

Consultation response

Scotland's Children's Commissioner – Policy Priority Consultation 2005

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Shelter

Homelessness and family support

We would like to propose that improving family support be a priority for the children's commissioner in the coming two years. We propose that improving support to families would be the most effective way to meet the needs of vulnerable children and young people and in particular the needs of homeless children across Scotland. In this paper I will describe the way that we use support to families to make changes to homeless children.

For seven years our Shelter Families Projects in Edinburgh and South Lanarkshire, and for three and a half years in Glasgow have provided practical and emotional support to homeless families. This support is based where the families are living and is therefore accessible. The support we offer includes direct support to both parents and children with Child Support workers offering therapeutic support to children and Support workers offering support to parents. The families to whom we offer support often have multiple difficulties, poor mental health, ongoing experience of violence and abuse from within the home and from outside in the community, difficulties with drugs and alcohol, ill health and financial problems. They have low self-esteem and real difficulties with forming and maintaining positive and supportive relationships.

Trauma and loss

These families may have been living in intolerable unsafe situations. They flee from these situations but in doing so leave everything they have. They then face a period in temporary accommodation that can last for years. During this period families are isolated, have lost everything that is familiar to them, and cannot really make plans for the future as they have very little control over where they are living or how long they will be living there for. When families are finally offered a permanent home it can be difficult to start from scratch; problems can re-occur and things may break down. Many of the homeless families who we meet have been homeless many times; children might never have a stable home.

Isolation

Homeless families face multiple difficulties and the level of isolation, both from informal support networks and from ordinary services e.g. healthcare and education services, and specialist services e.g. mental health services. For children there is the risk that no-one is seeing them and noticing when their parents are not managing to meet their needs or are harming them in some way; families that move around a lot are frequently 'lost'.

Homelessness is difficult for the whole family

Everyone in the family has complex problems when they are homeless. For example infants might not receive adequate physical care, and their stressed and isolated mothers might not be able to provide the attuned relating they so need. They might not be linked into the healthcare services that can monitor their needs. Children might have already moved schools nine times and might not feel that they can afford to invest hope in making new friends. Anyway everything in the new school will be different and they have missed out so much work and they will look different because they don't have the right uniform. Young people can be afraid to go out of the house because they are from the 'wrong' area.

We would like to outline the way in which direct support to families can begin to make changes for homeless children.

The difference that direct support could make

There are two main parts of support to families that we would like to suggest are of particular importance to homeless children. One is providing a manageable link to ordinary and specialist services and the ongoing support that is needed if the family is to access these services in a consistent way. The other is the ability to assess the needs of the family as a whole and to help the family to look at issues within the family as well as outside of the family.

Links to services

Homeless children are often not in touch with ordinary services e.g. education.

Homeless children have huge gaps and lack of consistency their education. Added to this trauma, loss and stress affect both their ability to learn and their confidence to attend school. Education might not seem a priority for families at a difficult time.

On the other hand schools are not always equipped to provide individual support. Children who might act out their difficult emotions in the classroom are disruptive. Relationships between families and schools can be affected by parent's negative experiences of authority figures. Child Support workers can play a key role in explaining the family's situation and the child's individual needs, and can help families get through difficulties that come up at school. Child Support workers advocate for the family with the local authority around the importance of maintaining a school placement e.g. provision of transport.

Both parents and children whose confidence is low often need ongoing support to feel that setbacks at school or nursery can be managed and are not disastrous.

A thirteen-year-old boy was having difficulty keeping his temper at school and had been involved in conflict with other boys. The Child Support worker met with the school and the

family. The school felt that he would have to be excluded but the Child Support worker was able to outline the stress that he was under and work together with the school to help him manage his behaviour and stay in school. This related to an earlier conversation that was revisited. The boy had stated that a new home would not work because one of them would get into trouble and they'd have to move. His experience at school showed him that problems can be resolved without drastic action.

Family support can also be a link to more specialist services e.g. mental health services. It can particularly difficult for children to engage with these services as they may not be receiving ordinary healthcare, and may not be attending school. Valuable observations can be made when children are seen in the home and within the family.

As well as working with the family to improve situations for children, the Child Support worker can liaise with Child Protection agencies, and be part of a child protection plan as a regular contact for the family when homeless families might be living far away from their social work case holder. Having formed positive therapeutic relationships, Child Support workers have good awareness of the children's experience of their situation.

Homeless families may move several times before a permanent home is offered. A key part of our family support services for homeless families is that we can follow the family from one area to another until they are settled, and therefore provide continuity for children. When everything else changes, we have often found that we have been the most constant person to stay in the child's life, outside their family.

Support to whole family

In our service we recognise that the whole family is going through the trauma of homelessness.

Building relationships with parents and children allows direct support to children but also an ability to work on parenting difficulties and difficulties between siblings. We can look at issues e.g. children's caring responsibilities and how to make things work better for the whole family.

Modeling ways of being with children can also be part of family support e.g. resolving conflict successfully, or helping parents who do not know how to play with their children, or do not have the confidence to help with homework.

When families are not being seen by other services, support going into the home and seeing the family as a whole can play an important role in protecting children. As well as having a more complete picture of the difficulties that a family are having we can identify protective factors that can be promoted.

Groupwork

Homeless children are isolated and have difficulty forming relationships, or managing in groups. A group in which they are intensively supported by known Child Support workers can help them manage group situations and increase their confidence to use community resources. Meeting other homeless children and sharing experience has been valuable for children that might feel alone.

Emotional support

Homeless children experience trauma, loss and lack of containment. Child Support workers are therapeutically trained. These skills allow Child Support workers to observe the complexities of experience for children and within the family and make interventions to make things more tolerable.

An example of family support to a child was a child in P7 who was excluded from school and then admitted for only one and a half hours a day. However with support he managed to successfully attend secondary school full time. This involved countering attacks on the child by both family and others, 'he is stupid, he should be at a special school, his school is afraid of him.' He was offered support in a group for children who are affected by substance misuse and felt less alone. Emotional support was offered to the other children and the Child Support worker made referrals social work and took part in a Child Protection plan. The project worked to resettle the family in a new home.

Infant mental health

We would like to highlight the role of family support in promoting infant mental health in particular. Most people in touch with vulnerable children and young people would agree the massive importance of good enough early care, and the impact that early experience has on later development. Infants need consistent care and parental attunement but homeless infants experience change and a parent under extreme stress. Family support can provide something of the protective care that a mother and baby couple can usually expect from a partner or family; can ensure that the family's basic needs are met and that healthcare services are involved and gain access to the family. Many vulnerable mothers have poor experience of being parented and find it difficult to contemplate the baby's emotional life. Sensitive family support can be observing and commenting on how the mother and infant are relating to one another, and encourage thought about the baby and experience of reverie. Regular contact at home with the family allows support workers to observe the infant and seek specialist help if the infant is having to wait too long for things to improve.

Conclusion

In conclusion we would prioritise support to families because, in our experience, in this way we can support children and young people who otherwise are not reached by services, and who are extremely isolated and vulnerable. Family support work also recognises that most difficulties for children cannot be solved in isolation, given the dependence children have on parents managing well enough.