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A Place for Children? Children in Families Living in Emergency Accommodation: The Perspectives of Children, Parents and Professionals

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A Place for Children?
Children in Families Living in Emergency Accommodation

The perspectives of children, parents and professionals

Ann Marie Halpenny, Anna Fiona Keogh
and Robbie Gilligan

HOME LESS agency

Submitted to the Homeless Agency February 2002
Children's Research Centre, Trinity College Dublin

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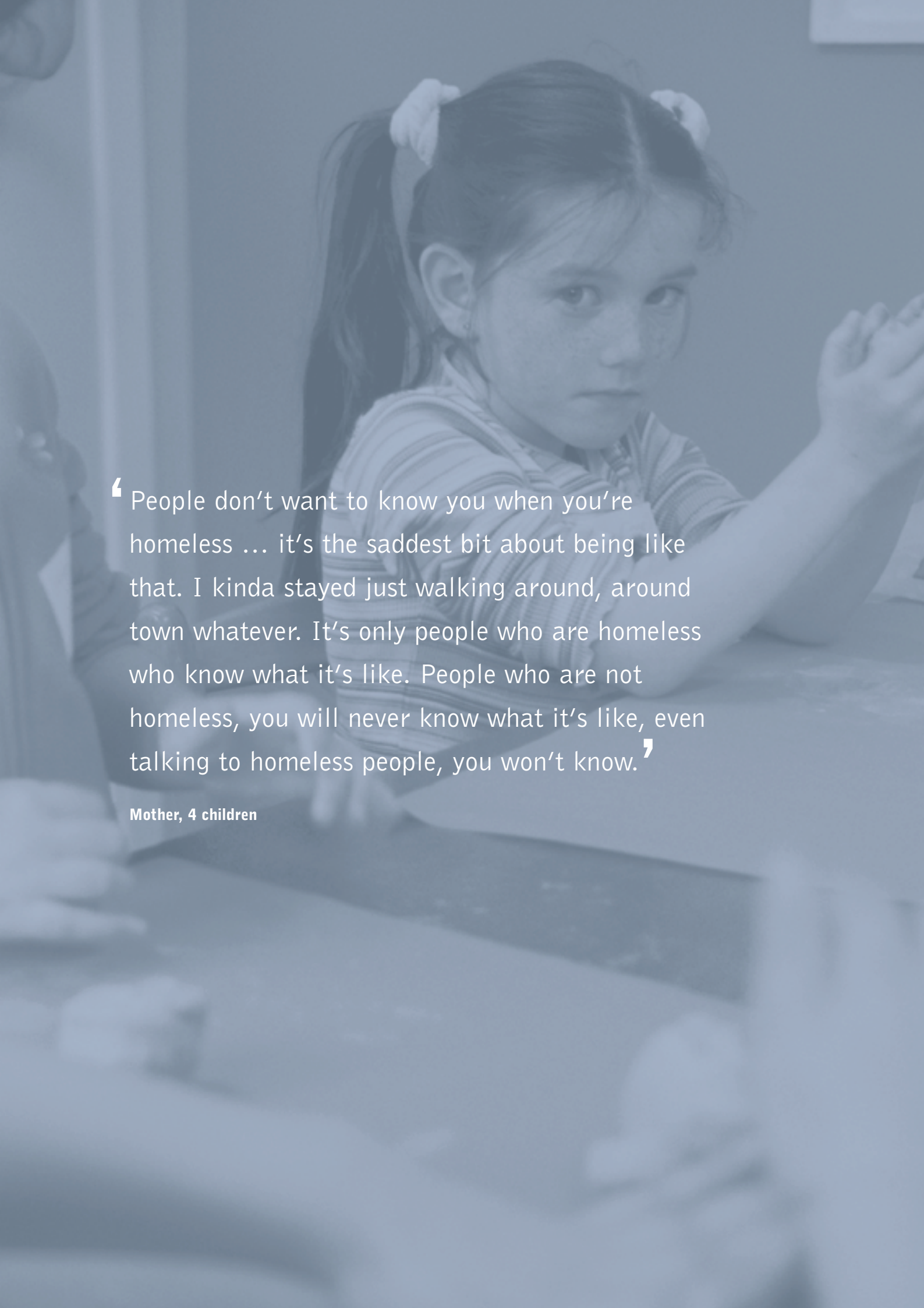

‘People don’t want to know you when you’re homeless … it’s the saddest bit about being like that. I kinda stayed just walking around, around town whatever. It’s only people who are homeless who know what it’s like. People who are not homeless, you will never know what it’s like, even talking to homeless people, you won’t know.’

Mother, 4 children

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We are very grateful to the staff in Focus Ireland and the manager of a Bed and Breakfast in Dublin who allowed us to take photographs on their premises. We would also like to thank the children and their families who agreed be photographed for the present report. It is important to point out that these children and their families portrayed in photographs did not take part in interviews in the present study.

We appreciate the contribution to the present study of Dr. Sheila Greene and Dr. Diane Hogan and would like to thank them for their ongoing support and goodwill. Sincere thanks also to the staff at The Children's Research Centre, with particular thanks to Anne O'Neill.

Finally, and very importantly, a very special thank-you to all those families who took part in this research. What the children and their parents told us has given us a more complete understanding of the impact on children's lives of being homeless and living in emergency accommodation.

Overview of Study

Homelessness affects the lives of an increasing number of children in Dublin. Research by Focus Ireland indicated that 1,262 children were living with their parent(s) in Bed and Breakfast (B&B) emergency accommodation in 1999 (Houghton & Hickey, 2000). Recent figures from the Northern Area Health Board (NAHB) Homeless Service show that 20% of first time referrals to emergency accommodation in the past year were families with 827 children. Much of the available information on these children's well-being comes from studies on the health care needs and access to health care services of families living in emergency accommodation (Smith, McGee, Shannon & Holohan, 2001; Focus Ireland, 2001). Little information, however, is known about how particular features of this accommodation, such as the uncertainty of everyday routines, overcrowding and regulations, impact on other aspects of children's development. How does homelessness affect children's social development? What are the effects on children's day-to-day experiences in terms of routines and relationships within the family? Do children have possibilities for making and sustaining friendships and for developing contact with a wider community? How does being homeless impact on their education and school attendance?

This study explores these questions using a qualitative approach, and draws on the perspectives of children, adolescents and parents living in emergency accommodation in Dublin. Findings from qualitative interviews with twenty families are presented and discussed. The present study set out to develop and build on themes explored in an earlier study involving ten families (Halpenny, Greene, Hogan, Smith & McGee, 2001). Interview guides follow very closely those questions in the initial study and cover information on everyday routines, children's relationships with family and friends, emotional and cognitive development, and school attendance. The present study expands on this initial study by covering in more detail the impact of regulations within current emergency accommodation settings, children's opportunities for play, and the implications for children's personal possessions. Additional information is provided from interviews with professionals working with homeless families.

The study was guided and supported by an Advisory Group comprising members of the research team and professionals working with homeless families. The Advisory Group facilitated contact with participating families and provided invaluable insight into the key issues to be addressed in the study. The group was chaired by Professor Robbie Gilligan, Director of the

Children's Research Centre. Other members of the group were:

- Mary Callan, The Ana Liffey Children's Project
- Sandy Durham, Focus Ireland
- Anthony Gleeson, Homeless Services Section, Dublin City Council
- Ann Marie Halpenny, The Children's Research Centre
- Claire Hickey, Focus Ireland
- Anna Fiona Keogh, The Children's Research Centre
- Catherina O'Rourke, Homeless Services Section, Dublin City Council

The report begins with a review of recent developments in emergency provisions for homeless families in Dublin. Succeeding sections explain the design of the study and report the various findings.

Overview of recent research and developments in emergency accommodation in Dublin

This section provides a context for present research by presenting recent research findings on emergency accommodation in Dublin. Developments related to policy and service provision will be outlined with particular reference to policy documents *Shaping the Future: An action plan on homelessness in Dublin* (The Homeless Agency, 2001) and *The National Children's Strategy* (Ireland, 2001).

Methods

This section outlines the design of the present study, how participant families were accessed, a sample overview and research instruments adopted for the present research.

Parents' perspectives

This section presents qualitative information on routes into homelessness. Parents' views on the impact of being homeless and living in emergency accommodation are explored in terms of perceived impact on daily routines, access to physical space, parenting and social isolation.

Children and young people's perspectives

For the purpose of the analysis of this report, the participant children were divided into two groups: the younger age group (5 to 11 year olds inclusive) and the older age group (12 to 18 year olds inclusive). This chapter will explore children and young people's experiences of being homeless and living in emergency accommodation in terms of perceived impact on daily routines, physical space, possessions and relationships with family and friends.

Health and well-being

Parents' perspectives on their children's health and well-being are explored with reference to interviews and scores on standardised measures administered. Professional perspectives are also included in this section.

Education

This section focuses on information from parents and teachers on school attendance and the role which school plays in the daily lives of these families. Teachers' views on key issues for homeless children's education are also presented.

Professionals' perspectives

Additional information on the impact of homelessness and living in emergency accommodation on families is drawn from interviews with a number of professionals working directly with families and children in homeless accommodation.

Implications and recommendations

A final section draws together the information presented in preceding sections and concludes with recommendations based on the present findings.

Appendices

Case-studies

A short profile of six families living in different types of emergency accommodation.

Summary of findings in previous and present study

A summary of findings from the previous study 'Children of Homeless Mothers' (interviews with ten homeless families) and of findings from the present study

Services for families in emergency accommodation

Information on support services for families in emergency accommodation

‘Homelessness has continued to be regarded as something apart — much like homeless people themselves — and responses have tended to be ‘special’ and separate, rather than mainstream, with little focus on developing an understanding of the problem or how to prevent it. Within this policy context, local authorities have had difficulty developing responses.’

Shaping the Future:
An action plan on homelessness in Dublin 2001–2003

1

Overview of Recent Research and Developments

Over the last decade there has been a substantial rise in the use of Bed & Breakfasts (B&Bs) for emergency accommodation of homeless families in Dublin. In 1990, five households were placed in emergency B&B accommodation by the Eastern Health Board. By 1999, this figure had risen to 1,202 households. Homeless families have also been remaining longer in their emergency accommodation. The average length of stay rose from 12 nights in 1992 and 16 nights in 1993 to 81 nights (a provisional estimate) in 1999 (Houghton & Hickey 2000). During 1999 also, 1,262 children were recorded as having spent some period in emergency accommodation. Despite this number of children living in emergency accommodation and the length of time which they spend there, little research has been carried out on how emergency accommodation impacts on the daily lives of children and their families.

The use of B&Bs to accommodate homeless families is generally regarded as undesirable and the Government Strategy (Department of Environment and Local Government, 2000) recommended that its use be discontinued. While this aim is generally supported, it is regarded as something which can only be achieved in the long-term, when there is an adequate supply of long-term housing to meet demand. In the meantime, the approach of Dublin City Council has been to ensure that minimum standards apply in all accommodation and that residents have access to their accommodation during the day. Many, although not all residents, have access to cooking facilities. In spite of the improvements made to the quality of accommodation in the last couple of years, conditions are still far from ideal and many families are confined to one room for living, eating and sleeping.

The need for continued improvement in the physical quality has been highlighted by a recent independent review of the operation of B&Bs (Professional Solutions, 2002), which also highlighted the need for follow-up support for families. The area of care, support and intervention for families is very undeveloped and this is a matter which the health boards, in conjunction with Dublin City Council, will begin to address in the coming months. Currently support services are fragmented and *ad hoc*. Two settlement officers from Dublin City Council work with families in B&Bs, supporting them to move into long-term housing, the Ana Liffey Children's Project provides play services in some B&Bs, and there is one dedicated health board social worker providing services to victims of domestic violence in temporary accommodation. Focus Ireland has recently established a programme of activities and support for families in temporary accommodation and also provides a crèche for children in B&Bs.

Policy context

Being homeless is usually but one aspect of a complex array of factors and circumstances. Yet homelessness continues to be considered almost entirely as a housing problem, with limited recognition of the overlaps between the population of children in homeless families and the populations of children at risk, of children with mental health problems, and of victims of domestic and neighbourhood violence (Cumella & Vostanis, 1999). O'Sullivan (1996) argues for a policy response which addresses problems inherent in the housing and social support services generally, rather than creating programmes to address physical homelessness in isolation. Responses must go beyond the provision of accommodation alone to tackle the fundamentals of housing reform, childcare policy and the alleviation of poverty, personal distress and social exclusion.

In a recent policy document, *Shaping the Future: An action plan on homelessness in Dublin 2001–2003* (Homeless Agency, 2001), the importance of making this connection between homelessness and broader social realities of poverty, disadvantage and social exclusion has been underlined:

> Homelessness has continued to be regarded as something apart — much like homeless people themselves — and responses have tended to be 'special' and separate, rather than mainstream, with little focus on developing an understanding of the problem or how to prevent it. Within this policy context, local authorities have had difficulty developing responses.

Developing effective responses involves, therefore, understanding and being aware of how and why adults and their children are at-risk of losing their homes. O'Sullivan (1996) distinguishes between what he terms *structural or institutional* factors possibly leading to homelessness (lack of affordable housing, high rates of poverty and lack of sufficient mental health care facilities) and more individual *biographical* factors (alcohol and drug abuse, social isolation, domestic violence). Importantly, he points out that these broad categories are not mutually exclusive but that the interaction of these factors will create a stronger risk of becoming homeless.

A report by Threshold (Memery & Kerrins, 2000), *Estate Management and Anti-Social Behaviour in Dublin*, looked at the impact in the Dublin area of the introduction of the Housing (Miscellaneous Provisions) Act, 1997, in terms of estate management practices and subsequent homelessness. According to the Department of the Environment, the primary purpose of the Act is to:

> provide for a range of measures to assist housing authorities and approved voluntary housing bodies in addressing problems arising on their housing estates from anti-social behaviour, namely drug-dealing and violence and intimidation. (Department of Environment, 1997)

The report points out that problems may arise for families where, through 'direct use' of the Act, full legal proceedings may be issued against a family deemed to have been engaged in anti-social behaviour. Many families may choose to follow an alternative course of action (to avoid high financial costs or to protect a member of their family), which would involve voluntary surrender of their property. Voluntary surrender may be deemed as 'making oneself homeless', which may make it more difficult for families to be re-housed.

Many of the problems which put families at risk of becoming homeless may be in existence long before the family actually loses their home. Particular pressures may arise for those who have recently become homeless and who are unfamiliar with many of the procedures involved in accessing temporary and more permanent accommodation. For children, this uncertainty may be a particularly frightening experience. *Shaping the Future: An action plan on homelessness in Dublin 2001–2003* (Homeless Agency, 2001) outlines plans to reduce the length of stay in emergency accommodation ultimately to a number of weeks, although the present picture suggests that families are spending an average of six months and, in some cases, up to two years there (Smith

et al., 2001; Halpenny *et al*., 2001). The Focus Ireland report *Focusing on B&Bs: The unacceptable growth of emergency B&B placement in Dublin (Houghton and Hickey, 2000)* expresses concern at the numbers of people spending prolonged periods of time in emergency accommodation, and emphasises the need to provide more transitional, supported housing so that movement through the cycle of homelessness is not slowed down. Spending extended periods of time in emergency accommodation is likely to have implications for the quality of children's daily life. Since this may remain the case for some time to come, we need to be aware of how children experience life on a day-to-day basis while living in emergency accommodation.

The National Children's Strategy (Ireland, 2000) focuses on the need to promote the holistic development of children. It addresses issues including the emotional, intellectual, social, cultural and material development of children. The strategy highlights the importance for policies to be committed to enhancing the status and improving the quality of life of children in Ireland. Many of the principles informing the development and implementation of the strategy were generated from a public consultation with parents, children and others caring for and working with children. Many of these principles are relevant to children living in homeless families:

> Policies must prioritise and be assessed by commitment to quality of each child's daily living experience growing up in the home, school, neighbourhood and beyond. This consideration of quality of life must embrace diverse aspects of childhood. It must be concerned not only with quality of service and provision, but also with the quality of experience. (From the public consultation and cited in *Our Children, Their Lives Ireland, 2000*)

The *Open Your Eyes to Child Poverty Initiative* was instigated by the Combat Poverty Agency in 1999 and involves a number of non-governmental organisations in addressing issues relating to child poverty and social exclusion. In a recent submission to the National Anti-Poverty Strategy (NAPS) Review, the *Initiative* underlines every child's right to a standard of living which can optimise their well-being and the full development of their capacities. The *Initiative* argues for the elimination of the use of B&Bs for homeless families and highlights the fact that not having access to secure, stable accommodation may result in children's poor health, poor school attendance and early school-leaving.

Plans to improve conditions within emergency accommodation are outlined in *Shaping the future: An Action Plan on homelessness in Dublin 2001–2003* (Homeless Agency, 2001). These plans have been drawn up by voluntary and statutory agencies working with people who are homeless. Key proposals include the provision of an additional 240 hostel and refuge places, a maximum stay of six months within emergency accommodation, to be reduced ultimately to a number of weeks, access to accommodation throughout the day, and improving the capacity of hostels to deal with people with special needs. While the Action Plan outlined in *Shaping the Future* (Homeless Agency, 2001) did not include specific measures to address the particular needs of children in homeless families, a working group was established by the Homeless Agency in March 2001 to look into this area. One of the problems identified by the group was the lack of expertise and knowledge about working with children and families, and a set of good practice guidelines has now been drawn up by Barnardos for the Agency.

Research evidence — the impact of homelessness on children

Physical and mental health of children in homeless families

Research in the UK suggests that children in homeless families are at greater risk of experiencing physical and mental illness (Cumella, Grattan & Vostanis, 1998). The inadequate facilities of emergency accommodation may put child health and safety at risk. Features such as inappropriate cooking and heating arrangements, overcrowding and lack of safe, outdoor play areas have been

highlighted (Hutchinson, 1999). It is also the case that children in homeless families may be exposed to a number of additional risk factors, such as family breakdown, domestic violence and parents' problem use of alcohol or drugs, in addition to the loss of their home (Pleace & Quilgars, 1997).

Focus Ireland carried out a study of the health status of homeless families, including 32 children, aged between two and sixteen years residing with their parent(s) in transitional accommodation (Perot & Pigott-Glynn, 2000). At least half of the children had incomplete or no immunisation and 50% were also attending general practitioners with symptoms of respiratory tract infection. A related Focus Ireland study on the mental health status of homeless children and their families (Waldron, Tobin, & McQuaid, 2000) investigated the behavioural and emotional problems of 14 families with a total of 31 children. Scores on the Child Behaviour Checklist (Achenbach, 1991) suggested that these homeless children had higher rates of behavioural problems than those found in general populations.

Researchers from the Royal College of Surgeons in Ireland (RCSI) investigated the health status and health service use of one hundred homeless women and their children in Dublin (Smith *et al*., 2001). Information was reported on 173 children under the age of eighteen. Only half of these children had all vaccinations appropriate for their age and ten percent of these children had been in-patients in the previous twelve month period. Seven women said their children had experienced severe physical abuse, although, in the majority of these cases, the abuse had taken place before becoming homeless. Eight mothers knew or strongly suspected that their children had been sexually abused and six of these had become homeless as a consequence of removing their children from the abusive situation.

Qualitative studies of homelessness in families

Few studies have adopted a qualitative approach to exploring the impact of living in emergency accommodation on parents and children. A study of family functioning in B&B accommodation in London reported parents' concern about the safety of their children, and problems caused by overcrowding and lack of space for children to play (Barnes, 1999). Being homeless may give rise to situations where support from family and other informal social networks may become fragmented and this, in turn, can exacerbate the pressures experienced by homeless families. Barnes (1999) found that parents were socially isolated without any source of personal support. Avramov (1999) also emphasises the importance for homeless families of the role of informal networks, since an absence of family and social support may have negative effects on parenting practices. Where families are also struggling to overcome drug addiction, there may be increased difficulties in providing basic care for children, in addition to those arising from socio-economic disadvantage (Hogan & Higgins, 2001).

The present study uses a qualitative, child-centred approach to explore children's lives in emergency accommodation in Dublin. This research developed from an earlier study in which ten families were interviewed about aspects of their daily lives in B&B and hostel accommodation (Halpenny *et al*., 2001). Parents and children in the previous study were asked about their experiences of living in these settings and the consequences for their daily routines, their relationships and their health and well-being. Key findings from this previous study are summarised below.

Findings from previous study (Halpenny et al., 2001)

- ***History of homelessness***

  Lack of affordable housing was one of the main obstacles to families having their own home, with domestic violence, family conflict and addiction problems also being identified as key factors for putting families at-risk of becoming homeless. These families had been living in their present accommodation for an average period of six months and some had been living there for up to two years.

- ***Living conditions***

  Inadequate facilities for cooking and laundry requirements, overcrowding with lack of any opportunities for privacy, and lack of appropriate space for children's play are some of the conditions which were identified. Coping with these inadequacies on a daily basis was a pressure for parents who felt it had a serious negative impact on their relationships with their children and other family members. Strict regulations within emergency accommodation also meant that families could not invite other family members or friends into their houses. Many children, as a result, had little or no opportunity to interact with other children of their own age.

- ***Children's behaviour and well-being***

  Many mothers remarked on how their children's behaviour had disimproved since becoming homeless and living in emergency accommodation. These changes were described in terms of children being less co-operative and more irritable than previously. Scores on the *Revised Rutter Parent Scale for School-Age Children* supported this perception of a deterioration in some children's behaviour. Mothers also commented on how they, themselves, tended to have less opportunities to enjoy spending time with their children.

