothers/carers and children	8-12 years		Group work. Same facilitating team conducts mother/carer and children		'Statistical analysis of mean SDQ scores as reported by parents and teachers before and after the AFVP' programs found an overall

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(Bunston, 2006, 2008)	incorporating attachment theory and an awareness of current neurodevelopmental thinking while building on the existing strengths and competencies of group members”	week period. With one or two joint sessions. Post group reunion				groups		improvement in total difficulties.'
Peek a Boo Club(Bunston, 2006, 2008)	“The premise of this intervention is to provide a therapeutic space within which the infants and mothers can safely play with alternative ways of experiencing and communicating with one another. Our focus is on the internal/external world of the infant, the internal/external world of the mother and their dyadic relationship.”	8 sessions, 2hrs per session. Post group reunion.		Up to 36 months		Group work. Each group targets a particular developmental cluster (i.e. 0-12, 12- 24 months)		Indications are positive with mothers reporting improvement in the quality of attachment, reduction in hostility and increases in enjoyment of their infant
Parenting Through change – PTC (A. Gewirtz & Taylor, 2009) as seen in (A. H. Gewirtz, 2007; Perlman, Cowan, Gewirtz, Haskett, & Stokes, 2012)	Modified PTC (see homelessness table (M. Forgatch & Patterson, 2010; M. S. Forgatch & DeGarmo, 1999)	14 week program						Preliminary data indicate improvements to parenting, particularly among program mothers at highest risk for poor parenting at the outset of the study. High retention rate and participants found it helpful. ????

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