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Title: A Scoping Study: Children, Policy and Cultural shifts in homelessness services in South Australia: Are children still falling through the gaps?

Abstract

Homeless families are the fastest growing segment of the homelessness population. Homelessness services are often the first to know when children are at risk of disengagement with health, welfare and education services. Changes to Australian policy to explicitly attend to the needs of children are attempts to address the complexity, and provide better outcomes for, homeless children. There are mounting levels of evidence describing some of the needs of children who are homeless. Using the scoping study methodological framework this review of academic and grey literature was to identify the extent service providers provide for the needs of homeless children. The literature search was conducted from September 2012 to April 2013 using ProQuest, Science Direct, Sage and OVID databases. Therefore the objectives of this scoping study were to: (1) identify the specific needs of children in homelessness (2) describe recent changes in policy relating to care for children in homelessness services (3) explore the evidence on how service providers can enact care for children in homelessness services (4) identify the types of practice changes that are needed to optimise outcomes for children and (5) identify the gaps in service delivery. This article describes the Australian policy changes and explores the potential impact of subsequent sector reforms on the internal practices in frontline homelessness services, in order, to overcome structural and systemic barriers, and promote opportunities for children in homeless families. This scoping study, literature review that contributes to the understanding of the impact of policy change on frontline staff and suggests possible practice changes and future research options.

Key words: scoping study, policy changes, homelessness services, homeless children, children's access to health, education and welfare, vulnerable children.

What is known about this topic:

- Homeless children are at higher risk of disengagement from health, education and welfare services.
- Disengagement has long term deleterious health, interpersonal and educational outcomes for homeless children as they grow.
- Policy changes have addressed disengagement by directing homelessness services staff to provide an improved level of assessment and referrals processes for children.

What this paper adds:

- The policy changes have failed to address the specific training and educational requirements of frontline staff.

- Child Aware Approaches are integral to improving service access for children.

Introduction

Children living in homelessness are at the forefront of childhood adversity. Despite a complex range of measures in Australia to protect children from harm, many children experience periods of homelessness in their lives. These children, with complex needs, are often disengaged from mainstream health, education, and welfare services. Homeless children falling through service delivery gaps, jeopardising their ability to reach optimum health, and education outcomes, and become a contributing member of society (Commonwealth of Australia, 2008; Crane, 2014).

Families with children enter homelessness for a multitude of reasons, such as domestic violence (DV) (recently rising by 14%) (Philipps, 2012, Australian Institute of Health and Welfare, 2014); housing unaffordability (Australian Institute of Health and Welfare, 2014); poverty (Philipps, 2012, O'Donnell et al., 2014); mental illness (Philipps, 2012, Bromfield et al., 2012) parental drug and alcohol abuse (Philipps, 2012, O'Donnell et al., 2014) and being indigenous, as indigenous peoples are 14 times more likely to be homeless (Australian Institute of Health and Welfare, 2014). Furthermore, as all of these influences can create homelessness, these consequently can have a traumatic impact on children. For example, in children DV creates feelings of fear, anxiety and depression (Holta et al., 2008); increases the prevalence of mental illness and behavioural problems in children (Huang et al., 2010, Bromfield et al., 2012); and increase the prevalence of children living in poverty (Huang et al., 2010). Further, parental capacity decreases during DV (Holta et al., 2008, O'Donnell et al., 2014). Additionally, homelessness compounds these impacts as another trauma children accumulate (Philipps, 2012, O'Donnell et al., 2014). The impact of homelessness on children is discussed as the focus of the scoping study. An in-depth discussion on the impact of DV on children is beyond the parameters of this article. However, of note is that despite 1/3 of children living in homeless families are escaping DV, the assessment of the trauma effecting children is minimal (O'Donnell et al., 2014, Australian Institute of Health and Welfare, 2014). Homelessness in and of itself creates trauma for children (O'Donnell et al., 2014, Gibson and Johnstone, 2010, Keys, 2009), for example, lack of stable relationships, fear, anxiety and

depression in children are consequences of homelessness. Therefore any trauma in children caused by DV can be exponentially increased by the impact of homelessness.