- ***Children's school attendance***

  Regular school attendance may be particularly difficult for children in homeless families, due to frequent changes of address and living in accommodation where there is a shortage of space and privacy. However, many of the children interviewed were attending school on a regular basis and this provided these children with some constancy in their daily lives, in contrast to the disruption and instability which accompanied their homeless situation. Conversations with parents also indicated that, for many mothers, their children's education was a priority, regardless of difficulties preparing children for school and providing children with a suitable space for doing homework. A number of children, nevertheless, had left school early and some children were not attending school at all at the time of interview.

The present study

Much information about homelessness comes from surveys and is statistical in nature (Hutson, 1999). In contrast to such an approach, this study uses a qualitative approach to draw together the views of children, parents and professionals working alongside homeless families. Listening closely to the views of people at various stages of the cycle of homelessness creates an opportunity to understand in more detail what the reality of living in emergency accommodation means for these families. In particular, listening to children describe their daily experiences and responses helps us to identify what their particular difficulties are and whether, for example, we can distinguish between the impact on younger children and older adolescents. The support needs of children may be very different from those of parents in emergency accommodation. Including the perspectives of those working closely alongside homeless families adds a further dimension to the findings of the present study and provides additional insight into aspects of children's daily lives in emergency accommodation. Identifying the support needs of these children and their parents, in studies such as this, facilitates the development of a more responsive and effective model of emergency accommodation and support, which may help people ultimately move beyond their cycle of homelessness.

The following questions are addressed in the present study:

- How does living in emergency accommodation affect the daily life experiences of children in terms of having the space for everyday activities such as eating, sleeping and playing?
- What are the implications of living in this kind of accommodation for children's development, particularly with regard to their possibilities for relationships with family and friends?

- How does being homeless and living in emergency accommodation impact on children's health and psychological well-being?
- What are the implications for children's education?

These questions are explored in interviews with parents and their children living in emergency accommodation and in interviews with professionals working closely alongside these families.

‘It’s hard, you’ve no dignity, no self-respect … you feel, you don’t feel worth anything.’

Mother, 6 children

2

Methods

This study builds on an earlier study involving interviews with ten families living in emergency B&B and hostel accommodation in Dublin (Halpenny *et al*., 2001). In the present study, the aim was to gain a deeper understanding of some of the realities of living in emergency accommodation. Themes emerging from the first study were further explored and expanded upon using semi-structured interviews with parents and their children. Standardised measures were also used to allow further insight into children's behavioural and emotional development. Additional information was gathered on how families experience the impact of accommodation regulations on their daily lives, what facilities for children's play are available in present accommodation and how effects of living in emergency accommodation differ for young children and adolescents. Researchers also carried out interviews with a number of key informants working with homeless people or in related areas.

Sample

Participants were recruited to the study with the help of agencies and individuals working closely with homeless families. Families were approached and given an explanation of what the study would entail in terms of their involvement. A total of 20 families were recruited. Within these families there were was a total of 78 children (33 boys and 45 girls), ranging from six days to 29 years of age, including 61 dependent children. Data were collected on 40 of the children. The other 38 children were not included in the study because they were too old (over 18), too young (under 5) or were not living with the parent interviewed.

Of the forty children on whom data were collected, 31 children were interviewed. Of the remaining nine children who were not interviewed, two children were in the younger age group and one of these children (5 years of age) was considered too young to participate by his mother. A second child in the younger age group was not present at the time of interviews. Seven older children were unwilling to participate and this was due to a number of reasons. It became evident as we talked to these families about their experiences of being homeless that many of them had been through difficult life circumstances in the past. These circumstances included violence between parents, alcohol and drug abuse or exposure to harassment from others within their neighbourhood. It is possible that older children had been exposed to these problems over a

longer period of time and perhaps felt vulnerable when asked to take part in the study. Researchers were sensitive to the fact that older children were more likely to be aware than younger children that their living circumstances were different to those of other families. Young people who felt embarrassed about their circumstances would understandably be more hesitant to talk to a stranger about these circumstances.

Members from a total of twenty families were interviewed. In the case of sixteen of these families, the mother alone was interviewed, either because the mother was a single parent (eleven families) or the father was not available at the time of interview (five families). In the case of four families, both parents were present at the interview. Three of the families interviewed had very young children (ages ranging from 4 days to 3 years) and these interviews explored possible difficulties for families with children of this age. Nineteen of the families were living in emergency B&B accommodation while one family was living in a hostel. Two families who had been recently housed were also included in the sample.

Consent

When families indicated their willingness to participate, researchers made contact with them either through visiting them in their accommodation or by telephone. Researchers explained to the families once again what the study involved, talked through issues of confidentiality and invited parent(s) to sign a parental consent form, confirming their willingness to allow their children to be interviewed. Researchers also spent some time explaining to the children what the study involved and then asked the children if they felt happy to participate in the study. Throughout the interview, researchers assured children that they could withdraw from the process at any time if they wanted. Children were also assured that all information would be strictly confidential and that they would not be identified at any stage. Where relevant, children were also assured that there were no 'correct' answers to the questions asked and that they were free to answer as they thought best.

Interviews

Qualitative interviews with both mothers and their children examined the impact of living in emergency B&B and hostel accommodation on their daily life routines. Interview guides were based on those used in the prior study. Building on the findings from the initial study (Halpenny *et al,* 2001) and following discussions with the Advisory Committee, it was agreed that more emphasis should be placed on the following issues: the impact of regulations on the daily routines of families within current emergency accommodation settings; children's opportunities for play, both within the accommodation and in the surrounding areas; and the extent to which children can have their own personal possessions, such as toys and books, in emergency accommodation.

Interviews with parents

The interview with parents was semi-structured and covered information on family background and details of homelessness, such as how long families had been homeless and what their previous accommodation had consisted of. Parents were also asked if they could identify the main reason for their becoming homeless. Aspects of their daily lives in emergency accommodation were also explored, for example, the effects on daily routines such as cooking, laundry, preparing children for school, children's opportunities for play and leisure, and sleeping arrangements. Interviews also explored the effects of strict regulations within their accommodation. In addition, parents were asked about the impact of being homeless and living in emergency accommodation on their relationships with their children, their role as parents, children's relationships with other family members and friends, and on children's school attendance. Interviews were recorded and later transcribed.

In addition to interview questions outlined, two standardised measures (parent scales) were used: *The Revised Rutter Parent Scale for School-Age Children* and *The Child Self-Esteem Parent Scale*.

Researchers explained instructions clearly to the participants and read the items aloud to them. Mothers indicated their rating on each item and researchers filled this information in on the appropriate forms.

Standardised measures of emotional and behavioural development used in the study

- ***Revised Rutter Parent Scale for School-Age Children***
  The original *Rutter Parents' and Teachers' Scales* (Rutter, 1967) focused mainly on emotional and conduct problems in children of school-going age. However, the scale has since been revised to include pro-social items and additional items relevant to young children's behaviour. The revised scale uses a *total difficulties* score, ranging from 0 to 52, and higher scores suggest poorer outcomes for children's emotional/behavioural development. The Rutter scales have the advantage of being widely used and evaluated. The scales are quite brief to complete, in comparison to *The Child Behaviour Checklist* (Achenbach & Edelbrock, 1983) which is a longer scale assessing the same range of behaviours.

- ***Child Self-Esteem Parent Scale*** (extract from Child Health Questionnaire — Parent Form)
  The Child Health Questionnaire Parent Report (CHQ-PF50) was developed in the US and aimed to give children and their families a voice in the area of health care (Landgraf & Ware, 1996). In the present study, a sub-scale was used which asked parents to rate their children's satisfaction with school, athletic ability, friendships, appearance and life overall. Ratings were on a five-point scale from *very satisfied* to *very dissatisfied*.

Interviews with children

Interviews with children were semi-structured, and children were asked to talk about their families and their everyday lives in emergency accommodation. Interviews also covered information on children's relationships and contact with other family members and friends, opportunities for play and having personal possessions, children's understanding of being homeless, and school attendance.

Two standardised measures were also used with the children: *The Birleson Depression Scale* and the *British Picture Vocabulary Scale-II*. Instructions were explained to the children, items were read aloud to them and researchers noted their responses on the appropriate forms.

Standardised measures of emotional and behavioural development used in the study

- ***The Birleson Depression Scale***
  Items on this scale cover the most common symptoms of depression reported in children. (eg. sadness, loneliness, lack of energy, lack of interest) This scale was developed as a clinical instrument to be completed by children and adolescents to assess the degree of their depressive feelings (Birleson, 1981; Birleson, Hudson, Buchanan & Wolff., 1987). However, the authors caution against using this scale alone for the purposes of a clinical diagnosis. A total of eighteen items is included in the scale and these are worded in a child-friendly way. The scale correlates highly with other measures of depression such as the *Children's Depression Inventory* (Kovacs, 1983). The score is the total score, and higher scores indicate a stronger possibility that children may suffer from depressive symptoms. Previous studies have found that only those children who had scores over 17 had been diagnosed with clinical depression.

- ***The British Picture Vocabulary Scale-II (BPVS-II)***
  The *BPVS-II* is widely recognised as a valuable assessment instrument for educational, clinical and research purposes. It is strongly linked with the *Peabody Picture Vocabulary Test* (*PPVT*) and has been developed to assess vocabulary skills. The *BPVS-II* is an updated version of the *BPVS*. Revisions include presenting a wide variety of stimulus words and updated standardisation and norms.

Some challenges in conducting the research

Critical issues arise in research with children and vulnerable families, in terms of access to a sample. Most of the participants in the present study were recruited with the help of the Advisory Group to the study, which included representatives from the Ana Liffey Children's Project, Focus Ireland and the Homeless Services Section. Given that access was facilitated through these gatekeepers, consideration must be given to the possible bias that may have been introduced. Furthermore, we must take into consideration that those families whose lives are most likely to be severely disrupted through crisis may not be willing or able to participate in such a study. It is possible that the sample we finally recruited may not be representative of all homeless families nor of all emergency accommodation settings in which people were living at the time of the study. However, qualitative research, such as the present study, while necessarily involving smaller numbers of participants, is essential if we are to begin to understand the impact of homelessness and living in emergency accommodation on the lives of children and their families.

Interviews were mainly carried out in the accommodation of the participating families, which often involved researchers interviewing parents and children simultaneously in the same room. Three families were interviewed in a room provided by Focus Ireland. Even where it was possible to interview parents and children in separate rooms, frequent interruptions from young children or background noise from neighbouring rooms often made it difficult for both the participant and researcher to carry on a conversation. In some cases, accommodation consisted of one room and interviews were carried out sitting on bunk beds as there were no chairs. In these cases, the researchers had a clear picture of how confining the accommodation was for parents with young children who were by their sides at all times, and for older children who were obliged to share one room with their parents and/or younger siblings. These circumstances may have contributed to difficulties in concentration for parents and children. Children's performance on standardised measures must also be considered in light of these distractions.

Most families seemed to respond positively to the process of being interviewed and completing the standardised measures. In some cases, parents and children were in the one room during interviews, and it is possible that this influenced their responses to certain questions and tasks. Other unintended influences may also have been at play, such as the possibility that parents believed that their participation in the research might improve their prospects of being housed and, therefore, responded in a particular way to certain questions**.** Similarly, in some cases when standardised measures were being used with children, parents or older siblings prompted children, and this may have influenced how these children scored. At the end of the interview, each family was given €12.70 in appreciation of their time and the contribution they had made to the study. A €4 McDonald's Restaurant voucher was also given to each child who participated in the study.

‘Basically they drive you crazy, because they’re in the same room with you. And all they have to do is swing out of the beds to play, you know. And you can’t even bring all their toys...’

Mother, 2 children

3

Parents' Perspectives

Parents from twenty families were interviewed. Sixteen interviews with parents involved talking to the mother alone and this was either because fathers or partners were not living with the family or were not present at the time of the interviews. Four interviews were carried out with both partners present.

The fact that many of the families in the present study had already experienced severe adversity and distress in their lives prior to becoming homeless must be taken into account when considering their daily lives in emergency accommodation and their responses to being homeless. A summary of key findings on family homelessness from the UK and US indicates that the majority of families admitted to emergency homeless accommodation are headed by single women with poor financial or social resources (Cumella & Vostanis, 1999). Many of these women will have experienced violence from partners or ex-partners. Families experience stress within emergency accommodation because of confined space and the absence of play facilities for children. Difficulties maintaining family routines is an additional stressor. Mental health problems among children and parents in homeless centres occur, therefore, as a result of adverse events leading to homelessness and the loss of a stable home and support from family and friends.

There was great variation with regard to the accommodation in which these families were living. While some families were living in one room with no access to cooking facilities, a small number of families had access to two or three rooms and their own kitchen.

Most families had been homeless for a substantial period of time and most described previous situations where they had to vacate their homes during the day. Only two families in the present study lived in accommodation where they were obliged to leave during the day. Confined space meant that parents, adolescents and younger children were often together in one or two rooms and shared sleeping space. Lack of space also meant that parents and children, in many cases, could not keep personal belongings with them in their accommodation. Younger children had few or no facilities for playing either within or outside accommodation although, in some cases, parents talked of bringing children to a nearby park to play during the day.

Parents described their frustration at trying to maintain normal family routines (cooking, washing clothes, preparing children for school) in these circumstances and for many families this gave rise to increased conflict, both between parents and with their children.

A strong sense of their losing dignity and respect was strikingly apparent in parents' accounts of being homeless and living in emergency accommodation. Many parents believed they had let their children down by failing to provide their own home for them. Many of these parents also felt that since becoming homeless they were denied the dignity and respect normally afforded parents and individuals within a community. Many of the families had limited access to support from extended family networks and, in these cases, both younger and older children seemed to have better possibilities for developing and maintaining friendships. However, many families had become homeless as a result of family conflict, often due to overcrowding within the family home. In these cases, there was no such support and a greater sense of social isolation as they had no opportunities to meet people within their current accommodation settings. This isolation was also accentuated by the fact that they often had to return to their accommodation by 11 p.m. in the evening.

In general, however, parents were very appreciative of having somewhere to live on a temporary basis and were accepting of the restrictions which confined space and regulations necessarily imposed on them. There were also a small number of very positive responses to the kind of accommodation families lived in. These were settings shared by a smaller number of families (approximately five per house) and where there appeared to be a sense of living in their own home for each occupant. These settings were characterised by more positive and personal relationships between occupants and staff and families living there seemed to play a more active role in shared housekeeping responsibilities.

Mothers' profiles

The women were aged between 21 and 55, with 65% being under 40 years of age, and 40% were between 18–25 when they first became homeless. Of the twenty mothers interviewed, four (20%) were single (never married), seven (35%) had been married but were now separated, six (30%) were living with their partner and three (15%) were married.

	N	%
Single/Never married	4	20
Married but separated	7	35
Living with partner	6	30
Married	3	15

Table 3.1 *Mother's marital status*

	18–25 years Number (%)	26–40 years Number (%)	40+ Number (%)
Current age	7 (35%)	6 (30%)	7 (35%)
Age when first became homeless	8 (40%)	7 (35%)	5 (25%)

Table 3.2 *Current age of mothers and the age when they first became homeless*

These women had a total of 78 children, (33 boys and 45 girls) ranging from 6 days to 29 years of age. Sixty-one of these children (not all under 18) are still dependent on their parent(s). Eight families had five or more children, and three of these families had five or more children still dependent. Seven women were grandmothers. One woman had custody of her granddaughter.

History of homelessness

The duration of homelessness reported by the families ranged from five weeks to nine years, with 60% of families being in the current facility for less than six months. The longest period of time

that any family had spent in the one emergency facility was two and a half years. Four families (20%) had been homeless before.

	1 month or less	2–6 months	6 months – 1 year	1–2 years	2–4 years	Over 5 years
Length of time homeless	—	4 (20%)	6 (30%)	2 (10%)	6 (30%)	2(10%)
Length of time in current accommodation	2 (10%)	10 (50%)	6 (30%)	1 (5%)	1(5%)	—

Table 3.3 *Duration of time homeless and length of time spent in current accommodation.*

Three families lived in a self-contained flat and one family lived in a house which was partly funded by local authorities, and one family lived in a hostel. Two families had been rehoused, one in a flat and the other in a house. The majority of families (70%) had only one bedroom for the whole family. Just over half (55%) reported having the use of private toilet facilities. A minority of families (20%) reported having only the use of a kettle in their bedroom.

Respondents were asked some questions on various aspects of their lifestyle relating to alcohol and drug use. Over half (60%) said they had never used drugs. Similarly, over half (65%) said that they never or seldom drink. Six of the mothers interviewed (30%) were on methadone. Only one woman said she had been a heavy drinker, but is not anymore.

In their own words...

... Routes into homelessness

We were interested in finding out what parents perceived to be the main factors leading to their homelessness. As outlined earlier in the present study and consistent with previous research, parents identified multiple and complex circumstances in their history of homelessness.

The main reason identified by the respondents as being responsible for their homelessness situation was community difficulties. In two cases, families had to leave their home because one of their children had 'got involved with a bad crowd', in three cases the respondents said that they had been harassed, and in one case the exact situation was unspecified. The other reasons that respondents gave for being homeless were overcrowding in the family home, family conflict, violence from a partner and unaffordable housing. It is important to state that in only six (30%) cases was one single reason given for becoming homeless. Most respondents said that there was a number of reasons. For example, eight (40%) of the women interviewed endured domestic violence at some point, with three of them citing domestic violence as their main reason for becoming homeless. Other reasons given were problems with landlords and unsatisfactory living conditions.

Reason	N %
Addiction	3 (15%)
Overcrowding	3 (15%)
Family conflict	3 (15%)
Violence from a partner	3 (15%)
Unaffordable housing	2 (10%)
Community difficulties	6 (30%)

Table 3.4 *Principal reason for becoming homeless as perceived by respondents*

The following examples illustrate some of the most frequently mentioned reasons. Some families had experienced harassment from members of the community in which they were previously living and had left their homes to escape from these situations.

> *My daughter got involved with a very, very bad crowd who started threatening me and things like that and she was involved in drugs so I went to England to get away from everything (1995). I went with five kids. I was only there a week when I got me house.*
> (Mother, 5 children)

Another family spoke of being intimidated following an assault on one of their daughters. They had left their home temporarily to move in with a parent who was ill and needed care. When they returned their house had been vandalised.

> *I loved the garden and I had it done lovely and I came back and it broke my heart to see them … they'd pulled up everything …* (Father, 5 children)

Escaping domestic violence and family conflict contributed to a number of families ending up out of their own homes.

> *He* [partner] *wouldn't leave and I was terrified of him so I had to get up and get a boat with me kids. [We] moved to England, and I just wasn't getting a house over there so me mum asked me to come back. She told me I could live with her and there'd be no problems, we'd get along fine. We came home and it wasn't like that at all. So … that was the start of me being homeless.* (Mother, 2 children)

Only one young mother described having been homeless previously with her own parents and this had continued on and off over a number of years.

> *Well to be honest with you we've moved around quite a lot. I'm talking about meself, me mother, me father and … I've got a sister. She's mentally and physically retarded.*
> (Mother, 2 children)

Some families had been in private rented accommodation prior to becoming homeless but had to move out as the property was being sold and they were subsequently unable to find affordable accommodation.

> *Like I've been down that road, I rented for four years and then you're out on your ear, when the landlord sells, you know, it's pointless.* (Father, 2 children)

> *Nowhere would they take on two kids, like private accommodation, 'cos a lot of them won't take social welfare cheques either. And me family, they're not going to take me in, there's too many of them.* (Mother, 2 children)

Other factors which were viewed as being major contributors to becoming homeless were previous and current addiction to drugs. The majority of these parents were no longer using drugs but many of them were on methadone maintenance which they were determined to sustain despite the instability in their everyday routines.

> *I mean like we're stable. I made a mistake. Can I not be forgiven? You know, do I have to keep being punished.* (Mother, 2 children)

… Impact of homelessness on daily routines

There was a lot of variation in the extent to which families perceived disruption to their daily routines. This was largely related to features of their accommodation such as space and facilities available to them and the impact of regulations on their day-today experiences. Only two families in the present study were in accommodation which they had to vacate during the day and in the case of one of these families, this was because they were booked in temporarily on a day-to-day basis. Particular problems mentioned by these families were finding somewhere to go during the day, coping with the expense of feeding children and paying for laundry.

> *Just being dragged out in the rain everyday, know what I mean, having nowhere to go and no money, that's the worst for the kids*. (Mother, 4 children)

Most families had access to their accommodation throughout the day and in many cases kitchens were shared among a number of families. This meant that they could cook meals in their own accommodation although some families spoke of having difficulties sharing with many families and having nowhere to store food.

> *You can cook here but we've no freezer, so you're having to buy your stuff every day. And you're throwing out a lot of stuff all the time you know so. And… the last time you can go in the kitchen is six, because you're not allowed in there after seven. So six* [and you've] *an hour to wash up and do your dinner. And you're rushing back from wherever they are just to get your dinner down you*. (Mother, 2 children)

The importance of being able to cook within their accommodation was highlighted in the following account by a father who had lived without this facility for some time:

> *Like when I came here at first I couldn't believe it … I was cooking all through the night. When you've eaten chips all the time for a year and a half … you can picture it. I was making every kind of a dinner you can think of.* [Before] *We had to go to cafés but you can only give them chips for so many days so some days we had to go into a restaurant and get potatoes … like there is places you can go but when you go in there's a lot of winos and a lot of bad language. I wouldn't bring my kids in there … like if I was starving myself I probably would go in but not with kids*. (Father, 5 children)

Providing children with consistent, stable routines was impossible for many of these parents. On a day-to-day basis, getting younger children to bed at a suitable time in situations where the whole family shared one room, often meant that children did not go to sleep until very late and both parents and children were tired and irritable the following day as a result.

> *The kids wouldn't go to bed until twelve, one o'clock because the telly is on, lights are on, so they can't go to sleep you know. So you're tired the next day, which messes up his school life because he's tired going into school every day.* (Mother, 2 children)

> *But when you have your own house, you can sit down, have visitors talking and then … you start doing the little things … you get used to your own routine but in here you're up out of bed, kids are finished back in, the rooms are cleaned, this and that. You have it all done before they come and inspect and if it's not done 'why isn't that done?' There's a man coming out three times a week now to inspect them*. (Mother, 8 children)

Routines on special family occasions such as birthdays and Christmas were particularly disrupted by the lack of space and the restrictions of regulations in both B&B and hostel accommodation.

The last two Christmases was very hard. The atmosphere wasn't there at all … it didn't feel like Christmas. The kids couldn't play with their toys because the room was too small, there was too many of us in it and he [landlord] *wouldn't let them play in the hall, he wouldn't let them play in the front or he wouldn't let them play in the back so they had nowhere at all to play …* (Father, 5 children)

While most parents accepted the need for regulations within their accommodation, having to be in every evening by 12.00 a.m. added to this sense of not having control over their own daily lives.

It's real degrading telling friends like people in the pub they say 'Are you going now? You have to be in for 12 o' clock'. It's not very nice saying it to people when you're there … you have to leave early in company, you know … and then you don't go out till late. You go out for half nine a quarter to ten you're back at 11.30. You have to be in for 12 no matter where you go. It's not a life I don't think, you know. (Mother, 6 children)

Regulations applied to both B&B and hostel accommodation but the impact seemed to be more severe for occupants living in hostels which was probably due to the fact that a larger number of families shared space.

It's just like you've no privacy. Like the privacy you'd get in your own home. Like you can't let your kids, you're at home with your kids, you know what they're allowed to touch and what they're not allowed to touch, and you won't have everybody shouting at them either. You'd be able to come and go as you'd please. I don't know. You just feel as if you're being watched all the time. (Mother, 2 children)

Being told what to do by others and living in close proximity with strangers gave rise to pressure and conflict in these situations.

We all get chores like we have to do every day. And we get some of them that won't clean up after them, and then there's murder and everybody's in the sitting room together screaming. All bitching over it. A cup or a saucer. The usual. Who owns that? (Mother, 2 children)

One woman who was now housed and living with her four children in local authority accommodation summed up some of the worst aspects of the disruption and uncertainty to daily routines while being homeless.

I just went to the park really, that was about it, go to the park during the days, the playground, that was about it. People don't want to know you when you're homeless … it's the saddest bit about being like that. I kinda stayed just walking around, around town whatever. It's only people who are homeless who know what it's like. People who are not homeless, you will never know what it's like, even talking to homeless people, you won't know. You have to be there. Like it sounds great to talk about it now, but it wasn't at the time … (Mother, 4 children)

… Loss of dignity

A key experience for most parents was a feeling of disempowerment in their role as parents and an awareness that being homeless represented a loss of dignity and respect. This came across in many of the interviews with parents. For example, one mother described it as follows: *'I wasn't the mother there, I was a person with kids'*. In some cases, occupants did not have a key to their accommodation and one family described having to wait in heavy rain with their children for someone to open the door for them. While there were many positive accounts of helpful and sensitive staff members in certain accommodation settings, a number of parents felt that the staff

working in their accommodation needed training and support to help them understand some of the particular needs of the families they were housing.

> *I think the people that work in them should have some kind of counselling to let them know that just because I'm homeless doesn't mean I'm stupid, you know. It doesn't mean that you have a right to tell my children what to do. They treat you as if you're an idiot.*
> (Mother, 5 children)

The everyday stresses of coping with the uncertainty and inadequacy of their surroundings were exacerbated by a sense of powerlessness in the face of their homeless situations and this was clearly described by one mother as follows:

> *It's hard, you've no dignity, no self-respect … you feel, you don't feel worth anything. You're afraid to stand up and say 'excuse me' you know, 'am I entitled to a house?' or this, that and the other because you're afraid they're going to put you down … you know, so you're sitting here wondering just waiting for a place to knock on the door because you're afraid to go for it yourself in case you get knocked on the teeth or something …* (Mother, 6 children)

Families, however, were also very appreciative of having accommodation and of efforts made by staff members to make them feel more comfortable:

> *Well, I have to say for them now, that they, at Christmas gone, they done a dinner for the people that was sleeping here, so the staff, the managing staff and the other staff aren't that bad at all, I mean, they're more or less just, they have to be firm.* (Father, 2 children)

… Lack of space and privacy

An obvious concern for parents was coping with the severe lack of physical space available. As already outlined, there was a good deal of variation with regard to the space and facilities provided. Stress was particularly evident in those situations where families had access to a single room.

> *You've no life here. I can't explain it. Basically, you don't have a life because the kids are in the same room. You don't have any peace from them. You know what I mean… like me and my partner are falling apart because, just the way we're living you know … I can't really explain it.* (Mother, 2 children)

Not having anywhere to play for children meant that parents often had to walk around the city or parks with their children in order to keep them occupied.

> *I wish I had somewhere to play for the kids. 'cos they're in here all the time, like in the bedroom, there's nowhere to sit only the bed.* (Mother, 2 children)

Lack of play facilities also meant that parents and children were together at all times and there was no opportunity for privacy or time alone.

> *Everywhere I go they're with me … I have never got a minute to myself, you know they're with me all the time 'cos you can't leave them in here by themselves and you go out and they're trotting behind you* [laughs] *… you never get five minutes to yourself.* (Mother, 8 children)

Sleeping arrangements were often inappropriate as, in some cases, adults and older and younger children shared rooms. A number of larger families (five or six children) had lived all together in one room in previous accommodation and this was particularly uncomfortable and embarrassing

for adults and older children in adolescence. One family in the present study shared one-room accommodation and this included a mother, her two teenage sons, her 20 year old daughter and a 23 year old daughter. This 23 year old daughter also had a child of two living with her and was pregnant at the time of interview.

In general sleeping arrangements tended to be worked out between the members of the family but at times they tended to be chaotic or irregular:

> *The young fella (16) now he's in there with one of the oldest girls or maybe the two of them. Two babies in that room in there with me and me husband. We used to sleep in here and because they were all cramped they wanted to go back into that single bed. So at night I just say 'Right, who's sleeping where?'. They haven't got their own beds … and like you've no privacy.* (Mother, 8 children)

Not having sufficient space and regulations prohibiting occupants from decorating their accommodation meant that there was little sense of personal space and little evidence of personal belongings for children and their parents in these settings.

> *You're not allowed put anything on the wall. So you couldn't have photographs up.* (Mother, 4 children)

Having their children's own toys and belongings around them was also very difficult in hostel accommodation as, in addition to not having personal space, the fact that people come and go on a regular basis meant that belongings often disappear or get damaged.

> *Like they have got toys and books. They've loads of books, but what with other kids coming in, everything's getting taken out and so they never have anything there. Like I went out and bought, I went out to buy them things, come home here and two minutes later they're out there broke up.* (Mother, 2 children)

… Effects on parenting

Parents in homeless families may be potentially vulnerable to parenting difficulties given the particular stresses of the environment they are living in and the instability of children's daily routines. All families in the present study described having close, protective relationships with others in their immediate families. However, particular difficulties for parents were described in terms of feeling they had failed their children, conflict arising from overcrowding and lack of privacy and pressure to keep both younger and older children quiet and under control so that other occupants would not be disturbed.

> *They've gone very nasty, very agitated, very angry and most of the anger is pointed at me 'cos I moved out. They feel safer but I don't think safety comes into their category where friends are concerned and being able to play out.* (Mother, 8 children)

Problems raising children in circumstances where all the family shared one or two rooms were summed up by one woman as follows:

> *You can't ground them … can't put them to bed because you live in the bedroom. You can't tell them they won't have any TV because we're all in the bedroom with the TV …* (Mother, 5 children)

Problems raising younger children were different to the problems experienced by parents with older children. A number of families in the present study had children all under the age of 5 and

many of these parents described how toddlers had become very used to being picked up all the time as parents were constantly under pressure to keep them quiet in their accommodation. As a result, these children had become very 'clingy' and dependent on their parents.

This problem was also mentioned in relation to children who were old enough to move around independently but who felt nervous about letting their parents out of sight for any length of time or who had grown dependent on being with their parents all the time.

> *She's always clinging to me too much. When we go out to my Mam's, she aggravates my Mam. When she's out playing, she'll keep coming in to check I'm there, she'll think I'm going to go without her.* (Mother, 2 children)

> *They've got very attached since we became homeless … you know really attached. Like everywhere we go like if we do go into town we have them with us … like if there is anything going on at all like we all have to go together.* (Father, 5 children)

Spending most of their time in one room with these younger children was a great strain for parents who felt drained in their efforts to amuse children when there was nothing for them to do:

> *Basically they drive you crazy because they're in the same room with you. And all they have to do is swing out of the beds to play. And you can't even bring all their toys, like all my stuff's in my mum's.* (Mother, 2 children)

The importance of a stable environment for children's upbringing was even more apparent when parents spoke of difficulties with children in their teens. In one case, a child (13) had run away from her accommodation:

> *Like you know, she ran away there about 8 weeks ago, she ran away for the whole day, she was gone from 11 o' clock and didn't come back until 8 o' clock and we were looking for her everywhere … she did break down and start crying. I know there's a lot going on in her mind.* (Mother, 2 children)

Conflict between children and parents was more frequent in these conditions:

> *I'm roaring at them an awful lot 'cos we're all kind of squashed in. Like when you have a house they're out and you're in the back and they're kind of going around but when you're homeless it's completely different. It's all rooms stuck together and they're all getting on one another's nerves. Now they're always fighting … before that they wouldn't but now they're always giving out and I think* [that's because] *they're stuck together in here all the time.* (Mother, 8 children)

The strain of looking after children in these circumstances also gave rise to increased conflict between some of the parents themselves:

> *It's difficult for us as parents because we're trying to tell the kids to come in and sit down and it ends up going into an argument … like that's the most stressful part of it … we end up arguing. Like her mam might let her out and then we start going against each other.* (Father, 5 children)

In general being homeless, although living in emergency accommodation, appeared to put a significant strain on children's relationship with their parents and was a major stressor for parents themselves. Parents felt guilty about not being able to provide a secure home for their children and were upset about the effect being homeless had on their children. However, in most cases, close relationships between family members were maintained. An example was given by this father:

Now that the kids are big, they know what you're going through, we don't hide anything from them, you say, like, if we have a problem, we explain it to the boys, we don't exclude them, we explain things to them and we say 'look, me and your ma have to sort this out,' and they say, 'yeah, grand,' and that'll be it, you know what I mean, they're not excluded from anything, they're always involved, and without them being involved, we'd be lost, know what I mean? So that's the only thing, the kids, seeing them upset, that would be the problem. (Father 2 children)

One mother described how she felt as follows:

How can I explain it? You let your kids down when you become homeless, you know … my kids have lived in some dirty, very bad conditions because I'm homeless … I should have done things differently … they blame me as well. I mean when they get older they'll understand but at the moment that's the way they feel. That's the way I feel … I let me kids down very badly because we're homeless. (Mother, 5 children)

… Social isolation

We asked parents to talk to us about the availability of informal support for their children from extended family members, friends and neighbours in the community. Children's friendships were difficult to sustain given the frequent moves they had experienced and the fact that they could not invite friends to their accommodation. Consistent with previous findings (Halpenny *et al.*, 2001), where children attended school regularly they had an opportunity to meet friends more regularly. Where children had daily contact with grandparents and other extended family members, there were better opportunities for playing and interacting with children of their own age and similarly parents felt less isolated.

And that helps a bit having her [older daughter]. *And then we stay there then until about eight o'clock or nine at night and it's a totally different thing 'cos you're kind of surrounded then with people.* (Mother, 5 children)

One father described how being able to have contact with extended family offered them a break from the pressures and confined space of emergency accommodation:

Well, it relaxes the head. Instead of all the pressure just being in the one room, in B&Bs, know what I mean, it gives them more space to run around. We wouldn't, we wouldn't let them out there to play, even though there's a park over there, know what I mean? Still, wouldn't let them out to play, whereas when they go to their granny's, they don't have to go in, they can stay out all day. (Father, 2 children)

However, other families had no contact with family or friends and, in these cases, parents were rarely able to escape from the pressures of their everyday lives.

I feel trapped … I feel isolated ehm … I feel kind of cut off away from the world so high up and when the kids are here all the time they do snap at each other and get very nasty to each other … and trying to keep peace in this house with all of us 'cos although it's a big flat, when there's seven of us sitting in on my bed in the one room it's [laughs] *… it's world war 3.* (Mother, 6 children)

… Support

Most parents felt that there was no available or accessible support within the area in which they were living. Some were availing of services from organisations such as Focus Ireland and spoke very positively about the support they were receiving. However, many felt that services were difficult to get to:

> *A crèche would help a lot, three hours a day.* [Focus Ireland is around an hour away, so by the time she gets back to the B&B she would have to go back again to collect the children.] (Mother, 2 children)

Many of these families felt there was little that could be done to help them apart from getting their own home. Some parents talked of how they felt that there was no provision for families with children within most of the emergency accommodation settings in which they had lived previously and were currently living. Provision of simple resources such as play facilities for younger children and occasional organised activities for younger and older children would help both these children and their parents:

> *I think if there was something for the kids, if you brought the kids out twice a week or even to a school for games or … there's nothing for the kids when you're in a B&B, nothing, and the mothers are losing the head with the kids 'cos the kids are wrecking their heads, and they end up shouting, some of them ending up hitting their kids 'cos they can't handle the pressures, I mean it's only normal but they should provide a service, if they have to put you in a B&B that there's a service, even if they came and took your kids on a bus, and brought them out to the park or anywhere, just for them to know on Wednesday they're doing something … There's plenty for people who are homeless on their own, but there's nothing for people who have children … there's nothing. That's the only thing they need to sort out. In a B&B kids cannot play, they can't talk, they can't meet other kids, so they need something like that. It would give the parents say three hours for themselves … we were trying to get something, we went to the priest about it but he didn't want to know. We went up to ask him if he could hire out the community centre to them, like and not charge them for it, just use the facilities, but no.* (Mother, 4 children)

Summary

Parents' concerns covered the following key issues:

- Disruption to daily routines due to lack of space and facilities within accommodation. There was much variation in the type of accommodation families were living in. Disruption was more apparent where a family was sharing a single room and sharing cooking facilities with several other families.
- Parenting was difficult largely due to problems of overcrowding. Keeping younger children quiet in confined space and being able to prepare children for school were particular problems identified.
- All children, but especially very young children, were considered by parents as having become very dependent or 'clingy' since becoming homeless and living in emergency accommodation.
- Parents also felt that there was increased conflict between their children. In some cases, children blamed parents for being homeless and this put an added strain on parent-child relationships.
- Problems arose for parents where accommodation staff members told their children what to do. Many parents felt that this diminished their status as parent.
- Many parents felt a sense of loss of dignity and respect while living in emergency accommodation. This was related to attitudes of some staff members and having to adhere to accommodation regulations.

- Some parents had difficulties maintaining relationships with their partners as overcrowding gave rise to increased conflict and few opportunities for privacy.
- In general, parents felt there was a lack of support for families living in emergency accommodation. They felt the situation could be improved were activities to be provided for children from time to time. This would also allow parents have some time for themselves.

‘She [nanny] can’t come here ‘cos nobody is supposed to come in here…only the people who’s trying to help us.’

Child M, 8

‘It worries me for the fact that they’ll start asking questions like ‘why are you homeless? Why this, why that?’ You know, questions that I probably won’t even be able to answer. And then I’ll get real upset over it. Because they all have houses and they’d be saying: ‘Oh my God, look, she’s homeless, like she’s nowhere to go.’

Young person F,15

4

Children and Young People's Perspectives

Children's profiles

There were forty children (23 female, 17 male) on whom data were collected during the research process. These children were aged between five and seventeen years of age. For the purposes of this report, data have been broken down into a younger age group (children between 5 and 11 years) and an older age group (between 12 and 18 years).

	Number of children		Total
	Younger age group	Older age group	
Male	10	7	17
Female	10	13	23
Total	20	20	40

Table 4.1 *Number of children on whom data were collected*

Data were collected on twenty children in the younger age group (10 male, 10 female) and twenty children in the older age group (7 male, 13 female). Two children in the younger age group and seven older children were not interviewed, for reasons explained on page 9. A total of 31 children were interviewed, 18 (6 male, 12 female) in the younger age group and 13 (6 male, 7 female) in the older age group.

	Number of children interviewed		Total
	Younger age group	Older age group	
Male	6	6	12
Female	12	7	19
Total	18	13	31

Table 4.2 *Number of children interviewed*

Interviews with the children in the younger age group were generally carried out with the children on their own, although, depending on the wishes of the child and the space available, other siblings or a parent were sometimes present. Interviews with older children were usually carried out alone, although, in two cases, mothers were present and this may have impacted somewhat on how the young people responded to questions.

While there was much overlap in the accounts by younger and older children with regard to their experiences of emergency accommodation, particular key issues for each age groups were evident from their responses and these may best be understood within the framework of the particular demands on children and young people growing up.

Early and middle childhood

When considering children's lives in the context of being homeless and living in emergency accommodation, it is important to remember that family circumstances which lead to homelessness may involve additional factors such as alcohol or drug addiction, family conflict and domestic violence. Children in homeless families may lose their friends, their possessions and sometimes contact with other family members and relatives, as a result of their homelessness. When children have to leave their homes due to domestic violence or other traumatic circumstances, this may add specific difficulties to the losses they have already experienced (Hague & Malos, 1999). Findings from a previous study (Halpenny *et al*, 2001) indicated that being homeless and living in emergency accommodation can negatively affect children's opportunities for regular contact with extended family and friends. Children may be moved away from familiar neighbourhoods where friends and extended family live. Regulations within emergency accommodation settings restrict possibilities for regular contact with extended family and friends as occupants cannot have any visitors in their accommodation. For younger children, (approximately 5 to 7 years), a child's home environment and their relationships with parents and other family members are a central source of psychosocial development (Barnes, 1999). Good relationships within the family at this stage can help children to establish and maintain positive social relationships with others beyond the family. Children also develop social skills through play which provides opportunities for practising emerging cognitive skills and exploring reality in a safe manner (Davies, 1999). One of the main findings in the previous study (Halpenny et al, 2001) was the absence of any facilities for play for children in B&Bs.

Across middle childhood (approximately 8–12 years of age), children's friendships deepen and they provide the child with a sense of identification with other people who are like themselves (Davies, 1999). Peers help children to develop democratic ways of interacting and also offer opportunities to form close or intimate relationships with others outside the family (Hartup, 1996). Play continues to be an important source of pleasure for children in middle childhood and provides children with opportunities for developing physical skills and intellectual competence (Davies, 1999). Children living in emergency accommodation experience opportunities to play and have positive relationships.

Adolescence

Adolescence is generally a time when young people are confronted with many choices and changing relationships with both family and friends. Resolving complex issues such as identity, competence and self-esteem, although part of a lifelong process, take on new dimensions in adolescence because of this convergence of physical, cognitive and social change (Grotevant, 1992). Adolescents, therefore, although vulnerable in similar ways to younger children, also experience additional problems (Cleaver, 1999) which may have a direct influence on how well they can deal with the instability and uncertainty of their daily life routines in homeless accommodation.

Adolescents may be suffering as a result of having experienced, at close quarters, problems such as alcohol or drug addiction, family conflict, violence or other adverse family circumstances.

Parents of children in homeless families may also be very absorbed in their own difficult situations and adolescents' parents may have little spare energy available to offer support to the young person who is going through the hormonal changes and peer-group pressures of puberty (Cleaver, 1999). A summary of the views of children in the younger (5–11 years) and older (12–18 years) age groups is presented below.

Young children's perspectives

All of the younger children (5–11 years) were living with their parents in B&B accommodation and one child was living with her grandmother. It was evident that many of the very young children were not aware that their living arrangements were different to those of other families.

In the case of toddlers, the main concern of parents interviewed was that these children had become very dependent upon them. Parents felt this was largely because children had to be picked up or attended to at all times while in their accommodation, in order to prevent them from disturbing other occupants. As a result, parents felt that younger children had become more 'clingy' and demanding than would otherwise be the case.

A key issue among the younger children was adapting to rules and regulations laid down by the provider of the accommodation. Children talked of being told what to do by staff members and of not being able to play inside or outside their accommodation. Young children also found it difficult to understand why they could not invite grandparents and friends around to where they lived. Sharing confined space with many family members did not seem to be a problem for younger children. However, not having the space to play in their accommodation was highlighted in many of the children's accounts of their daily routines. Children also pointed out that they could not have many of their belongings with them as there was not enough space to store them. One example of this was not being able to keep bicycles in their accommodation. Some children spoke of not being able to keep a pet or of having to leave a pet with other members of the family.

About 25% of families had contact with extended family members on both their mothers' and fathers' side of the family. A further 60% of families had contact with extended family on their mother's side. For these children, this contact provided them with opportunities for storing personal belongings and interacting with other children of their own age. Regular contact with extended family members also provided these children with a sense of belonging and most of these children said they wished to live in an area near other extended family members. Spending time in these communities allowed children the possibility to make and keep up friendships and to become involved in community activities. However, two families, representing three children had no contact with extended family and, in these cases, young children were denied this valuable source of support.

Adolescents' perspectives

While many teenagers will be preoccupied with developing new relationships and thinking about possible future careers, the young people in the present study were caught up in anxieties about the general well-being of their families and felt little control over their lives. This made it impossible for them to think and plan beyond the immediate and urgent demands of their daily lives.