Constructs defining homelessness remain politically and culturally determined (Crane, 2014). Furthermore, the definitions of homelessness are often socially contested and juxtaposed to the experiences of homeless families (Crane, 2014). Historical beliefs regarding who is homeless, for example, single older males, has shaped Federal, State and Non-Government Sector (NGO) policy and subsequent guidelines for service delivery (Commonwealth of Australia, 2008; Crane, 2014). Families experiencing homelessness present as complex and multifaceted clients with overlapping issues of homelessness, poverty, and social isolation (Commonwealth of Australia, 2008; Crane, 2014).

Homelessness is often defined by type, such as: i) primary homelessness – people without conventional housing such as those sleeping rough or in improvised dwellings, such as cars, ii) secondary – people moving from one temporary shelter to another, such as living on a friends couch, that is ‘couch surfing’, iii) tertiary – people living in accommodation that falls below minimum standards such as boarding houses and overcrowding (Kids Under Cover, 2015). These definitions limit recognition of the intricate and complicated nature of family homelessness and belie the strategies or services needed to address homelessness for families and children (Commonwealth of Australia, 2008; Crane, 2014; Barker, 2013).

This scoping study presents a summary of the impacts of homelessness on children, followed by a description of policy changes that have been implemented in Australia and South Australia to improve outcomes for children who are homeless. The challenges of implementing these changes are explored through a review of literature about what works in providing services for children who are homeless. We conclude by presenting the gaps about what is known about how services are provided for children in South Australia where providers have implemented policy changes.

Methodology

Presented as a scoping study, this review aims to explore some aspects of service delivery that may enhance children’s access to health, welfare and education services along with providing areas for future research (Askey & O’Malley, 2005; Dagenais et al., 2013; Mitton, Adair, McKenzie, Patten, & Perry, 2007). Contrary to a systematic literature review, this type

of review creates an overall picture of an issue or field of research (Askey & O'Malley, 2005; Dagenais et al., 2013; Mitton et al., 2007). The advantage of a scoping study for this exploration is the inclusion of literature with various study designs that were related to the topic (Askey & O'Malley, 2005). In addition, scoping studies include material from a range of sources, such as government reports, and research articles (Askey & O'Malley, 2005). This framework enabled the incorporation of the policy change and the impact of homelessness on children in the search strategy (Askey & O'Malley, 2005; Dagenais et al., 2013; Mitton et al., 2007).

Scoping Studies

A scoping study is a form of: literature review and exploratory study that uses a critical framework to develop a research question; and the dissemination of the review findings (Askey & O'Malley, 2005; Dagenais et al., 2013; Mitton et al., 2007). Contrary to a systematic literature review, this type of review obtains an overall picture of an issue or field of research (Askey & O'Malley, 2005; Dagenais et al., 2013; Mitton et al., 2007). This preliminary type of literature review determines the feasibility of a systematic literature review and future research (Askey & O'Malley, 2005; Dagenais et al., 2013; Mitton et al., 2007).

The advantage of a scoping study is the inclusion of various study designs in the literature under review (Askey & O'Malley, 2005). In addition, scoping studies include material from a range of sources (Askey & O'Malley, 2005). Scoping literature reviews provide a set of tools that differ from systemic literature review (Askey & O'Malley, 2005; Dagenais et al., 2013; Mitton et al., 2007). The scoping study was used here to determine the need for future research and to identify the gaps in the evidence base.

A scoping study is iterative in nature using broader search terms in order to allow the researcher to reflexively engage repeatedly with the literature in a comprehensive way (Askey & O'Malley, 2005). We explored the literature data bases using scoping study methods of literature review (Dagenais et al., 2013). This involves an in-depth analysis focused on the following aspects: a) the change in policy necessities the need for service delivery change and its possible impacts; b) the need for staff to implement a child aware approach to delivery service; and, c) the potential impacts of policy change on frontline staff.

The inclusion criteria were based on the relevancy to the topic under discussion rather than the research specification described in the studies (Askey & O'Malley, 2005; Dagenais et al., 2013; Mitton et al., 2007) therefore we included grey literature. Our framework for conducting the study was based on the methodological framework suggested by Askey & O'Malley (2005). This scoping study used the following stages:

- Stage 1: identifying the research question
- Stage 2: identifying the relevant studies
- Stage 3: study selection
- Stage 4: Collating, summarising and reporting the results (adapted from (Askey & O'Malley, 2005p 22)).

The review of the literature will be used to develop a research project that will investigate the requirements workers and parents in addressing the needs of children attending with their families at homelessness services (Stage 1). The search of online databases, ProQuest, Science Direct, Sage, and OVID for relevant articles included the terms 'children's homelessness', 'homelessness and children's health'. Subsequently, a more comprehensive search was used which aimed to:

- Identify the impact of the new policy on the work practices of homelessness in addressing the needs of homeless children and families.
- Identify frameworks for working with children that maybe effective in meeting the policy outcomes.

Results

The search initially found 6587 references and we selected 56 studies. The scoping review integrated only articles after 2004, as the policy changes are recent (Stage 2). Further, as per Stage 3, through the post hoc development of an increasing familiarity with the literature most of the irrelevant references were excluded (Askey & O'Malley, 2005). Additionally, only studies that related to the Australian experience or informed Australian policy were included. Stage 4 collated the government reports (18) and studies that explained the policy change were included. This scoping study also included references that described the need for policy change for example, the impact of homelessness on children

(32); the policy change (8); and the potential impacts on staff (12). Further, the scoping process highlighted the Child Aware Approach (22) in addressing the service organisations requirements arising from the new policy direction. In addition, the literature highlighted that staff in homelessness services needed to up skill their knowledge and understanding of children's development, health, and welfare needs in order to comply with the new policy (8). Furthermore, several of the research studies and government reports covered multiple aspects of the area under review, such as child development, and homelessness service provision, along with the policy changes. Consequently, future research could identify if the homelessness services management would need to ensure that professional, case management practices, and policy and procedures address the policy directives. The themes arising from the scoping literature review are discussed in detail below.

Impact of homelessness on children

The numbers of homeless children presenting at homelessness services in Australia under the age of 10 years have increased from 18% in 2008, with 26% in 2010, to 37% in 2013 (Crane et al, 2013, Gibson, Morphett, & Johnstone, 2010; The Wesley Mission Report, 2013). Of these children 44% are aged under five (Gibson et al., 2010). The Australian Institute of Health and Welfare (AIHW) estimates that at least 18,000 children between ages 4-14 years Australia wide that do not attend school; this is partly due to homelessness (AIHW, 2012a, 2012c). These children represent the unserved and under-served client group in adult homelessness services (Commonwealth of Australia, 2008a, 2013).

The traumatic impact of homelessness on children is significant (AIHW, 2010; Commonwealth of Australia, 2009; Dockery et al., 2010; Research, 2008; Vinson, 2007). Previous literature reviews have highlighted the higher rates of psychological, physical, educational and social difficulties faced by homeless children (Dockery et al., 2010; Dockery, Ong, Colquhoun, Li, & Kendall, 2013; Keys, 2009; Zlotnick, Tam, & Zerger, 2012). These difficulties have a detrimental impact on children's living experience, including; poor nutrition, inadequate clothing, food insecurity, and unsuitable living conditions, and the psychological issues include: impaired emotional and social development, lower feelings of safety and security. Subsequently, these children experience high exposure to toxic stress (Delima & Vimpani, 2011; Drimie, 2009; Keys, 2009). Toxic stress is the body's reaction to