Being homeless had negative connotations for most of these young people. This impacted directly on their abilities to initiate and sustain friendships and other social contact and it is very possible that this has a damaging effect on these young people's self-esteem and sense of hope. In general, regulations governing the accommodation were experienced as being more restrictive by older children. Some older children avoided contact with their peers as regulations within accommodation made it difficult to maintain regular contact. Problems with space and privacy were also pronounced in this age group as sharing living and sleeping space with parents and younger siblings was an embarrassing and uncomfortable experience for many teenagers. Opportunities for developing a sense of independence and their own identity were unavailable

as, in most cases, they had little room to even store their belongings. Older children were also more aware of sharing space with strangers in their accommodation and this was particularly difficult for teenagers in hostel situations, especially where there were people involved in drug or alcohol abuse.

Having a significant network of familiar and trusted people can be a crucial resource for adolescents and younger children, which can provide them with protection against other stressors in their lives. Access to a supportive network of adults, both within and beyond family, was often absent for these teenagers, as contact with extended family members was not always possible, due to family circumstances and accommodation regulations. In addition, families rarely became familiar with those in the neighbourhood surrounding the accommodation.

There were also some very positive views expressed about a small number of B&B settings in the present study. These B&Bs were shared among a small number of families (approximately three to five families), and seemed to facilitate more positive and personal relationships between the occupants and staff. These settings seemed also to allow for more shared responsibility regarding the use of facilities and housekeeping tasks in the accommodation. Older children described feeling more comfortable in these settings, especially in terms of having more private space. Comparing this with their previous experiences of emergency accommodation in B&Bs catering for larger numbers of families or hostels, the young people described these settings as being similar to having their own home.

The following section further illustrates findings outlined above, with extracts from interviews with children and young people.

In their own words …

… Perceptions of homelessness

When asked about their understanding of being homeless, older children felt that in some way they were homeless because they did not have their own house. On the other hand, for many of these older children being homeless was described in terms of having nowhere to go and sleeping on the streets. Accounts of their understanding of homelessness also showed that they were aware of negative associations with the word *homeless*.

> *Well, like when we weren't homeless I didn't really know what it meant … I just didn't really understand it but now like … I know … like when you see all the people in the street saying like 'Help the homeless' like you just think when you're homeless you have no house at all like but then there's places like this and they're good like … you can get good people in them.* (Child F,13)

> *Homeless? It's people who don't have houses and are treated badly.* (Young person, F,14)

Younger children's understanding of being homeless was expressed in a variety of ways from *'having nowhere to live'* and *'being on the street'* to *'not having money'* and *'not having pets'*.

… Regulations

Despite the range in size and quality of accommodation, one problem, which was mentioned by almost all children, was having to obey regulations. One younger child described these restrictions as follows:

> *It's just you're not allowed play and like you have to be in your rooms at nine o'clock every night and you're not allowed to stay up late and you're not allowed play down the garden, only in the little back one.* (Child M,9)

Many of these younger children also found it difficult to understand and to accept the fact that someone other than their parents could tell them what to do.

Because the man [staff member] *downstairs … there's dirt on the floor and he always blames it on us … I don't know why … when that man is on anytime we're not allowed to take the bike out because he doesn't let us … he just doesn't let us, I don't know why…*
(Child F,11)

Because any time we just knock … when we have to come in, he [staff member] *just shouts at us*. (Child M,11)

These younger children described having lived in a variety of settings which included living with relatives and living in previous emergency accommodation settings. In many cases, they seemed happy with their present accommodation and showed their capacity to be flexible and to adapt to the changing environments in which they were living:

Sometimes it's a bit noisy outside … some nights in the pub [below room] *there does be a disco but I'm getting used to it now …* (Child M,7)

Older children also spoke of their difficulties having to obey strict regulations in emergency accommodation. As many families in the present study had been homeless over a period of years, older children remembered frequent moves in accommodation and described a range of living conditions and arrangements. They spoke of their difficulties adapting to the many moves, strict regulations and sharing confined space. One teenager summed up the most difficult aspects of living in this accommodation as follows:

The rules, getting on with other people you don't know … moving about and moving in with people and like new people and you don't even know them … (Young person F,14)

This young person went on to explain how, for her, living in a B&B meant having to leave her accommodation during the day:

When you're put in B&Bs you have to be out at certain times of the morning and my ma does not have that much money and she can't really go anywhere and on Sunday and Saturday mornings almost everything's closed and you just wander around on your own, or sit in parks. And wait until it's time to go back in …

Although many of these older children described previous accommodation, which they had to vacate during the day, most of the families in the present study had access to their accommodation throughout the day. One family with very young children was in a B&B where they had to vacate their accommodation during the day. One of these children described this as follows:

The worst thing is in the morning getting dressed … going out … you have to go to a café and get something to eat … thats the worst thing. (Child F,5)

Most striking in the young people's accounts were their perceptions of not being able to lead a 'normal' life. They spoke of their difficulties having to live according to 'a list of rules'.

Because you weren't allowed to do anything basically. No visitors and cameras everywhere and all. You couldn't … if you banged the door accidentally, you'd get shouted at. You couldn't hold the door open for someone [for too long without being shouted at]. (Young person M,13)

As with younger children, these older children found it difficult to accept being told what to do by staff in their accommodation:

It wasn't very nice because you weren't allowed out anywhere the front or the back and you weren't allowed into your friend's room … like we just had to stay in all the time … and like there wasn't any women workers, it was just men like so they didn't really understand like … One woman came in sometimes to clean but it was mainly men all the time. (Young person F,13)

While they accepted the necessity of these regulations and the fact that staff were 'just doing their job', there was a sense that they felt that nobody was aware of or appreciated the problems they were facing in their day-to-day lives.

The staff understood, it's just like they had duties to do themselves … at the end of the day, they had their own families to go home to … they had their own home. They didn't know what it felt like for, say, me or what went on. Because when I was in bed, there used to always be arguments going on and I used to always have the pillow over my ears to stop all the arguing. (Young person F,16)

… Space

Younger children saw problems with lack of space mainly in terms of not having somewhere to play, both inside and outside their accommodation. In general, children were not allowed to play in halls or corridors outside their rooms and most times there was pressure on them to be quiet so as not to disturb other occupants. As many families were sharing one room which served as bedroom and living-room, there was little appropriate space for younger children to play indoors. One little boy (7) and his brother (5) shared a room with their parents and a newborn baby. They described how they sometimes played ball in the room but generally went to a nearby park with their parents or played in their nanny's house.

A boy (9) and his sister (5) talked of only having a very small space at the back of their house to play in and this was frustrating for them. This interview was conducted during the holidays and all they could do all day at home was play together or watch TV.

Well, I don't really play sometimes 'cos it's real boring … like I get sick and tired when I'm out the back so I don't really play anymore … there's no real room to scoot around so we can only go around in little circles … (Child M,9)

The situation is exacerbated by the fact that these children didn't have contact with extended family and so had no other place to go, keep toys or possessions or play. Also normally in a flat complex or a housing estate there is usually a safe place to play, on the road or in the playground. However, this house was on the main road and, as the family was unfamiliar with the local community, the children couldn't play on the road and didn't have any friends to play with.

In one B&B at the time of interview, some children were involved in play activities organised in their accommodation by the Ana Liffey Children's Project. One of the children interviewed lived in one room with his parents and younger brother. He told us how he enjoyed taking part in these activities:

I like going nearly every time it comes 'cos you get to paint and you get to do these jigsaws … (Child M,8)

As (play) space was such an important issue for children, below is recorded the amount of space each child had.

	N	%
Single room occupied by whole family	20	50
Single room and common room	9	22.5
Single room, common room and back yard/ garden	11	27.5

Table 4.3 *Children's Play Space*

Half of the children were only able to use a single room occupied by the whole family. Just under a quarter (23%) could use the room and a common room (sitting room or kitchen), and just over a quarter of the children (28%) were able to use their room, a common room and the back yard or garden.

Lack of space and privacy

Overcrowding in accommodation settings meant that young children, adolescents and adults were together at all times, without any opportunity for privacy, and this gave rise to feelings of discomfort and conflict, especially among older children.

> *Well, there's three bedrooms* [for a family of 7] *and then they turned the sitting-room into a bedroom* [mother's] *as well … but it's very hard in the bedroom because, my ma's claustrophobic and we all have to sit on her bed, when we're in there to watch the telly like. And the bed and all is bent from the whole lot of us sitting on it and all. We've no sofa and it is, it's very hard for us all trying to sit on the one bed …* (Young person F,15)

This teenager lived with her mother, four siblings and her newborn baby, who was only a few days old at the time of interviews. When asked about possibilities for privacy or any time spent alone, she described how she felt living in such a cramped and crowded space gave rise to arguments and increased conflict:

> *Like if I go into my room, my sisters share a room with me, so they come into me. And I can't say: 'Oh get out of my room' like, because it's not my room. And I don't, it's just, we're all too cramped in this place. We're all just getting too fed up of seeing each other twenty-four hours a day, seven days a week. Like in a house, you have your own bedroom. You can just relax in your bedroom.* (Young person F,15)

Sharing space, especially in terms of bedrooms, with younger siblings and parents was also a source of embarrassment for many of the older children.

> *I preferred to go to bed when my brothers and sisters were asleep, so I'd be able to get changed when they were asleep. I just didn't like it.* (Young person F,16)

Older children were also more aware of other occupants in their accommodation and disliked living with people they did not know. One young person described being frightened and upset at having to share space with people she knew to be involved in drug abuse[1].

[1] *This was within a hostel setting where the child had previously lived.*

I'd like to see all the junkies in their own hostel, and all the families that have problems in their own hostel, not all mixed in together. And I'd like people my age, and say from 12 upwards, to have something to do after school and weekends instead of being in there all day. Like go out for the whole day and then come back, so that you don't see what goes on there. You just come in, go to bed, and wake up and then go out. (Young person F,16)

… Personal possessions

Lack of space and frequent moves in accommodation meant that children had little opportunity for having many of their own belongings around them. This absence of personal space and personal belongings was apparent to researchers as most of the interviews were carried out where families were living at the time. One child described this as follows:

I haven't got any toys. You can't bring toys in here because the place is packed out with what we've got, do you know what I mean, which isn't very much so … (Child M,11)

A number of these children talked of having a lot of their belongings in their grandparents' homes or leaving them with other extended family members:

I have loads and loads of books in me nanny's from me aunties and uncles and I used to have a big bike but most of me stuff is down there (in nanny's). (Child M,7)

My bike is up there [nanny's] *'cos it's too big to have here … I meet my friends around the corner but I can't play with them 'cos they're playing on their bikes.* (Child M,8)

As mentioned previously, there was a great deal of variety in relation to the type and size of accommodation in which families were living in. Two B&Bs in the present study seemed to provide families with more space and better opportunities for control over daily routines. In one of these cases, children obviously had more facilities for having their belongings with them and for playing. The child describes her toys as follows:

I have Barbies … I've got bus wheels, all colouring and crayons. I had a Barbie bike but it didn't work … I still have my Thomas the Tank bike that was me aunty's but we never go there anymore. I have 'chuckeo' the lollipop thing. I have two books — a duck book and the bunny book. I still have the bunny book 'cos I got the bunny book and the duck book with a huge Easter egg 'cos it was Easter and we were going over to England … (Child F,5)

A second child described some activities as follows:

Sometimes I play on my Playstation™ … I play with my swords [points to them] *and I don't know … fishing … I went today. I just came back I didn't catch anything though. There's lovely fish, I saw loads of them going around but I couldn't catch them …* (Child M,11)

One important aspect of adolescence is being able to develop a sense of identity and although this is usually achieved in the context of close family relationships, adolescents also tend to need to move away somewhat from the family environment while, at the same time, establishing a separate comfortable space for themselves within the family home. Such opportunities were denied these older children as, in most cases, they had little room to even store their belongings:

Our room was always a bit untidy because there wasn't enough room to put things away and they done room checks every day and we had store our stuff under the bed and we had to store our stuff in the wardrobe which wasn't very big. We had to store our stuff on the window sills and there was a gap between the bed and the radiator and we had to store stuff in there as well. (Child F,14)

In some cases where kitchens were shared, young people spoke of having to label food items as otherwise they would be removed or used by others:

> *You had to put your name on it, and I didn't like that. Sometimes people would take the stickers off and put them on their own stuff and everything would get mixed up …* (Young person F,16)

In contrast to this absence of personal belongings and lack of personal space, one child whose parents had very recently been rehoused spoke of the difference it made to him to be able to have his own things around him and to have a room of his own which he was planning to decorate at the time. He compared his surroundings now to when he lived in emergency accommodation.

> *Now, you can do your shopping without anybody taking your stuff and all. There wasn't much space to have your own things …* [now] *we have more space and our own wardrobes in our bedrooms … I'm painting my bedroom.* (Young person M,13)

… Social Networks

We were interested in finding out what sources of social support, other than parents, were available to the children and young people, and we asked them to talk to us about their contact with extended family members and friends.

Family

In the interviews with the mother or parents, we asked about the amount of contact the children had with extended family.

Eight (40%) of the families lived as a unit with mother and partner, who was not necessarily father of the children. Six (30%) mothers reported that the children had some contact with their father. Five (25%) said that they had no contact at all with the father, and in all cases this was because he was abusive. In the case of one family (5%), the children's father had been seriously ill in hospital for a long time, at the time of interview. As far as getting financial support from the fathers is concerned, eight mothers (40%) said that they had no support from the children's father.

Only two (10%) women reported having no contact with extended family (including the father) at all. Thirteen (65%) said that they had contact with their own family and five (25%) said they had contact with their own family and the children's father's family. See table 4.4 below.

	N	%
Contact with mother's family and father's family	5	25
Contact with mother's family only	13	65
No contact with any extended family	2	10
Total	20	100

Table 4.4 *Families' contact with extended family*

For many of these children, contact with grandparents and other relatives seemed to provide them with better opportunities for meeting other children of their age and other adults. This seemed to be the case particularly for younger children. In some cases, children attended school close to these areas and this gave them regular opportunities to maintain contact:

> *Because it's near the school and all and I have two friends and me uncles and they all build huts with me and catch pigeons 'cos we love pigeons … and I have loads of animals in me uncle's as well … loads of fish, guinea pigs, dogs, pigeons …* (Child M,8)

This child was particularly fond of his nanny and enjoyed visiting her on a daily basis as he was attending school nearby. However, not being able to invite others into their accommodation meant that children could never see other family members or friends in their own space.

> *She* [nanny] *can't come here 'cos nobody is supposed to come in here … only the people who's trying to help us.* (Child M,8)

Children's positive responses to having contact with extended family members were also evident when talking about where they would like to live. Many younger children explained they would like to live in areas close to their relatives:

> *Because two of me aunties are up there and I've got loads of cousins. I haven't seen me cousins in ages and it would be easy to walk up to them … you wouldn't have to get two buses …* (Child M,11)

Two families, representing three children, had no contact whatsoever with extended family members. This lack of informal support is likely to have more impact, given the uncertainty and instability of the routines surrounding their daily lives. With regard to relationships within their immediate family, older children were mostly concerned about their family being split up:

> *We were a happy family, and now our family is just torn apart. Like my sister and nephew live somewhere else. My dad lives somewhere else …* (Young person F,15)

This teenager's parents had separated but her father continued to have contact with the family as regularly as was possible in their present circumstances. She described never being able to invite him into their accommodation and this had an effect on how the family were able to spend time together:

> *Christmas last year they let him in for two hours, for Christmas Day, and that was it, and that was only because my ma asked the owner, and we don't know whether they'll do it this year or not because there's no visitors allowed at all … I don't know, it's just … it's very uncomfortable like, knowing that people do be saying: 'Oh, my da went here with me yesterday' and we can't say: 'Oh well, my da done this with us', because our da can't come in to see us, and we can't go see him a lot …* (Young person F,15)

In many cases, interviews with the older children indicated that they worried a lot about their parents' well-being and there was much evidence that these older children recognised that being homeless represented a major source of stress, not alone for themselves, but for their whole family. In some cases, this concern was expressed in relation to a parent's particular health problem. One child's mother, for example, had suffered from depression for many years and he wished to see her housed and perhaps have some possibility of recovering. Older children also worried about their parents being alone on the streets during the day and coping with financial pressures:

> *And your mum's to give you money to go out and buy something to eat. And sometimes my mum doesn't even get something to eat. Because she'll do without, because she hasn't got that much money in. She'd have to give me and my sister something to eat.* (Young person, F,14)

… Friendships

Young children's opportunities for developing and sustaining friendships were also linked to contact with extended family members. Children talked of meeting friends and cousins of a similar age when they used to live near relatives:

Because I had loads of friends and my cousins and I could play with them across the road … I don't really see my friends here … only in school. (Child M,9)

The neighbourhoods surrounding emergency accommodation were often unfamiliar to the families living there and parents were not happy to allow their children out unaccompanied. Some children talked of 'not knowing anyone' living around them. One child described her present B&B as being better in this respect than one she had previously lived in:

There was nothing happening there. There was kids that lived up the road but I wasn't allowed up there or anything. I'm allowed across the road … my friends live across the road now … my friends are not allowed in here but they can come over and knock for me … (Child F,10)

Being dependent upon their parents to accompany them when going out meant that children had little control over whether they were able to continue and develop contact with friends in these neighbourhoods.

I have one friend … I seen him in the park and he told me where he lived and I told him where I lived and I haven't seen him since the last day … the first day I met him 'cos we haven't been up to the park for a few days 'cos it's hard to get around now with the baby and all … and we're always rushing around trying to get things … (Child M,8)

Not being able to invite friends into their accommodation was also mentioned by some of the younger children:

I would love to play with me friends. I would love to have me friend [over] *… she would just come here and let me sleep over in her house and play with her 'cos she has the same toys.* (Child F,5)

We asked older children to talk to us about their friendships and to what extent they could develop and maintain friendships while living in emergency accommodation. One of the most telling findings in this aspect of children's daily lives was the extent to which children felt embarrassed about their homeless status and the difficulties this gave rise to in terms of interacting with other children of their own age. A number of children mentioned having been laughed at or ridiculed because they were known to be homeless.

They'd probably tell the flats and like every time I'd go in I'd get jeered … just like I haven't got a house and I'm poor and all that … (Young person F,13)

This was a very distressing experience for children and one which often caused them to avoid contact with other children of their age for fear that they would find out where they lived.

I'd, after school, I don't hang around with any of them 'cos normally they go to each other's houses and then they'd probably ask: 'Why don't we ever go to your house?' (Child M,11)

It worries me for the fact that they'll start asking questions like 'why are you homeless? Why this, why that?' You know, questions that I probably won't even be able to answer. And then I'll get real upset over it. Because they all have houses and they'd be saying: 'Oh my God, look, she's homeless, like she's nowhere to go.' (Young person F,15)

Another source of embarrassment for these older children in terms of their friendships was having to return home at an early hour in the evening when most of their friends were able to stay out:

Like when you're up with your friends and it's a bit embarrassing to say 'oh, no, I have to be in at ten o clock' and like it is a bit embarrassing, like when your friends [hear you saying] *'oh I have to go, I have to be in at this time', d'you know what I mean … people are saying, 'God, she's seventeen and she has to be home …'* (Young person F,17)

Some B&B accommodation was described very positively by older children who compared it to previous emergency accommodation. One family in particular was living in a setting which involved sharing with a relatively small number of families and, therefore, allowed more flexibility with regard to everyday routines:

I'm happy … because like we have all downstairs and we have like our own room because usually it's one room for all the family but we have separate rooms and like I have friends and I can bring them in for an hour … I can bring them into the sitting room but we can't bring them into our rooms … Like in [the previous accommodation] *you weren't even allowed to have them at the door like … you had to go outside the premises to talk. It just feels like a home like … it feels like home. The only thing is you have to be in at a certain time but that's ok like.* (Young person F,13)

Summary

Young people's concerns covered the following key issues:

- Disruption to routines from frequent moves in accommodation;
- Not being able to have regular contact with extended family and friends;
- Worrying about parents (where parent might be alone, not well or having to be out of accommodation during the day);
- Negative perceptions of being homeless and living in emergency accommodation. This impacted particularly on their contact with other young people of their age as some had experience of being ridiculed because of being homeless. In these cases, young people were reluctant to maintain contact with new friends;
- Adapting to regulations imposed by accommodation (e.g. having to be in at a certain time every evening, feeling that they were being watched all the time, not being able to invite friends and other family members to their accommodation);
- Sharing confined space with parents and younger siblings (e.g. bedrooms shared with several family members);
- Sharing accommodation with occupants involved in alcohol or drug abuse (this was mostly in the context of hostel accommodation);
- Difficulties finding time and space for themselves in accommodation which was often overcrowded and offered few or no opportunities for privacy.

Children's concerns covered the following key issues:

- Difficulties with accommodation regulations, in particular being told what to do by someone other than a parent and not being able to invite other family members or friends into their accommodation;
- Living in unfamiliar neighbourhoods where they had little or no contact with other children of their age;
- Regular contact with extended family members was difficult in situations where children lived at a distance. This was particularly difficult for children who had previously enjoyed positive and regular contact with extended family;
- Not having access to play space within accommodation settings. Many children could only play in the one room shared by all family members;
- Confined space within accommodation meant that children had very little space for toys and other possessions. Many children talked of leaving their belongings with grand-parents and other relatives.

‘[It affects them] more mentally than physically … like their heads are a bit confused and muddled up from moving from here to there and not knowing what’s going on. They don’t understand the rules because they lived in a house and they know the difference from living in a house and here and they can’t understand like.’

Father, 5 children

5

Children's Health and Well-being

Research into the health problems of homeless children suggests that there are a number of factors, often resulting from the inadequate facilities of emergency accommodation, which can put child health and safety at risk. Some of these features include inappropriate cooking and heating arrangements, overcrowding and lack of safe, outdoor play areas (Hutchinson, 1999). Focus Ireland carried out a study on 32 children, aged between two and sixteen years and residing with their parent(s) in transitional accommodation (Perot & Pigott-Glynn, 2000). Information was obtained from the main carer on aspects of children's health including obstetric and prenatal care, immunisation history, diet and use of health-care services. Findings revealed that mothers of almost half the children (44%) had experienced complications in pregnancy, including nausea, pneumonia and toxaemia. In addition to this, 50% of the children had incomplete or no immunisation and 50% were attending general practitioners with symptoms of respiratory tract infection. A related Focus Ireland study on the mental health status of homeless children and their families (Waldron, Tobin, & McQuaid, 2000) investigated the behavioural and emotional problems of 14 families with a total of 31 children. Scores on the Child Behaviour Checklist (Achenbach, 1991) suggested that these homeless children had higher rates of behavioural problems than those found in population norms.

Findings from other Irish studies are consistent with many of these findings. A study of the health status and access to health care services of homeless women and their children in Dublin found that only half of the children had full immunisation and many health care services were under-accessed by the homeless families (Smith *et al*., 2001). In a related study, some children assessed on standardised measures of emotional and behavioural development recorded scores indicating the possible presence of behavioural and emotional disturbance (Halpenny *et al*., 2001). However, it is important to state that being homeless and living in emergency accommodation does not necessarily cause a deterioration in health but certain features of this accommodation may increase the risk of health problems.

Qualitative interviews with parents in this study covered information on children's health status. In particular, parents were asked to rate their children's health status on a five point scale ranging from 'excellent' to 'poor'. Information on the extent of children's immunisation was gathered asking parents whether their children had received all, some or none of their vaccinations. Parents were also asked to outline any other problems they felt were relevant to their children's health status.

Children's health

Parents' perceptions of children's health status

Parents' perceptions of their children's health status (for both male and female) were generally positive. Information on forty children (equal numbers in both younger and older age groups) was reported. According to parents, eight children (20%) were reported to be in excellent health (six younger and two older) while nineteen children (47.5%) were perceived to be in very good health (ten younger and nine older). A further eight children (20%) were rated as being in good health (three younger and five older). A total of four children (10%) were reported to be in fair health and one child was reported to be in poor health. This child was in the older age-group.

	Poor	Fair	Good	Very good	Excellent	Total
Younger age group	0	1	3	10	6	20
Older age group	1	3	5	9	2	20
Total	1	4	8	19	8	40

Table 5.1 *Parents' perception of children's health status according to age group*

	Poor	Fair	Good	Very good	Excellent	Total
Male	1	2	0	10	4	17
Female	0	2	8	9	4	23
Total	1	4	8	19	8	40

Table 5.2 *Parents' perception of children's health status according to sex*

Vaccinations

Findings on the extent to which children had received full immunisation were quite positive. According to parents, 26 children (65%) had received all vaccinations (twelve in younger and fourteen in older age groups). Fourteen children (35%) were reported to have received *some* of their vaccinations (eight in younger and six in older age group). Information is not available as to whether these children had already received vaccinations while living in settled accommodation and before becoming homeless.

	Some of them	All of them	Total
Younger age group	8	12	20
Older age group	6	14	20
Total	14	26	40

Table 5.3 *Vaccinations according to age group*

Particular health problems

As outlined in the previous sections, parents' views of their children's health status were quite positive. However, particular health problems reported for some children included asthma, frequent colds, nose bleeds, migraine, nerve rashes and bed-wetting. One of the problems for families in emergency accommodation is the lack of space available which sometimes means that whole families share one room, or at very best, many children (and sometimes adults) will share a bedroom. As a result, when one child becomes ill, the other members of the family are likely to become ill also.

The following example is of a woman who described this problem when the whole family had lived in one room but the situation had improved as they now lived in apartment style accommodation, where there were three bedrooms shared among ten family members, including parents:

> *It* [children's health] *is good but when I was in* [previous accommodation] *it wasn't … every time one got a cold, they all got one but since I moved and they've been here 'cos they're still together, they sleep together but it's not as bad … it's like when one gets it, the whole lot gets it* [cold]. (Mother, 8 children)

One parent, who had recently been re-housed, described how her own health had improved as a result of the move. She felt her previous accommodation had contributed to a lot of the illnesses her family had experienced while living there.

> *Oh they were always sick in there, … the place is damp. That's how I ended up in hospital, I got an infection from the dampness in the beds, a really bad infection, I was on antibiotics for four weeks.* (Mother, 4 children)

Many parents felt that their children's mental health was at risk as a result of being homeless and the lack of security associated with living in emergency accommodation. One mother, whose teenage son was attending a psychiatrist, described him as suffering from depression and isolation due to the frequent moves in accommodation.

> *He's no friends here. He's basically just sitting around here. That's what he does all day. He's totally mixed up. His health is very poor. He's a lot of psychological problems and all. It's just totally mixed up altogether. He doesn't know whether he's coming or going.* (Mother, 5 children)

Another woman who was sharing one room with her two teenage daughters spoke of how they were frequently anxious and upset about their living conditions:

> *I can see it in their little faces, like, in other words, they do be depressed and sometimes very sad. I find it hard to explain to you … the expressions on their faces. And then the questions that they keep throwing towards me like, 'Mummy would you try and sort another house out for us, to get us out of here'. You can see the children are under the pressure of living in that room, so small of a room like.* (Mother, 3 children)

A father gave a similar response when asked about his views on the effects of living in emergency accommodation on his children's health. In his view, the effects were more serious for children's mental health than for their physical health.

> [It affects them] *more mentally than physically … like their heads are a bit confused and muddled up from moving from here to here and not knowing what's going on. They don't understand the rules because they lived in a house and they know the difference from living in a house and here and they can't understand like.* (Father, 5 children)

Other families talked of the need for counselling for some of their children. They felt this was necessary as the child(ren) had experienced very difficult circumstances before becoming homeless and some older children were aware that their parents were currently on methadone:

I'd say our daughter (teenager) could do with a bit of counselling, being honest with you. She's after been through a lot. Like she knows we're on methadone and that you know, and then coming into a B&B. You think it doesn't affect them. It does affect them, you know. (Father, 2 children)

As outlined previously, problems relating to the stigma attached to being homeless arose mainly for the older children (teenagers) who were more acutely aware of their circumstances and of others' opinions of their circumstances:

It [being homeless] *does affect them, you know, 'cos people say 'you've no home, you're nothing but a knacker' and they do feel it, they do feel it. They're going to counselling themselves for things when they were kids and with that and everything that went on with us, it makes matters worse instead of being able to come in and just go in for their bath and sit in front of the fire and all.* (Mother, 5 children)

Another parent talked of having tried to get counselling for her teenage son, who was not attending school at the time of the interview due to frequent moves in accommodation. She had been told by the health centres she approached that there was nothing they could do for him until he returned to school and could perhaps be referred by one of his teachers.

He's a very angry child and needs to be kept busy and I'm trying to find somewhere that he can go and have someone to talk to counselling or something like that … (Mother, 5 children)

Parents also talked of the anxiety their children were experiencing and this was particularly among the older children:

I mean my son (16) is always saying to me and he worries me 'I'd be better off dead'. He talks about death an awful lot and that worries me about him. (Mother, 5 children)

Each family had their own story to tell and one particularly distressing story was told by a woman who shared one room with four of her children (teenagers and young adults). This woman's eldest son had died tragically in England two years previously and she described how difficult it was for the whole family to come to terms with his death under the present circumstances.

Children's well-being

Standardised measures were also used with parents and children to supplement the qualitative information provided through interviews. These measures assessed children's emotional, behavioural and cognitive development. Before outlining and discussing how children scored on these measures, a number of points are worth considering. Firstly, while interviews were designed to explore the specific effects of being homeless and living in emergency accommodation on children, standardised measures provide a more general assessment of children's well-being or of parents' perceptions of their children's well-being. It is, therefore, possible that these measures may not reflect the depth of information gathered from qualitative interviews with children and parents. Secondly, certain details of the assessment process must be taken into consideration when interpreting these scores. Most interviews took place in the emergency accommodation in which the families were living at the time of interview. As described in previous sections of this report, accommodation ranged from a single room to a number of rooms with separate kitchen. In many cases, therefore, children completed the measures in the company of their parents or siblings. Even in cases where the researcher and child were quite separate from other family members, siblings and parents were often interested in the child's performance on these measures. It is possible that, in some cases, the presence of other family members prompted children to answer in a certain manner and this may have been a distraction from the task in hand.

Two of the measures were parent scales in which parents rated their children on particular items. Once again, it is possible that parents wished to present their children in a favourable light or were possibly mistaken in how they perceived their children's behaviour and emotional development and scores must be considered in this light. A final consideration is that, despite constant reassurance from researchers that there were no right or wrong answers to these questions, children may have felt apprehensive about their performance on these measures as they were not used to carrying out such tasks and were not familiar with the researcher.

In general, however, we found both children and parents responded with enthusiasm (and sometimes amusement) to the task involved. Most parents spent some time giving thought to their children's behaviour and feelings as outlined in the items included in the measures and this seemed, in many cases, to be an interesting task for them. As mentioned previously, most children seemed to particularly enjoy working with the British Picture Vocabulary Scale-II, which involves matching a word which they hear with one of four possible visual representations. Many children wanted to continue this activity after the target score had been reached.

Revised Rutter Parent Scale for School-Age Children

This scale examines different aspects of children's behaviour and consists of parents' ratings of children's emotional and conduct problems. Examples of items relating to children's behavioural difficulties included: *fights with other children; irritable, quick to fly off the handle; is disobedient; restless, runs about or jumps up and down, doesn't keep still.* Items relating to pro-social or desirable behaviours have also been included in the present scale, as pro-social behaviour has been shown to be a distinctive dimension of behaviour rather than simply the opposite of anti-social or hyperactive behaviour (Goodman, 1994). Examples of pro-social items included: *tries to be fair in games; considerate of other people's feelings; will try to help someone who has been hurt.*

Researchers read items aloud to parents and asked them to respond on a three-point scale as follows: *does not apply, applies somewhat and certainly applies*. The scale produces a *total difficulties score* ranging from 0 to 52, which can be treated as a dimensional, quantified measure of overall emotional and behavioural difficulties. Higher scores indicate a stronger possibility of emotional or behavioural difficulties. If there is a need to pick a score that indicates possible clinical significance, it is suggested that scores of 11 points or higher may be used.

N=40	Mean	Standard deviation	Range	Possible total
Total	18.4	6.7	7–31	52
Emotional	4.28	2.3	0–9	10
Conduct	2.9	2.3	0–9	10
Hyperactive	3	1.8	0–6	6
Prosocial	17.8	2.7	5–20	20

Table 5.4 *Scores on Revised Rutter Parent Scale for School-Age Children*

A total of forty children (17M, 23F) were assessed using the Rutter scale. These included the thirty one children who were interviewed and a further nine children living with their parents at the time of interview. All children were aged between five and seventeen years of age, with twenty children in each of the younger and older age categories. The majority of children recorded a *total difficulties* score of over 11 on this scale. A mean score of 18.4 (possible total 52) was recorded for these children (SD: 6.7; Range: 7–31). These scores must be interpreted bearing in mind that the majority of these children also scored over 15 (possible total 20) on pro-social items with a mean score of 17.8 (SD: 2.7; Range:). These scores on pro-social items suggest that there were also many positive aspects to these children's behaviour. Only three children (2M, 1F)

had a score of under eleven in ratings for total difficulties. A further twenty-seven children (9M, 18F) scored between eleven and twenty five on these ratings and ten children (6M, 4F) scored between twenty-six and thirty-five.

Total Difficulties Score	Frequency	%
Under 11	3	7.5
11–25	27	67.5
26–35	10	25.0
Total	40	100.0

Table 5.5 *Total difficulties score on Revised Rutter Parent Scale in School Age Children*

Child Self-Esteem Parent Scale (extract from Child Health Questionnaire-Parent Form)

According to the parents, most children had high self-esteem in a number of aspects of their lives. This sub-scale explores parents' views of how satisfied their children are with regard to self, school and others. In particular, satisfaction is rated on a five-point scale from 'very satisfied' to 'very dissatisfied' with regard to children's school, athletic ability, friendships, appearance, family and life overall. Once again, a total of 40 children (M17, F23) were rated on this scale, with equal numbers in each of the two age categories. In general, parents' ratings of their children's satisfaction were positive. A majority of children (28 out of 40/70%) were rated as being either 'very satisfied' or 'somewhat satisfied' with school. Five children (12.5%) were rated as feeling 'very dissatisfied' with school. A similar proportion of children (28 out of 40/70%) were rated as feeling 'very satisfied' or 'somewhat satisfied' with their athletic ability. A higher proportion of children (82.5%) were reported to feel either 'very satisfied' or 'somewhat satisfied' with their friendships. With regard to appearance, the majority of children (72.5%) were rated as feeling 'very satisfied' or 'somewhat satisfied', while 15% were reported to feel 'somewhat dissatisfied' with this aspect of their lives. The majority of children (82%) were also rated as being 'very satisfied' or 'somewhat satisfied' with their family relationships, while a small proportion (7.5%) were rated as being 'somewhat dissatisfied'. Finally, in terms of satisfaction with overall life, 60% of children were rated as feeling 'very satisfied' or 'somewhat satisfied', 27.5% were rated as feeling 'somewhat dissatisfied' and 7.5% were reported to feel 'very dissatisfied' with life overall. These scores indicate that parents' perceptions of their children's self-esteem were quite positive and this is in contrast to more negative perceptions of children's well-being which emerged from qualitative interviews with parents and children. A number of possible explanations can be suggested to explain this discrepancy. Firstly, the above scale assesses children's self-esteem levels from the perspective of parents. Possible unintended influences, such as a parent not wishing to represent a child in a negative light may impact on the scores recorded above. Secondly, the above scale provides a global measure of children's self-esteem across a range of domains (e.g. school, friendships, athletics ability, family) in contrast to the qualitative interviews, which specifically address the effects on children of being homeless.

(N=40)	very satisfied %	somewhat satisfied %	neither satisfied nor dissatisfied %	somewhat dissatisfied %	very dissatisfied %
School	35	35	10	7.5	12.5
Athletic Ability	32.5	37.5	27.5	2.5	0
Friendships	52.5	30	10	7.5	0
Appearance	42.5	30	10	15	2.5
Family	45	37.5	10	7.5	0
Life overall	27.5	32.5	5	27.5	7.5

Table 5.6 *Scores on Child Self-Esteem Parent Scale*

The Birleson Depression Scale

A minority of children scored within the critical range on this scale. The scale is used with children and adolescents to assess the degree of their depressive feelings. Children are asked to respond to a total of 18 items which cover the most common symptoms of depression reported in children (e.g. sadness, loneliness, lack of energy, lack of interest). Children indicate how frequently they would feel a particular symptom on a three-point scale as follows: *most of the time, sometimes*, or *never*. The score is the total score and higher scores indicate a stronger possibility that children may suffer from depressive symptoms. Previous studies have found that only those children who recorded scores over 17 had been diagnosed with clinical depression. A total of twenty four out of thirty one children interviewed were assessed on this scale with equal numbers in each age category. Four children in the younger age group were considered too young to complete this scale as they did not appear to fully understand what was involved. These four children were under six years of age. The remaining three children (one from the older and two from the younger age groups) were all from the same family and wanted to be interviewed together. Researchers felt that it was inappropriate to administer the Birleson scale under these circumstances. A mean score of 11.8 was recorded by children on this scale. A total of nine children (6M, 3F) recorded scores under ten on this scale. Four of these children were in the younger age group and five were in the older age group. Eleven children (2M, 9F) recorded scores between ten and fifteen on this scale. Six of these children were in the younger age group, while five children were in the older age group. Three children (1M, 2F) recorded scores between 16 and 20 on this scale, two in the younger age and one in the older age group. Finally one child (F) scored over 20 on this scale and this child was in the older age-group.

N=24					Critical range	
	Mean	Standard deviation	Range	Critical range	N	%
	11.8	6.2	0–30	17–36	3	12.5

Table 5.7 *Scores on Birleson Depression Scale*

The British Picture Vocabulary Scale-II

The majority of children scored below their age equivalent with regard to levels of vocabulary acquisition. The BPVS-II provides a measure of children's vocabulary acquisition. It is widely recognised as a valuable assessment instrument for educational, clinical and research purposes. The scale was administered to twenty nine children in the present study. Two children were considered too young by researchers to complete this task. A total of 83% of these children

recorded scores below their age equivalent and 59% of these children recorded scores indicating a delay of two years in their vocabulary acquisition. With regard to scores within different age groups, 92% of the older age group were below their age equivalent and 77% indicated a two year delay in vocabulary levels. Finally, 75% of the younger age group were below their age equivalent and 44% were two years below the age equivalent.

N=29

Mean Standardised Score	Standard Deviation	Range	% below age equivalent	% 2 years below age equivalent
79.9	11.8	57–106	82.8%	58.6%

Table 5.8 *Scores on British Picture Vocabulary Scale-II*

In addition to the views of presents and children, the views of professionals working closely with children in homeless families were also sought:

Children's health and development — professionals' perspectives

Professionals working with children in homeless families on a daily basis over many years described how they felt that being homeless had serious implications for the health and development of many of these children. Poor accommodation standards and lack of continuity in their access to health care services and schools contributed to poor health in many children and delays in development.

> [We see] *very, very poor health in children and I would put that down to the conditions that they're living in. I think the lack of very basic facilities in some hostels and B&Bs … I think it has improved but in the past we've heard of families who don't have cookers, don't have fridges, don't have cooking facilities. Children come in the morning with a bottle that hasn't even been sterilised, with milk that's sour and they have it in their mouth. They're drinking sour milk. They have gastro-enteritis, chest infections, ear infections, eye infections, scabies, impetigo.*

Lack of confidence and high levels of anxiety were some of the characteristics which professionals had noted as prevalent in these children. Unstable routines also had an impact on children's levels of attention. Many of these children had few opportunities for one-to-one interaction and this has implications for the development of their communication skills and their confidence when interacting with others. One particular problem contributing to this delay in communication skills is hearing difficulties in homeless children. This hearing loss (typically known as 'glue ear'), although not requiring a hearing aid, may go undetected for some time in these children and this will affect the development of their speech and language. Problems tend to manifest themselves in a delay in comprehension skills. This would not generally be picked up by parents as children would generally be able to understand everything at home.

> *That* [hearing loss] *hasn't been detected because they've missed their check-up or haven't been able to access services. Or perhaps it has been detected and there was a query but it wasn't followed through. There are lots of different levels where it can all break down, especially when families are moving frequently and records may not be forwarded as it is not known where the family have gone.*

Professionals working in health care services and in contact with homeless families experience quite a degree of frustration at the lack of continuity in their contact with these children and the

subsequent difficulties in keeping consistent up-to-date records of their progress. Many children may not have had developmental checks before attending the nursery in Focus Ireland.[2]

Obtaining essential information about previous medical history involves much liaising with other agencies and tracking back to public health records.

> *At the moment there are many children who have been there over a few months and so getting to do some real work with them but normally it's assess them — a couple of sessions and then they're gone — and try and link them in with their service. Often referring them on to psychologists or child psychiatrists.*

The importance of making contact with these children at an early stage was emphasised so that problems can be detected, treated and further deterioration can be prevented. The absolute necessity of linking families in to services within other communities, in cases where they might be moved, was also underlined by professionals.

Summary

While perceptions of their children's health status were generally positive, parents' concerns for their children's health were in terms of the following key issues:

- Only one third of children were reported to have full immunisation in the present study. These findings are more positive than those of the initial study where half of the children had not had full vaccinations, (Halpenny *et al*, 2001)
- Problems with overcrowding meant that if one child became ill, the rest of the family was also likely to be ill.
- Many parents were concerned about the effects of being homeless on the mental health of their children in term of anxiety, depression, isolation.
- Parents also worried about the effects of previous adverse experiences on children's health.
- A majority of children assessed on scales measuring behavioural development had scores indicating the possible presence of behavioural problems. However, children also recorded high scores on positive behaviour patterns. A minority of children had scores which indicated possible depressive symptoms.

Professionals highlighted the following concerns for children's health and well-being:

- Poor health in children due to inadequacy of facilities within some emergency accommodation settings.
- Many children in homeless families were considered to be lacking in confidence and to have high levels of anxiety.
- Professionals stressed the importance of making contact with children at an early stage so that problems can be detected, treated and further deterioration can be avoided.
- Professionals stressed the benefits of being able to provide on-site developmental assessments (e.g. weekly visits to Focus Ireland nursery by speech and language therapist). They acknowledged the difficulties of keeping consistent medical records of families who experienced previous moves and of tracking children's health status.

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[2] *Part of the service for children attending the nursery in Focus Ireland involves regular visits and assessments by a speech and language therapist.*

‘If there’s no place where they can settle, it’s difficult to be talking about the issues of education…they’ll come in and function, but it’s on a functional level…you know, you would hear them say ‘will I be there next week? will I be there?’ and that is unsettling…I would think somehow the emotional frame on that would be difficult to keep any sort of committed study going so they’ll come in and just sort of operate on a level up there, there’s no depth.’

Teacher

6

Education

When families become homeless, many aspects of the child's life will be disrupted and this is also true for children's education. There are many difficulties involved in maintaining consistent education for children when living in emergency accommodation. Problems getting to and from school when possibly living at a distance from schools, frequent changes in school, inadequate facilities and overcrowding all contribute to this disruption in routines. The important role that school has to play in children's lives is highlighted by Gilligan (1998):

> School is argued to have potential as an ally for children, a guarantor of basic protection, a capacity builder, a secure base from which to explore the self and the world, an integrator into community and culture, a gateway to adult opportunities and a resource for parents and communities. It is suggested that school can have a special supportive value for children experiencing adversity…

Despite the many difficulties involved in maintaining children's regular school attendance while living in emergency accommodation, it is evident that school may represent the only constant for a child in an otherwise unstable and changing routine. This was the case for many children in an earlier study on children living in emergency accommodation in Dublin (Halpenny *et al.*, 2001). However, mothers described practical difficulties in terms of preparing children for school in overcrowded conditions and finding space for children to do homework. Three children had left school early and just over a third of the children were reported to have attended school regularly over the previous 12 months. Regular attendance at school can provide a useful counterbalance to the instability and disruption to daily routines and the uncertainties of living in often inadequate temporary accommodation (Power, Whitty & Youdell, 1999). In addition, educational achievement may offer children in homeless families the possibility of countering the risk of further entrapment in a cycle of poverty and disadvantage.

Research carried out in the UK has shown that the nature and degree of problems with children's school work varies according to the type of temporary accommodation in which homeless families are placed. B&B accommodation was widely felt to cause the greatest problems for pupils' academic performance (Power, Whitty & Youdell, 1995). This was due to lack of space

and facilities, lack of sleep, subsequent tiredness within school and difficulties completing homework. Many teachers also felt low self-esteem, resulting from the experience of homelessness adversely affected their achievement and children's behaviour showed a deterioration.

A study carried out in Bristol indicated that the location and facilities available in temporary accommodation had a significant impact on the education of the children living there. Particular problems arise when children living in temporary accommodation are within a school system which is designed to cater for the majority of pupils who have a permanent address (Clark, 1992). Findings emphasised the importance of providing guidance and information to parents and teachers, which may help to optimise homeless children's school attendance.

In the following section, information is reported from interviews with parents and teachers, both primary and secondary, and illustrated with extracts from these interviews.

The most important point that was made by children, parents and teachers regarding the children's schooling is that school is the main stabilising force in the children's lives. Many parents talked about how they tried to keep their children in the same school amidst all the other changes going on in their lives. For many of the children, their teacher was a stable person who they could trust and count on and most importantly, was always in the same place at the same time.

School attendance

Practical difficulties of getting to school and the disorganisation which often accompanies life in emergency accommodation have a major impact on children's education. As we have seen already, families are usually placed in emergency accommodation outside their communities and, therefore, usually far from the children's school. This means that either children end up travelling quite a long distance so they can stay in their own school or else they have to change schools.

> *When I was in James St they had to walk all the way to Crumlin through the hospital because you couldn't get a bus and then when I moved up here they were always late. They were always late and not going in. They didn't want to travel that early in the morning … most of it was they were going 'I feel sick, sick in the morning going to school on the bus, ma' and then I wasn't giving them any breakfast 'cos that was making them sick as well. Then they were going into school saying 'they were starving' and I said 'what can I do? … you get breakfast and you get sick' so I decided to get them all over here.* (Mother, 8 children)

According to teachers, school attendance tended to vary and seemed to depend very much on the family support system available to these children rather than their living conditions. It was felt that where there was one adult who was managing to maintain a stable routine, children were able to attend school fairly consistently. However, for many families, if they wished their children to attend the same school on a regular basis, this might mean very long journeys accompanying children to and from school:

> *At one stage it was because we were out on the street at seven o'clock … I mean I had to come to Ballyfermot so I'd meet the kids and we'd trek all the way out to Ballyfermot and have something to eat in me mothers or me sisters or whatever and then you'd have to get back there for 7 o'clock so they'd be too tired to do homework …* (Mother, 5 children)

For those children who are able to attend regularly, school is a stabilising element and children are often dependent on it as a support system. A major problem, however, is the fact that families are frequently moved and this prevents teachers from developing solid and consistent relationships with both children and their parents.

Firstly, it takes a long time to identify that the family is homeless and what the needs of the children are, and then more time to build up trust. Then they are on the move again, they have gone to another school. It's right back to square one. This is why a lot of the children get lost in the system. (Teacher)

The fact that families moved frequently also meant that they had few chances to develop and maintain relationships with other parents and children in the community and this contributed to a sense of social isolation. Teachers described these parents as being shy and lacking in confidence and self-esteem.

Children experienced a lot of disruption to their daily routines according to these professionals and, as a result, many of them lacked fundamental experience and knowledge of ordinary everyday activities. One teacher compared a child who was homeless in her class with other children as follows:

Simple things that the children in the class would be talking about, the little boy would have no experience of it and I'm just wondering how he will fit in as he gets older, what he will think about the home, what he will think a home is, how would he know what a home is or how to make a home. Is his idea of a home going to be staying in emergency accommodation/hostels? But it's that ordinary information that children would have that he wouldn't have. Often he'd hear a story, for example, if one child talked about going to the circus, he'd come in the next day and tell what he heard. He is trying to learn what his experience might be in a more regular environment. (Teacher)

We asked parents to indicate how often their children attend school by choosing one of the following categories: *all the time, over 50% of the time, less than 50% of the time* and the number who have *left school*. Nineteen children (47.5%) go to school *over 50% of the time*, with fifteen (37.5%) going to school *all the time*. Three children (7.5%) go to school *less than 50% of the time* and three have *left school* (Table 6.1). Table 6.1 shows the number of children going to school according to age group and Table 6.2 shows the number of children going to school according to sex, with girls appearing to attend more than boys.

	All the time	Over 50% of the time	Less than 50% of the time	Left school	Total
Younger age group	9	9	2	0	20
Older age group	6	10	1	3	20
Total	15	19	3	3	40

Table 6.1 *School attendance according to age group*

	All the time	Over 50% of the time	Less than 50% of the time	Left school	Total
Male	6	7	3	1	17
Female	9	12	0	2	23
Total	15	19	3	3	40

Table 6.2 *School attendance according to sex*

Lack of continuity in schooling

Changing schools regularly has a definite negative impact on the children's schooling. It would take most children quite a time to settle into a new school, and often just as they are beginning to trust their teachers and develop supportive relationships with their peers, they have to move again, and it's back to 'square one'. Also from the teachers' point of view, it takes some time to identify the child's needs, both academically and emotionally. It is not always possible for teachers to get access to previous school records, particularly for children who have moved a lot, so they have very little background knowledge of children's abilities, skills and difficulties. In this way, children, particularly the most vulnerable, can get 'lost in the system'.

We also asked parents to indicate how many schools their children had attended in the previous two years. Table 6.3 shows the number of schools attended by the children in the previous two years according to age group and Table 6.4 shows the same according to sex.

Thirteen out of 20 children in the younger age group attended one school as compared to five of the older children. However, eight of the younger children had just started school, and so only had the possibility of going to one school. The five other children who had gone to only one school in the previous two years ranged from eight to eleven years of age. Four children in both age groups had attended two schools in the previous two years. Three children in the younger age group and eight in the older age group had attended three schools in the previous two years and three children in the older age group had left school.

This is significant in that it shows that seven (35%) of children 11 years and under had been to two schools or more in the previous two years. Twelve (60%) of children in the older age group had been to two or more schools in the previous two years.

	One school	Two schools	Three Schools	Left school	Total
Younger age group	13	4	3	0	20
Older age group	5	4	8	3	20
Total	18	8	11	3	40

Table 6.3 *Number of schools in the previous two years according to age group*

	One school	Two schools	Three Schools	Left school	Total
Male	8	6	2	1	17
Female	10	2	9	2	23
Total	18	8	11	3	40

Table 6.4 *Number of schools in the previous two years according to sex*

Impact of emergency accommodation on academic achievement

Because of the limited space in hostels, it is often difficult for children to find a suitable place to do homework. Not having a table to spread books out on and the distraction due to a whole family being in one room makes doing homework difficult. The general level of strain and disruption in the lives of some families can also impact on how the children complete school tasks. As one teacher explained:

> *He'll take home his homework copy, and then it's gone, and he'll be searching for a number of days and you'll send another one home. And then maybe the two of them will come in together and it'll be done, then there's an effort for a couple of days and then it'll be lost again. Things get lost, it seems to be such a small place, but things get really lost.*

Parents reinforced the importance of school attendance for children and the fact that children's education was negatively affected by the lack of stability in their daily lives:

> *It does give them something and it's … security … you know … nine o clock to three o'clock they're in school with their friends and doing things they should be doing … it (school attendance) has been very much affected … the special classes that they do attend they're missing because of the early morning but as regards medals and academic awards they do try hard in school. I try hard but it's just trying to get them from here all the way over to Tallaght.* (Mother, 6 children)

Parents also talked about not wanting children to see what goes on in hostels or B&Bs, for example arguments among other residents. This often means having to leave the hostel in the evening so children can't get homework done.

> *And if you think about it, the parents are taking their kids out of the hostel because there's a bad atmosphere and people aren't getting on in the hostel and the parents don't want them there, so they take them out, and obviously that's more important, than sitting hearing that, trying to do homework.* (Teacher)

Having such an unsettled routine can make children tired and distracted in school the next day. This can be demanding for teachers. On the other extreme, because of the lack of play space in the hostel, children can also be extremely 'hyper' and giddy in school as school is the only place they can run around and let off steam.

At second level, the inability for young people to participate fully in school because of such disrupted routines can have serious consequences and can actually force them out of the school system. As one teacher explained

> *If there's no place where they can settle, it's difficult to be talking about the issues of education…they'll come in and function, but it's on a functional level…you know, you would hear them say will I be there next week, will I be there and that is unsettling…I would think somehow the emotional frame on that would be difficult to keep any sort of committed study going so they'll come in and just sort of operate on a level up there, there's no depth.*

Teachers noted that children living in emergency accommodation do not have the same access to resources as their peers. Limited space in the accommodation means that there is a limit to possessions — toys, books, computers etc. Also, because of the chaotic daily life, children often find it difficult to complete tasks because of not having their homework done or because they don't have their copy book. Subjects such as maths depend on having a concrete base and learning new things depends on what you already know. If children are regularly absent, or even if they can't complete the tasks, they fall behind very quickly.

Social support

Resources are not just material however. Lack of support for their school work from home also seems to be an issue. This is not necessarily only the case for children living in emergency accommodation, but families in that situation are likely to have more worries and less support from extended family and the wider community and may therefore be less able to support their children. However, teachers noted definite differences between children who had support from their wider family, and those that didn't. Those with the extra support seemed to be far better able to cope, and tended to demand less attention from teachers.

Parents also lack resources. Generally the parents of children in the school tend to meet when they are dropping the children off or collecting them from school and talk and exchange a lot of information about services in the area. Teachers noted that parents living in emergency

accommodation missed out on this peer support. They are not around long enough to build up relationships with other parents more shy or they may lack confidence, and this is perhaps due to lack of self-esteem. They usually come a little late and tend not to mix in the same free way as the other parents.

> *Also it's very hard for them (parents) to avail of services for homeless families like Focus Ireland or Rainbows, because it takes months to get to know the family to refer them to various services and then they're gone. And they are the ones that need the services.* (Teacher)

Summary

- Less than half of the children in the present study were attending school every day and just under half the children were attending approximately half of the time.
- Many children had experienced frequent changes in schools they had attended over the previous two-year period. These changes make it difficult for children to make consistent progress in their schoolwork. Changes also make it difficult for teachers to develop trusting relationships with both children and their parents.
- Consistent with findings in the previous study, many parents felt that it was very important that their children should attend school regularly, despite having to travel long distances in some cases. Both children and parents considered school to be a reliable source of stability in daily routines which were often disrupted.
- Lack of stability in daily routines within emergency accommodation means that children have problems doing homework on a regular basis. They may also lack fundamental knowledge of everyday routines which affects their progress at school.
- Teachers pointed up the importance of tracking homeless children's progress through the school system, especially in cases where frequent moves were involved.

‘Most children who are in the B&Bs do not have any form of childhood. I think children who are homeless learn very quickly. They become adult very quickly. They lose their whole sense of innocence at a very young age...’

Professional

7

Professional Perspectives

In addition to interviews with children and parents living in emergency accommodation, we interviewed a number of professionals working directly with homeless families or in related areas. These included staff members from Focus Ireland, the Ana Liffey Children's Project, the Homeless Services Section (Dublin City Council) and the Homeless Advice Unit (Tallaght). Interviews were also carried out with three staff members working within emergency accommodation (two in B&B accommodation and one in a hostel). Additional interviews were conducted with teachers working with homeless children,[3] a speech and language therapist working in collaboration with Focus Ireland and a social worker providing services to victims of domestic violence in temporary accommodation.[4] Many of the issues which emerged from these interviews with professionals, echoed the concerns and experiences of the participant families.

Living in emergency accommodation

One of the main challenges in providing suitable emergency accommodation is finding a way of 'putting the *home* into the homelessness service for families' (Niner, 1999). According to this view, there is a need to look beyond merely providing a roof over the heads of homeless people. The emphasis must shift from this relatively simple objective towards a more complex one of providing a home in which successful family life can be sustained.

This shift in emphasis to developing models of emergency accommodation which can better meet the overall needs of the children and parents living there, was reflected in the views of many professionals working with homeless families. What they said about living conditions in emergency accommodation echoed much of what the children and their parents said.

Lack of space and control over planning daily routines

Particular issues highlighted were confined space shared among family members of different ages. The pressures of trying to keep children quiet, having to live according to someone else's

[3] *Details from interviews with teachers are mainly presented in the section on Education.*

[4] *Details from interviews with other professionals are presented in section on Children's health and well-being.*

requirements and the general uncertainty regarding long-term accommodation were also seen as additional stressors:

> *You might have a couple and two kids in a room that's smaller than this, you know, living, eating and sleeping so you can imagine the stresses. Some of the B&Bs have a playroom but that's a very recent innovation and there's quite a few of them that don't have.*[5] *So in the daytime the kids are running up and down the stairs and making noise. Some managers are understanding and flexible but in other places they're not even allowed to do that. So you can imagine the pressure that places on people who are already very stressed out and who are cooped up.*

Another key issue was the powerlessness and lack of control which families experience while living in emergency accommodation. Living in an environment where there is often a need for constant surveillance by camera and strict regulations is very difficult for families to adjust to. These regulations may apply to access to cooking and laundry facilities, not allowing visitors to enter accommodation and returning to accommodation in the evening.

> *They* [homeless families] *are living in someone else's house or whatever. They're living under those rules, which have to be adhered to. So they don't feel that they have any responsibility over their own lives and that is one of the things that the people we work with would express to us on a regular basis.*

All professionals agreed that regulations were necessary and appreciated the difficulties of housing together individuals and families from many different backgrounds.

> *Like you can understand why the rules are there … I can fully understand it because they are running a business. They are not there doing community development or whatever …*

However, the restrictions on these daily routines were recognised as very difficult for families to adjust to. Professionals were also aware that many parents felt disempowered in situations where their children were reprimanded by staff working in emergency accommodation.

> *The authority figure becomes the B&B manager or the staff and quite a few of the parents have said how difficult that has been. They have lost respect in the eyes of their children. Some of the managers are very sensitive and they won't intervene but others may reprimand children very visibly in front of their parents and the children don't know who to listen to in the end.*

Lack of rights and clear complaints procedure

Some professionals pointed out that where accommodation standards were poor, occupants often felt they had no right to complain or that if they were to complain they would compromise their chances of being re-housed.

> *Parents don't feel they have a right to say anything. They feel too intimidated in situations where most of us would feel we have a right to complain. They don't feel they have a right to complain because they might be threatened and told to leave.*

This feeling of powerlessness and lack of control was summed up by one of the professionals as follows:

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[5] *The majority of B&Bs in the present study had no appropriate space for children to play.*

When a family with children become homeless, what they move into is totally a context in which they have no real rights. It's a 'beggars can't be choosers' situation. You have no real rights in hostels or bed and breakfasts … the residents have no real voice or power to air their difficulties or grievances. Some landlords or managers have the keys to rooms etc. and can make up rules, sanctions etc., without any regulation.

Social isolation

Many families living in emergency accommodation will have moved from previous accommodation in suburbs to emergency accommodation usually located in or around the city centre. These families have little information regarding services and facilities available to them in the new location. They may also have little motivation to find out more, due to more urgent demands, the temporary nature of their accommodation or their own lack of confidence. Professionals stressed the importance of providing sufficient information, within accommodation settings, regarding people's rights and the services available to them.

So people might come from a different area and they haven't got a clue about what's happening in this new area. And because of their situation they don't have the motivation to find out. It's so hard for them to, first of all, to get their payments sorted out and then trying to look after their children, you know, maintain some form of stability, even that's impossible.

A simple but very effective initiative was undertaken by one manager of B&Bs in Dublin. In an effort to help children make contact with their neighbours, she invited children living in her accommodation to get involved in simple, well supervised tasks within the neighbouring community. This turned out to be a very successful way of encouraging better relationships between the community and the children involved. At the same time, the children were provided with a sense of responsibility and belonging to this particular community, which it was hoped they would carry with them when moving to more permanent housing. This manager stressed how important it was to see these families as her neighbours, which promoted a sense of depth and trust in relationships.

Children's lives

When families become homeless, children are often moved out of their community and away from their schools, their friends and their extended family. The impact of instability and uncertainty on the daily lives and development of these children was a major concern for most professionals interviewed.

For most of the children their routine is really [knocked] *out. They don't feel secure. They don't really know what's going to come next.*

From their perspective, these children were coping with the stresses experienced before becoming homeless, the tensions, insecurity and lack of routine when moving from one place to another and having to adapt to rules and regulations within B&B and hostel settings.

Living in very confined space, often one room shared between several family members, meant that families spent much of their time walking around the city with their children as there was nowhere else for them to go:

If you've got three kids in one room, you just can't … if you're expected to keep them quiet either by the landlord or by the people on either side of you … of course you have to get out … you can't even go into each others' rooms.

Lack of space and privacy and few opportunities for play and stimulation were mentioned as having a possible adverse effect on children's development.

> *It's a very unnatural environment for children because there are so many restrictions on them in terms of just being natural. You have to keep quiet and people complain about their behaviour … that's one of the things that we find … people complain about children's behaviour and it really is totally unnatural to expect kids to be quiet and stay in one room.*

> *Children have no life as they are constantly confined to a room. It's not too bad here because there's a park across the road but for winter time there should be a big playroom which would have to be supervised by staff because sometimes parents don't care. If the Corporation would fund us to put in a play area and to provide qualified staff, it would help the situation a lot.*

Two particularly positive developments, related to the provision of play facilities for children in emergency accommodation, were described in interviews with professionals.[6] The first of these is run by staff from the Ana Liffey Children's Project which visits certain B&Bs on a regular basis and provides toys and structured play activities for the children living there. Unfortunately, lack of appropriate space in many B&Bs and lack of sufficient resources within the centre have meant that this service is only available in a small number of settings. A second development, called *The Little Angels' Kids Club* involves a weekly after-school club for children living in emergency accommodation. This club is run on a voluntary basis by one of the B&B managers and has proved very successful in allowing children opportunities for consistent and supervised contact with other children in their accommodation and in promoting positive relationships between them.

> *This is strictly for the children, for them to relax. It's their own time. It's their own club. We don't tell them to do anything. And they really take pride in their Little Angels Club. They really, really love it so much. It's just for them … purely for them.*

Professionals also highlighted the need to provide a space for families and children to spend time in during the day, where possible within easy access of their accommodation. This would allow parents an opportunity to spend time with other adults and provide children with opportunities to interact with other children of their age.

> *We would have people sometimes knocking on the door asking 'Can I come in and change the baby?' 'cos they have nowhere else. I can think just offhand of two families who have done that because there's nowhere else to go …*

Focus Ireland and the Ana Liffey Children's Project[7] provide such a facility within the city centre. The relatively recent introduction of Focus Ireland's Family Programme offers families an opportunity to get involved in activities organised on a daily basis by the programme and to make and maintain contact with other families. The programme also provides a crèche facility for families participating in the programme. A nursery facility also exists within the same building for children in families not wishing to take part in the Family Programme. Importantly, staff members working in these services stress the importance of providing guidance and information for parents who may have no experience of being separated, even for a short period, from their children or who may have anxieties about how their parenting is perceived.

Although none of the parents in the present study were currently using illicit drugs, interviews with professionals further underlined the fact that many children living in emergency accommodation are at risk of being exposed to inappropriate adult behaviour.

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[6] *Information on these services is outlined in Appendix 3.*

[7] *Information on these services is outlined in Appendix 3.*

> *They* [drug using mothers] *are living in chaos basically because we're the only hostel who will take them so we're taking all the emergencies so there are always people in crisis and generally speaking the mothers of the children are usually in crisis. We meet a very small percentage of women who don't have drug problems If they're barred from one hostel, they move on to another or they go on to a B&B so it's a vicious circle for the children … they've no stability at all.*

Where parents were concerned about their children being exposed to distressing behaviour, the only solution was to walk the streets in the evenings until it was time for these children to go to sleep. As one teacher observed:

> *A couple of teachers in the school have been in town at night and met a family walking through the streets with the children to get them out of the hostel. They* [parents] *are doing their best to care for them, but when most other children would be lying on their stomachs looking at the telly in a pair of pyjamas, those in the hostel are just doing it* [walking the streets] *until it's time to go to bed.*

Some professionals felt that it was important to give more thought to how many families should be living together in emergency accommodation and the risks involved for children and their parents, in settings where they were sharing accommodation with others whose lives were in chaos. In their view, it makes little sense to expect successful outcomes from a situation where families who are in crisis are forced to live together with other families in crisis in emergency accommodation.

In summary, children living in emergency accommodation have few opportunities to lead the normal life of a child of their age according to the views of professionals interviewed. This was mainly due to a combination of their stressful experiences prior to becoming homeless and of the absence of facilities for children within the settings of emergency accommodation:

> *Most children who are in the B&Bs do not have any form of childhood. I think children who are homeless learn very quickly. They become adult very quickly. They lose their whole sense of innocence at a very young age. They either become minders in a sense like looking after other members of the family. When they get older the tendency is to follow in that role. The numbers of young pregnant women I come across is incredible. You just feel that it's a repeated cycle, in a sense. Their children are now having children and their children are also being born into homelessness.*

Homelessness as a process

Consistent with the view that support must be provided for people throughout their cycle of homelessness, professionals in the present study highlighted the fact that homeless people go through many, often demanding procedures, in their search for emergency and more permanent accommodation.

> *Most of the worst things that can happen to people in society are happening, or have just happened to people that are homeless. They are also particularly vulnerable because they are desperate for somewhere to stay and this makes them open to exploitation.*

Research in the UK emphasises how the process of losing a home is likely to be highly stressful for those involved, particularly where there has been conflict and even violence (Niner, 1999). The author goes on to point out that even in less adverse circumstances such as rent arrears, families are likely to have experienced years of struggle and worry and this is sometimes compounded by relationship breakdown, unemployment or ill health.

The urgency of dealing with crisis homelessness and the pressure to find accommodation for those out of home often make it impossible for officials, to be aware of, let alone provide support for these families. The experience of not being believed and lack of privacy when

detailing very private information was also highlighted by professionals. Discussions often take place in cubicles which adds to the stress of the crisis experience.

> *You would want very, very experienced and skilled crisis intervention workers, whose main aim was to be supportive to people. But that's not their job, they need to fill out the relevant forms and make sure that the person hasn't made themselves homeless.*

Children may also witness these kinds of experiences. The uncertainty of finding even temporary accommodation can be terrifying for young children whose parents are often coping with immense pressure:

> *Children at this stage of becoming homeless are initially in a predicament where there is huge stress for their parents. They come in here sometimes and they don't know where they're going that night. There's tension, there might have been violence or something else very, very difficult which led up to them becoming homeless. And their parents are so concerned with the immediate difficulties that it's very hard for them to shelter their children from seeing anything.*

It is important to note that not all families had experienced severe circumstances before becoming homeless. Professionals pointed out that there has been a noticeable increase in the numbers ending up homeless largely as a result of unaffordable accommodation.

> *In the last few years, because of rents going up,* [we have dealt with] *a lot of families who would have been traditionally in rented private accommodation, where they couldn't afford it or where landlords were doing up apartments and selling them because of the property boom. In these cases families were given notice to quit and these are families who wouldn't traditionally have been in contact with homeless services.*

Lack of move-on accommodation

A key concern of some of the professionals interviewed was the lack of available move-on or transitional housing for those who were currently living in emergency accommodation. Previous Irish studies have underlined the importance of filling this gap in the provision of homeless services at present (Houghton & Hickey, 2000; Halpenny *et al.*, 2001).

Getting re-housed for those who have been labelled 'anti-social' is particularly difficult and is becoming increasingly so. This is in contrast to the situation in the past where most people could get housed in a relatively short time. Whereas previously the housing authority had little accountability to local communities, severe problems, particularly related to drug dealing over the years has given rise to a very different legal and social climate in which communities, effectively, often have a much greater say in who is to be housed there. One professional expressed it as follows in terms of the operations of housing policy in the relevant local authorities:

> *The pendulum has swung from total neglect of community welfare to over-protection. There's no second chance for anybody who has been in local authority housing … if they're evicted and they get an anti-social tag they're just finished, it's amazing. If applicants are coming from the homeless list a lot of people will automatically assume, drugs, alcohol, mental health whatever …*

Although originally conceived of as emergency (short-term) accommodation, many people spend up to one or two years living in such accommodation. Even after such an extended stay in these facilities, a substantial number of families would not be eligible for re-housing within local communities due to the increased monitoring and assessment by estate management and local tenants.

Originally people thought of emergency accommodation as a place to go for three or four weeks and that's not so bad but realistically people are spending anything from a year to two years and longer, that's the norm. The reality is that a lot of them and, possibly the majority of them, will be unable to go from the B&B directly back into independent, local authority housing and the same within the hostels.

Providing an effective, holistic response to the needs of homeless families throughout the homelessness cycle points up the need to provide alternative, transitional, move-on accommodation for families who are not likely to be re-housed in the short term.

Part of the brief of staff working in the Homeless Services Section in Dublin City Council is to try to house families as quickly as possible. In reality, this often means that priority must be given to those families who will be considered suitable to be re-housed in the community and who have been homeless on a long-term basis. In general, the staff work with people who still need support but who do not have major issues. For example, they will work with people who are stable on methadone maintenance but not with those currently involved in illicit drug use. One unfortunate consequence of this need to prioritise is that many families in crisis will be left in emergency accommodation where there are no facilities to support their very particular needs and little possibility of improving their prospects of being housed.

We have been stressing for some time now, that from our experience of working with families, there is a need for transitional housing, basically supported housing with staffing as a way of getting a level of stability for some families but also of providing support for people to begin to address their needs and a B&B doesn't allow them to do that. I feel that that's a big gap in the service at the moment. There really does need to be a transitional housing programme for people like that.

If there were more alternative possibilities in terms of temporary accommodation with consistent support and training, families could have some control over the planning of their everyday lives while, at the same time gradually improving their prospects of being re-housed. An example of this was given by a member of staff working in a hostel in Dublin who spoke of the benefits of this alternative for those not ready to be housed on a permanent basis. She was speaking of a young mother who was about to move from the hostel to transitional accommodation.

It's her own [accommodation] *and she can move on then to her long-term accommodation but she'd be supported then around house, budgeting, cleanliness, anything she needs while she's there and that will set her up for the rest of her life.*

Staffing emergency accommodation

Three staff members working in two B&Bs and one hostel in Dublin were interviewed on a range of issues.

Problems for staff within emergency accommodation

Staff members working in emergency accommodation reported particular difficulties in coping with what they saw as the challenging behaviour of some families, whose lives may still be very much in chaos due to addictive behaviour and violent relationships. Particularly distressing events such as attempted suicide and stabbing incidents were mentioned by one manager and the need for more information and support was emphasised in order to help staff members deal with families experiencing extreme crises in their lives.

One problem which was mentioned by a number of professionals (and parents) was the difficulty for people living in emergency accommodation in accessing a social worker, as they are referred back to social workers in the last area where they had permanent accommodation. This can be very difficult if they are now living at some distance from the area in which the relevant

social worker is working. At present there is only one social worker providing a service dedicated to homeless families and this post is attached to Haven House hostel. One staff member working in this hostel described this service as follows:

> *The positive side about that is we have a social worker linked to our service and once there has been any type of violence in the woman's life we can link her in very quickly with this social worker but she's only one woman and you know she can only do so much. The chaotic nature of the residence means that sometimes you don't get breaks, they're very demanding women. Most of the women we meet are very nice women but I mean their lives are in chaos and they're very demanding. Our case load has almost trebled some days and we have one counsellor so that's very taxing. Some of the women don't want to do anything about the position that they are in at the moment so they just want a bed and they're happy enough with that but the whole drugs issue is a problem because you might find syringes, you're trying to monitor so many things at the same time and that's without even trying to support the woman with her problem. Lack of move on accommodation is a major problem because there's very few successes in homelessness.*

According to the social worker providing a service to Haven House and other homeless families, most of the individuals she works with have come from backgrounds of severe disadvantage and the majority of these families have experienced domestic violence and/or are struggling to cope with problems of drug or alcohol addiction. Child protection issues arise frequently in these contexts. This social worker emphasised the need to develop a team of social workers dedicated to homeless families so that problems can be identified and addressed as soon as they begin to manifest themselves and help and support can be provided to families at an early stage.

Staff members working in B&B accommodation also felt that it was important to have dedicated social workers working with a number of neighbouring B&Bs, to facilitate access for families living in emergency accommodation. Otherwise, they themselves [staff members] were being expected to take on this responsibility and were not equipped to deal with it, either in terms of training or facilities within the accommodation.

> *At the end of the day, there should be a lot more after-care for the families we are dealing with. It's just tenants in, tenants out — you can't just chop and change people like that. It's going to have a big effect on the children so when they do put people in they should call and find out how these families are getting on. How are the children coping with having moved so many times? There should be more involvement from their end of it but it's left to the managers to do something about it.*

Training and support for staff members

Most of the professionals and many of the parents interviewed felt that it was of vital importance that staff working within emergency accommodation should receive substantial training and support in order to help them cope with the many pressures involved in their work. The fact that emergency accommodation was originally set up to provide short-term crisis accommodation needs to be acknowledged as staff members are not always prepared for the situations they now have to deal with:

> *They were set up to provide accommodation on an emergency basis and they weren't expected to have any of the skills but, as it has grown, I think it has become much more obvious that it's not sufficient to just provide the bricks and mortar and even having specialist workers coming in isn't sufficient. You really do need to have a bit more skill and knowledge to work with people who are coming from crisis situations in many cases.*

Some staff members were very supportive of the families living in emergency accommodation and seemed to have an innate understanding of the difficulties and stresses which occupants had to deal with on a daily basis. However, others might be less well able to understand and might have no idea of how to proceed.

> *In some B&Bs the managers are more tuned in to the needs of the families living there and they would be firm but flexible as well and supportive and in some of the others the reality is that the managers are just not like that. They don't really get involved and things just get out of hand. Some managers would have a clearer idea of what's expected of them as well and are more secure within that.*

However, many of the staff have never worked previously in the area of provision for homeless families and have no specialist knowledge of the problems which they come up against in these settings.

Summary

Professionals' concerns included the following key issues:

- Interviews with professionals highlighted the importance of seeing homelessness as a process, in which many families, although not all, have experienced extremely negative life events prior to becoming homeless. The need to provide support throughout this period of homelessness was stressed.
- For those families who have experienced and are still experiencing severe disadvantage, the need for consistent, intensive support was emphasised. According to professionals, B&B accommodation was not suitable for families in these circumstances. These families needed to be accommodated in transitional, supported housing.
- Professionals highlighted the need to develop a more responsive model of emergency accommodation, in which family life can be sustained and families can be linked in with essential support services. Ideally, provisions for emergency accommodation and specific support for homeless families could be better conceived of as part of the same process rather than as separate provisions.
- Concern was expressed for the well-being of parents and children who have recently become homeless and who are unfamiliar with procedures for accessing emergency and more permanent accommodation. Children may be particularly anxious and confused at this stage of the process.
- Facilities for children's play, after-school clubs and opportunities for children and their parents to get involved in neighbouring communities were generally lacking within present accommodation settings.
- Professionals also highlighted the need for training and support for those working in emergency accommodation settings.

‘The staff understood, it’s just like they had duties to do themselves…at the end of the day, they had their own families to go home to… they had their own home. They didn’t know what it felt like for, say, me or what went on…’

Young person F, 16

8

A Way Forward

The present study underlines the importance of considering homelessness as a *process* — (see Figure 1). It is a process involving a set of problems, some of which may appear before families actually lose their homes, and others which may continue after they have been re-housed. Responding to homelessness requires an holistic approach tailored to the individual circumstances and realities of a given family. For some families, homelessness is essentially a housing issue. They have

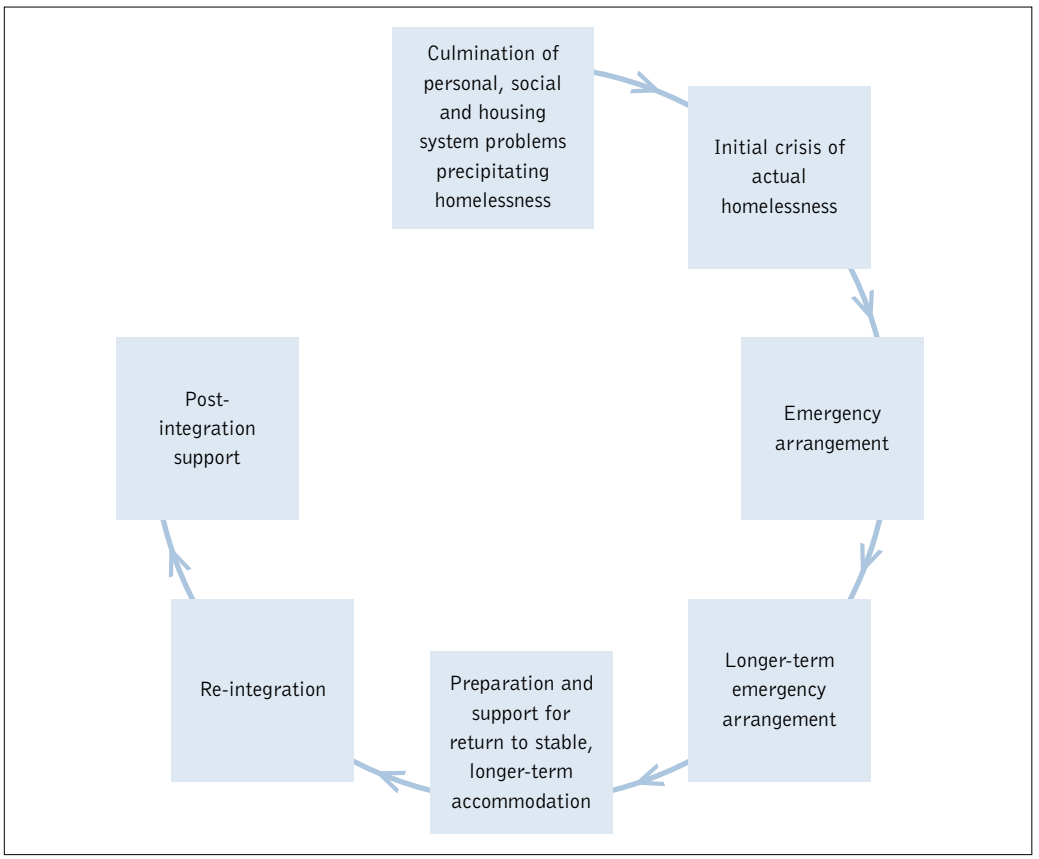

Figure 1 *The stages from homelessness to re-housing*

become homeless largely because of problems in the system of housing supply. For other families, a more complex set of reasons, extending beyond the limitations of housing provision, may lie behind their homelessness. It follows that where the causation of homelessness is complex, so also must be the response.

A spectrum of responses to family homelessness is required. Responses need to be flexible, holistic, co-ordinated and focused on prevention. They need to reflect the public and private benefits of preventing and resolving family homelessness. Preventive strategies are needed at three levels: early identification, early resolution and intensive support. At each level, strategies need to provide the right mix of housing, personal and social support. Identifying the specific support needs of each family at the outset is critical if the right response is to be achieved.

The present study findings indicate that many families are particularly vulnerable when entering the homelessness cycle. Families may not be familiar with the procedures involved in applications for emergency and more permanent housing. The management of the re-housing *process* may be critical to success in helping families to make the transition from homelessness to home (Franklin, 1999).

The needs of *children* in homeless families also need specific attention. The crisis of eviction or homelessness may have a traumatising effect on children, to an even greater extent than on adults. The child's world may be turned upside down and positive ties to schools, friends, teachers, extended family, pets, neighbourhood may be broken. Vulnerable children, particularly, may need special help. Otherwise, they never fully recover from the negative impact of homelessness on their educational progress and social development.

Early identification of the risk of becoming homeless

It is clear that problems dealt with at an early point may be less likely to become intractable. Homelessness problems dealt with early are less likely to impose high costs on children, parents, the community and the state. Housing authorities, health boards and related agencies should have an early warning system to flag families vulnerable to homelessness, and a protocol and dedicated resources for responding to such situations. The 'Families Project' in Scotland (Hill, Dillane, Bannister and Scott, 2002) may serve as a useful model for intensive support to families experiencing housing related problems. It seems desirable that funding be made available to pilot a number of *local* initiatives designed to respond to the needs of families in such circumstances. These initiatives should be designed to address, seamlessly, housing *and* support needs. They should address issues such as domestic violence, interpersonal conflict or addiction which, if unresolved, may underlie or precipitate crises of homelessness. In some cases, for example, mediation or treatment of addiction problems may be key to addressing a homelessness problem.

Early resolution of homelessness crisis

It may be helpful to think of two categories of families which find themselves in emergency accommodation: a) those whose need arises primarily from a *housing problem,* and b) those whose housing difficulties are also linked to *personal and social problems*. In all cases, families will need good quality accommodation, offering adequate facilities, and the appropriate degree of privacy and independence. All families will also need detailed and accessible housing information, social support, health care, and programmes for children. A range of resources in the statutory and voluntary sectors need to be directed to serving such needs. It is important that such information and support is made available on an ongoing and user-friendly basis to families in *all* forms of emergency accommodation.

Appropriate emergency accommodation

Within the present study, there was a wide variety of types of accommodation – from single bedsit-type rooms for whole families to self-contained, apartment-style units, comprising two or three bedrooms. Larger families (five children and over) appeared to be accommodated in these self-

contained units and, in some cases, families with smaller numbers of children may share this type of accommodation. According to Franklin (1999), self-contained accommodation is preferable for homeless people. British research suggests that models of temporary accommodation involving a large number of families sharing kitchens, bathrooms and living rooms are the least suitable form of temporary accommodation (Thomas & Niner, 1989). It seemed preferable to arrange for a small number of families (three to five families) to live in houses where they shared kitchens, bathroom and living rooms. In these particular cases, families had some role in organising tasks such as housework and gardening, and this seemed to allow them a sense of responsibility and a feeling, to some extent, of being in their own homes.

Almost all of the families in the present study had access to their accommodation throughout the day and this was seen as an essential facility. Even within the larger accommodation settings, however, available space was very limited, and parents shared living and sleeping space with younger and older children. In some settings, access to cooking and laundry facilities was restricted as many families were sharing.

The following measures seem desirable in all emergency accommodation in order to meet the needs of families served:

- Ensuring families have full access to their accommodation throughout the day (in line with recommendations in *Shaping the Future*);
- Ensuring all accommodation complies with the standards set out in *Putting People First;*
- Ensuring easy access to cooking and laundry facilities within each facility.

Intensive support to homeless families with additional needs

In some cases, families may need a more extended period of planned and supported preparation before they can successfully make the transition back to mainstream housing. For families with extra needs beyond housing alone, intensive tailored programmes of support may be needed to address health, addiction, domestic violence or other such issues. This is essential if these families are realistically to manage the transition back to mainstream housing. It is essential that families undergoing such intensive support have access to accommodation appropriate to their needs in this period.

Many families living in emergency accommodation may lose contact with extended family members and the community in which they have previously lived. The present study indicates that there are many difficulties for both parents and children in emergency accommodation in making and sustaining contact with friends. The study also highlighted the fact that older children are particularly isolated in emergency accommodation settings. This may be as a result of not wishing others to know where they are living, or due to regulations that restrict times of access to accommodation. Support work with families in long-term provision needs to value and support links with extended family for residents.

It seems very desirable that family programmes (similar to that introduced by Focus Ireland) be established within easy access of emergency accommodation settings. These could provide families with access to social support and structured educational and developmental activities, and crèche facilities.

The need for transitional move-on accommodation

Many families spend extended periods of time in emergency accommodation. The average stay in the present study was five and a half months and the longest stay was two and a half years. This is consistent with findings in the previous study. It seems reasonable to suggest that, for those families who have experienced extreme disadvantage, extended B&B emergency accommodation is not an appropriate context in which to provide the support they require. Where families are struggling with problems of drug and/or alcohol addiction, more consistent, focused aid could be provided in supported, transitional housing. One good model of such accommodation is Focus Ireland's supported housing project in a suburb in North Dublin. This type of accommodation

would allow more opportunities for families to prepare for living in more permanent accommodation. Supporting children within these families could optimise their chances of staying in school and having access to regular health checks.

Health care

The present study findings underline the importance of providing easy access to health care for children and parents in homeless accommodation. The importance of early detection of health problems and of keeping consistent records was underlined. Problems of records not being forwarded, due to frequent changes in accommodation, were highlighted. Children's mental health was also a source of concern for parents and professionals.

It would seem that certain health care services for children may be more consistently provided as part of a wider programme of support for families (e.g. Family Programme in Focus Ireland). Services need to be tailored to respond effectively to the circumstances in which many homeless families live. This involves ensuring access to services for homeless families despite frequent changes of address. There seems to be a very strong case for providing an integrated and dedicated health and social service programme for homeless families delivered by specialist Public Health Nurses and Social Workers. This service should be delivered where the family lives and should be able to fast-track access to specialist services such as speech and language therapy.

Specific support for children

Housing and support services for homeless families must recognise the traumatic impact on children of homeless experiences. Homelessness is likely to cause children much distress and confusion. It may disrupt school lives, friendships, social involvement in clubs and sport, and ties to extended families. For younger children, the experience may be very hard to take in. Older children may also need access to support and counselling to help them to ease anxieties brought on by the dislocation in their own and their family's lives.

It is clear that school is an important source of solace and continuity for children caught up in the crisis of family homelessness. School may also allow children to stay in touch with friends. Children living in emergency accommodation have very specific needs for educational support, including practical support around school attendance, the facilitation of remaining in their original school where possible, support with travel to and from school, homework and reading support programmes in emergency accommodation, special training for teachers in schools serving relevant children, dedicated home-school-community liaison for homeless families. Educational progress may be a key way of helping a young person to transcend the harmful effects of crisis homelessness.

Adequate play support is also important for children in emergency accommodation. There was a very noticeable lack of appropriate space for children to play within or outside emergency accommodation, which limited possibilities for children's interaction with others of their age. In addition to this, parents and children were very often forced to be together at all times. Opportunities for supervised play should be available to younger children in emergency accommodation settings. For younger children, the further development of projects such as the Ana Liffey Children's Project and the Little Angels Kids' Club which are run from within the emergency accommodation seems an option worth exploring. There is also a need to attend to the specific needs of teenagers living in families in such settings. It seems desirable to work to connect young people with youth services in communities surrounding their accommodation.

Arrangements for the management of individual facilities need to be sensitive to protecting children and young people from any inappropriate behaviour which may be manifested from time to time by other occupants within their accommodation.

Besides improving the child-friendliness of accommodation, it is also desirable that public offices dealing with homeless families should be made child-friendly and should have some play provision.

Staff development

The present study findings indicate that staff members working within accommodation settings may deal with families in crisis on a daily basis and these families may have very specific needs. In certain cases, conflict may arise within emergency settings and these situations are very stressful for staff members. The present study found that, where staff members and occupants were able to develop a better atmosphere and more trusting relationships, this created a more positive environment for parents and children to live in.

In addition, there is a need for specific training to sensitise mainstream professionals to the needs of homeless families, as well as ongoing training and support for specialist workers serving this population.

Conclusion

Overall there is a need to develop co-ordinated, dedicated, responsive, holistic approaches to the needs of homeless families. While such programmes cost money, the social costs of inaction are very high. There is also a need to review the impact of housing management policies on children in families affected. Indeed, it seems highly desirable to promote greater communication, co-operation and integration among all agencies and personnel serving homeless families.

A key finding of the present study is the need to develop a more comprehensive and differentiated model of emergency accommodation provision. Such a model should go beyond the provision of shelter alone, and should aim to provide accommodation that meets both the housing *and* support needs of the families involved. Some parents and their children who are experiencing extreme disadvantage and distress cannot be adequately supported in emergency B&B accommodation. These families need more focused, intensive support to provide both parents and their children with the possibility of breaking the cycle of homelessness. In such instances, homelessness may be seen as an opportunity for services to identify, and provide support to, those families who might not otherwise be able to access assistance. For other families who have not experienced such adverse circumstances, or who have managed to move beyond this point of crisis, some very successful accommodation models have been identified within the present study. These settings combine more appropriate living space with a supportive environment, which allows families to have some responsibility and control over the planning of their daily lives.

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Appendix 1

Case Studies

Family 1

One room and no access during the day

This family consisted of a mother and four daughters. The mother is separated. Only one of these children (aged 14) was living with her mother at the time of interview. One daughter (aged 16) was staying with friends. Another daughter (aged 19) was living in Limerick and a third daughter (aged 20) was living in a different B&B with her two children. The family had been homeless for three years. They had lived in local authority housing prior to becoming homeless but had left because of harassment from neighbours, particularly related to drug dealing. Since becoming homeless they had lived in a number of B&B settings.

The family had lived in their present B&B for two months at the time of interview. Mother and daughter lived in one room with two single beds. They had borrowed a television from another family member. Regulations in this particular B&B required them to leave the premises between 11 a.m. and 5 p.m., except on Sundays when they could stay in all day. Breakfast was provided in the mornings but there was no access to cooking facilities. The youngest daughter was attending school on a regular basis but the 16 year old had left school when she was in third year and was working. The mother spent her day walking around the city and eating in cafes (Focus Ireland). They found it particularly difficult to cope with this aspect of their accommodation as bad weather and the expense of eating out added to the pressures.

Family 2

One room in a hotel — access all day, no kitchen facilities

Mother and father and three children from eight years old to six days. They have been homeless for two and a half years and have been living in a B&B with private residents for 14 months. The children have been living with them in the B&B for 7 months. Since being homeless they have lived in a number of B&B settings and hostels. The main reason for becoming homeless was due to drugs.

All the family sleeps together in one room. The room is decorated with the children's pictures and the windowsills have ornaments on them. They have a private bathroom. They can

stay in the room all day but have no access to cooking facilities. They have a kettle, but no fridge. They have to be back by 10.30 p.m. in the evening, even on holidays like Christmas. There is a disco downstairs from Thursday to Sunday nights, and their room is right above the DJ box so sometimes they have trouble sleeping. The children go to school everyday and after school they usually go over to the mother's family home where she can use the kitchen. If it's not possible to go to their grandmother's house, they go to the chipper. Sometimes they go to the park near the B&B to play or go into town.

Family 3

One room — access all day

Mother and 8 children ranging between 14 and 29 years old. Four children were living with mother at the time of interview. A daughter (23) who was eight months pregnant, a daughter (20) and two sons aged 15 and 14. This family had been homeless for 9 years. They had lived abroad for some years and had stayed with other family members when they returned. The main reason for becoming homeless was domestic violence. Since becoming homeless, the family had lived abroad.

The family had lived in their present B&B for 4 months at the time of interview. Accommodation consisted of one large room with bunk beds and a separate bathroom. A kettle and fridge were also provided. The family had access to shared cooking facilities but often preferred to eat outside their accommodation. Most days they visited an older daughter who was married and lived in the suburbs. As all children were in their teens and young adulthood, it was particularly difficult for them to share such confined space. The sudden and tragic death of the eldest son two years previously made these circumstances all the more difficult for this family to cope with.

Family 4

Two rooms in a B&B, access all day, share fully equipped kitchen

Mother and father and five children ranging from 18 to 5 years old. The eldest daughter has a young child and is living with a cousin, because the insurance in the B&B will not cover any more people. They have been homeless for two and a half years. They lived in local authority housing prior to becoming homeless. They became homeless when they moved out of their local authority housing to look after the grandfather. Since becoming homeless this family lived in one room in a B&B. They also tried renting a caravan but it was in terrible condition.

They have been living in this accommodation for eight months. They live in this B&B with four other families. They have two rooms to themselves, and they share a fully equipped kitchen and sitting room with the other families. The children have to be in their rooms by nine o'clock and the adults have to be back in the B&B by ten o'clock. The younger children go to school everyday and the second eldest daughter has left school. They don't have very much contact with extended family, so when they are on holidays they generally stay in the B&B.

Family 5

Self-contained flat

Mother, father and eight children. Seven children live with the family in emergency accommodation. One son and six daughters ranging in age from sixteen down to four years of age. The family had been homeless for approximately one year at the time of interview. Prior to becoming homeless, they had lived in England but had decided to leave as there were problems with neighbours in the community. Since becoming homeless they had lived in a number of B&Bs. In one of these settings the whole family (ten members) had lived together in one room for six months.

The family had lived in their present accommodation for four months. Accommodation was in a self-contained unit, consisting of three bedrooms (one of these doubled as a sitting

room), a kitchen and a bathroom. All the children were attending school although they had changed school three times due to frequent moves. The family has access to their accommodation throughout the day but must be in before midnight.

Family 6

Self-contained flat

Mother and five children ranging from 19 to 5 years old. The eldest daughter has her own flat. The family has been homeless for four years. Prior to becoming homeless they lived in private rented housing. The main reason for becoming homeless was drug related. Since becoming homeless they have lived in various B&B settings.

This family has lived in a self-contained flat for two and a half years. There are two bedrooms and a kitchen/sitting room. The mother sometimes sleeps in the sitting room. The two eldest boys (18 and 16) have left school. The two younger girls have been in the same school all along which is near their grandmother's house. The children spend quite a lot of time with relations.

Appendix 2

Summary of previous study findings (Halpenny et al., 2001) with present study findings

	Previous study findings	Present study findings
Routes into homelessness	■ Lack of affordable housing ■ Eviction ■ Addiction ■ Overcrowding/Family conflict ■ Community difficulties	■ Community difficulties ■ Addiction ■ Overcrowding/Family conflict ■ Violence from a partner ■ Lack of affordable housing
Length of stay in emergency accommodation	■ On average six months and up to two years	■ On average five and a half months and up to two and a half years
Space	■ Lack of adequate cooking facilities ■ Lack of facilities for food storage and refrigeration ■ Overcrowding in terms of sharing bedrooms and bathrooms and lack of opportunities for privacy	■ Variations with regard to space and facilities provided ■ Particular difficulties where families shared a single room for eating and sleeping ■ Most families (17 out of 20) had access to some cooking facilities in their accommodation, usually sharing a communal kitchen ■ Remaining families ate in cafes or bought take-away food ■ In most cases, adults and children shared sleeping space and this presented difficulties for older children and parents in particular ■ A small number of families lived in self-contained units with separate kitchen and separate bedrooms for parents and children

	Previous study findings	Present study findings
Routines	■ Lack of adequate cooking and laundry facilities meant that family routines were severely disrupted ■ Where families had to vacate premises during the day, much of the time was spent walking around the city or sitting in cafes	■ Developing consistent, stable routines was impossible for many families ■ Having access to cooking facilities was appreciated by all families although there were difficulties sharing kitchens with several other families and having nowhere to store food ■ Keeping younger children quiet and getting them to bed at an appropriate time was particularly difficult where families shared one room ■ Where families had to vacate the premises during the day, parents and children spent their time in cafes and walking around the city
Regulations	■ Restrictions on access to accommodation were particularly difficult for families ■ Not being able to invite other family members and friends into accommodation meant that families always had to travel some distance to maintain contact	■ Parents found it difficult to raise their children in 'someone else's home' according to regulations imposed within accommodation settings ■ Having someone else tell their children what to do was disempowering for parents and confusing for their children ■ Parents also described a loss of dignity and autonomy in situations, for example, where accommodation was inspected on a regular basis and they had to return to accommodation by a particular time ■ Younger children and adolescents found it difficult to accept being told what to do by someone other than their parents ■ Younger children and adolescents also spoke of wanting to invite other family members and friends into their accommodation ■ An additional problem for adolescents was having to be in their accommodation by a particular time in the evening
Facilities for children's play	■ Children had little or no appropriate space to play in B&B settings ■ Living in unfamiliar neighbourhoods with no access to gardens meant that parents could not allow their children out to play unaccompanied ■ Lack of play facilities also meant that children and parents were together at all times ■ Children living in hostel accommodation had access to a dedicated play area and spoke very positively of this	■ Most children had no access to appropriate play space both within and outside accommodation ■ Most accommodation was located in areas unfamiliar to families and children could not play outside unaccompanied ■ Opportunities for play were usually within very confined space in accommodation or parents brought children to nearby parks ■ A small number of B&Bs allowed children access to a garden where they could play ■ Play activities organised by the Ana Liffey Children's Project were available in a small number of B&Bs. The Project visits B&Bs on a fortnightly basis and provides toys and games for children to play with ■ A weekly after school club for children was run on a voluntary basis by one manager of a B&B. This club provides children with opportunities for reading, painting, dancing and other play activities. Children are allowed to borrow books on a weekly basis from the club. The club is also run in two other B&Bs run by the same manager

	Previous study findings	Present study findings
Particular problems for adolescents	■ Older children were more aware of the stigma attached to being homeless and this had a negative impact on making and maintaining friendships ■ Older children had more problems sharing confined space with parents and younger siblings	■ Adolescents felt embarrassed about being homeless and living in emergency accommodation and this was perhaps one of the reasons why these teenagers were more reluctant to participate in the present study ■ Sharing confined space was also a problem for these adolescents as they felt they had little opportunity for privacy in their accommodation, especially where sleeping space was shared with parents and younger siblings ■ Some adolescents remarked that emergency accommodation did not take their needs into account and felt no sense of belonging within their accommodation ■ Adolescents (particularly in a hostel setting) were unhappy in situations where they had to share space with occupants who were involved in alcohol or drug abuse
Relationships with family	■ Parents felt that being homeless and living in emergency accommodation put a strain on their relationships with children. This was mostly in terms of parents and children feeling constrained by regulations within accommodation ■ Parents felt that children blamed them for being homeless and this put an added strain on relationships ■ Children's opportunities for maintaining contact with extended family members was restricted due to accommodation regulations ■ Where contact with extended family was possible, this represented an important source of support for families	■ The particular pressures of being homeless and living in confined space placed an added strain on family relationships ■ Some participants felt their families had been 'torn apart' as they were not able to be together in emergency accommodation ■ Parents felt guilty at not being able to provide children with their own home ■ Sharing confined space gave rise, in some cases, to increased conflict in family relationships ■ Contact with extended family members was sometimes difficult to maintain as occupants are not allowed to invite other family members into their accommodation ■ Contact with extended family members was also an important source of support for these families

	Previous study findings	Present study findings
Relationship with friends	■ Children had few opportunities for making and maintaining friendships due to frequent moves and not being able to invite friends into accommodation ■ Some adolescents were reluctant to initiate friendships as they did not want others to know where they lived ■ Regular contact with friends was largely maintained through school attendance	■ Younger children had few opportunities for developing friendships in emergency accommodation and in surrounding neighbourhood ■ In a small number of B&Bs, play activities, specifically provided for younger children, allowed them better opportunities for interacting with children of their age ■ Adolescents spoke of feeling isolated within emergency accommodation settings as there were no opportunities to interact with peers ■ Feeling embarrassed about others' perceptions of their homelessness was an obstacle to developing solid friendships with peers
Health and well-being	■ Mothers' perceptions of children's health status were generally positive ■ Approximately half of children had not received full vaccinations ■ Health care services under-utilised by families possibly due to frequent moves and difficulties in tracking homeless families ■ Mothers remarked on a deterioration in children's behaviour since becoming homeless ■ A wide range of scores was recorded on standardised measures of children's emotional and behavioural development. A substantial number of children had scores indicative of the presence of behavioural problems. A smaller number of children had scores which indicated possible depressive symptoms ■ Findings on scales assessing children's levels of vocabulary acquisition suggest that the majority of these children recorded scores below the average for children of their age	■ Parents' perceptions of children's health status were generally positive ■ Approximately one third of children had not received full vaccinations ■ Parents worried about children's mental health due to the instability and insecurity of their circumstances ■ Parents also worried about the effects of previous adverse experiences on their children's mental health ■ A majority of children assessed on scales measuring emotional and behavioural development had scores indicating the possible presence of emotional and behavioural development. However, children also recorded high scores on pro-social items suggesting that there were many positive aspects to their behaviour. A minority of children had scores which indicated possible depressive symptoms ■ Findings on scales assessing children's levels of vocabulary acquisition suggest that the majority of children recorded scores below the average for children of their age

	Previous study findings	Present study findings
Education	■ Many children were attending school regularly. However, a number of adolescents had left school early and some children were not attending school at all at the time of interview ■ Mothers described difficulties in terms of preparing children for school and finding time and space for children to do homework ■ However, mothers were very anxious that their children would have the opportunity to complete their education ■ School provided children with some form of constancy in their lives in contrast to the uncertainty of living in emergency accommodation	■ Less than half of the children in the present study were attending school every day and just under a quarter of the children were attending approximately half of the time ■ Many children had experienced frequent changes in schools they had attended over the previous two-year period. These changes make it difficult for children to make consistent progress in their schoolwork. Changes also make it difficult for teachers to develop trusting relationships with both children and their parents ■ Consistent with findings in the previous study, many parents felt that it was very important that their children should attend school regularly, despite having to travel long distances in some cases. Both children and parents considered school to be a reliable source of stability in daily routines which were often disrupted ■ Lack of stability in daily routines within emergency accommodation means that children have problems doing homework on a regular basis and lack fundamental knowledge of everyday routines which also affects their progress at school ■ Teachers pointed up the importance of tracking homeless children's progress through the school cycle, especially in cases where frequent moves were involved

Appendix 3

Services for families in emergency accommodation

The following section outlines some information on particular support for families in emergency accommodation. These services are provided by organisations and individuals, participating in the present study.

Ana Liffey Children's Project

The Ana Liffey Children's Project offers a service to families and children where problematic drug use is an issue. The overall aim of the project is to promote and support high quality parenting and to enhance the quality of life for children whose parents use drugs. The project is influenced by children's rights perspectives. The project endeavours to maintain an overview of the needs of children and families where drug use is an issue and advocates the development of policies and services to meet this need. The project offers a number of services including family support work, individual counselling, playgroups, B&B outreach programme.

A particular problem for children in emergency accommodation is the lack of appropriate space and play facilities for children. The Ana Liffey Children's Project provides toys and structured play activities for children living in B&B emergency accommodation. Although they wished to provide this service within a larger number of B&Bs, many managers were reluctant to allow the project to operate within their accommodation due to lack of appropriate space. The project has been well received by children and their parents within B&Bs. Children enjoy the opportunity to play and interact with other children of their age and this also gives parents an opportunity to have some free space in their day. Unfortunately, due to lack of resources within the Ana Liffey Centre, it has not been possible to run the project as frequently as they feel is desirable.

Focus Ireland

Focus Ireland operates many services for homeless people including a coffee shop /restaurant in the city centre, a crisis desk, assistance in findings accommodation, street outreach and community settlement programmes. The following sections outline information on two services of particular relevance to families living in emergency accommodation.

Family Programme

The Family Programme opened to the public in February 2001. It started as a pilot project and has since grown. The programme runs from 10 a.m. each morning to 1 p.m. in the afternoon. It offers a drop-in from 10–11 a.m. with structured activities from 11 a.m. to 1 p.m. These include relaxation activities such as aromatherapy and reflexology and arts and crafts activities including drama and jewellery making. Quality snacks are also available for families taking part.

A crèche is available for children of parents attending. However, crèche places are limited to eight children at present. Parents who have children in Focus Ireland's Child Care Centre can also attend, as they do not require a crèche place. The programme is open to all families and single people living in emergency accommodation such as B&Bs and hostels. Parents are not permitted to leave the premises without their children.

As the numbers accessing the service are high and space is limited, Focus Ireland intends to expand the service in the very near future. Funding has been made available and at present they are looking for suitable premises. Plans for the future of the programme, which will be known as Focus Ireland Family Centre, include the following:

- Larger crèche facilities with sleep room
- After-school club for school-going children
- Fully fitted kitchen with facilities for learning to cook
- Parenting programmes and confidence and self-esteem training
- Fully equipped computer room and facilities for teaching computer skills
- Arts and crafts room
- Relaxation room
- Satellite clinics providing access to GP and Public Health Nurse
- Bus or taxi link from B&Bs and hostels to schools

The Family Centre will then operate a full day service, seven days a week and include week-end activities for families. The team will also increase from six staff members to a team of eighteen.

Nursery

Focus Ireland's nursery has been operating since the organisation was established fifteen years ago. The nursery works with up to fifteen children a day and children's ages range from seven months to pre-school age, although they are flexible about age and have worked with older children. However, only emergency places are offered to older children. The nursery runs two sessions per day: a morning session from 10 a.m. to 1.30 p.m. and an afternoon session from 1.30 p.m. to 3.30 p.m.

From 10.00 a.m. to 10.30 a.m. children are involved in free play. At 10.30 a.m. children are provided with breakfast. After this children are involved in various activities including beadwork, jigsaws and other creative activities. During this time there are opportunities for children to receive a lot of one-to-one attention, which may not be possible for parents to provide if they are preoccupied with finding accommodation. Children have lunch at 12.45 a.m. At 1.30 p.m. the afternoon session begins. This session is generally less structured than the morning session and allows children more opportunities for playing together. Some children will remain in the nursery for the whole day while others will attend for either morning or afternoon sessions. Once a week children are taken on trips (e.g. zoo, airport, farm) as very few children have opportunities to see outside the city.

At present there are four full time staff members in the nursery. There are also two community service volunteers on a one-year programme which is ongoing. Two people are also employed on a community employment scheme. A speech and language therapist also comes in once a week to assess children attending the nursery.

Homeless Services Section (Dublin City Council)

The Homeless Services Section was established in October 1999. At the moment, there are approximately fifteen staff members. The section is responsible for the implementation and development of Corporation policy on homelessness. It works in close collaboration with the Homeless Agency, the Eastern Regional Health Authority and many voluntary organisations working with homeless people. It also has a role in monitoring standards in private sector accommodation used for emergency accommodation and sourcing emergency accommodation settings.

A further role of the Homeless Services Section is to work with families living in emergency accommodation to assist families in accessing permanent housing and to provide advice and guidance where necessary. This involves assessing the housing and other needs of these families, helping them with procedures of application and generally monitoring their progress along the homelessness cycle.

Little Angels Kids' Club[8]

This club is run on a weekly basis for one hour by a manager in B&B emergency accommodation. The club operates in three locations at present and is open to children (usually up to ten or eleven years of age) living in these particular B&Bs. The club is run on a voluntary basis and provides an opportunity for children to get together and make contact with other children of their own age. Activities include reading, painting and drawing, writing stories, dancing etc. A small library has been set up in each of the locations and children are allowed borrow books on a weekly basis.

Besides offering children opportunities for play and interaction with their peers, the club promotes positive relationships between the children sharing emergency accommodation and between families and staff members in general. Children are also encouraged to make connections with others living in neighbouring communities. An example of this is in one B&B where children in the club were encouraged to take on simple tasks for those working in the community. This simple initiative proved very successful in creating possibilities for children to make positive contact with others in the community. It is hoped that such an initiative can help children make similar connections in their new communities when they are rehoused. Unfortunately, the club is run by one or two individuals alone and is, therefore, difficult to sustain on an ongoing basis.

[8] *The Little Angels Kids' Club is now being run on a weekly basis by Focus Ireland in their premises in John's Lane.*

This report is a joint publication between the Homeless Agency and The Children's Research Centre.

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Children and families portrayed in the photographs are currently living in emergency accommodation but did not take part in interviews.

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