ongoing or frequent sudden high levels of stress response hormones (Bromfield & Miller, 2012; Price-Robertson, Rush, Wall, & Higgins, 2013). It results from the repeated exposure to prolonged adversity in a manner that activates the physical and neurological stress response system (Bromfield & Miller, 2007; Delima & Vimpani, 2011; The Benevolent Society, 2013). Activation of this system initiates the many neurochemical changes that are harmful to the developing brain (Bromfield & Miller, 2012; Bromfield & Miller, 2007; Delima & Vimpani, 2011; Price-Robertson et al., 2013; The Benevolent Society, 2013). For children that are homeless stressors arise from exposure to family instability and chaos. This results in lack of access to health, welfare and educational services (Dockery et al., 2010; Dockery et al., 2013). Exposure to adverse physical, social and emotional conditions in childhood impacts on the child's emerging social, emotional, linguistic, and cognitive skills, and is causally linked to adult health outcomes (Shonkoff & Garner, 2011). Neurobiological and longitudinal research confirm the casual links between children's exposure to adversity and their adult health outcomes (Keys, 2009; Kilmer, Cook, Crusto, Strater, & Haber, 2012; Linton, Celentano, Kirk, & Mehta, 2013; Maesele, Bouverne-De Bie, & Roose, 2013; Noble-Carr, 2007; Scotland, 2012; Shonkoff & Garner, 2011; The Benevolent Society, 2013).

Homelessness excludes children from the normal social and cultural developmental activities, such as school, friendships, and social participation (Dockery et al., 2010; Keys, 2009). Lack of engagement with education places children at risk of low educational attainment, disrupted schooling, future unemployment, and poor health (Coren et al., 2013; Keys, 2009). Further, adult homeless clients report childhood homelessness experiences indicating longitudinal impacts of homelessness (Dockery et al., 2010; Hunter, 1993; Vinson, 2007). Dockery et al argue that the intersection between homelessness in childhood, child development and adverse health, education and social outcomes has an interrelated multiplier impact across the lifespan (Dockery et al., 2010).

Homelessness for children has both direct and indirect developmental impacts (Coren et al., 2013; Dockery et al., 2010; Dockery et al., 2013). The direct impacts are fear, lack of food, lack of shelter, lack of personal space, frequent moves create a lack of stable schooling, relationships and community connections, disengagement with health, welfare and education services (Keys, 2009; McBride, 2012; Park, Fertig, & Allison, 2011; Park, Metraux,

Brodbar, & Culhane, 2004; The Wesley Mission Report, 2013). The indirect impacts include: difficulty forming adult relationships, posttraumatic stress disorder, mental health issues, lack of skills development, minimal educational outcomes and unemployment (Shonkoff & Garner, 2011; Siraj-Blatchford & Siraj-Blatchford, 2009). Further, the ability to develop lifelong learning skills and engage in society is also impacted on by early childhood experiences (Shonkoff & Garner, 2011; Siraj-Blatchford & Siraj-Blatchford, 2009). This places homeless children at high risk of detrimental health, relationship and educational outcomes category (Commonwealth of Australia, 2009; Keys, 2009; Research, 2008; Vinson, 2007). Further, subsequent changes in policy acknowledge the sequential and variable nature of children's development creating periods of developmental vulnerability (Berk, 2012, Gerber, 2013).

Policy Shifts

Universal and Early interventions

In recent decades welfare, health, and education policies in the UK, Australia and USA have recognised the need for early and universal interventions to prevent the long term impact of situations such as family homelessness on children (AIHW, 2012b; Arney & Scott, 2013; Gibson & Johnstone, 2010; Research, 2008; Robinson, Scott, Meredith, Nair, & Higgins, 2012; Shonkoff & Garner, 2011). Universal and early intervention are aided by the provision of supports that includes children's needs (AIHW, 2012b; Arney & Scott, 2013; Gibson & Johnstone, 2010; Gibson et al., 2010; Research, 2008; Robinson et al., 2012; Shonkoff & Garner, 2011).

Sirja-Blatchford and Sirja-Blatchford (Siraj-Blatchford & Siraj-Blatchford, 2009) suggest that a whole of government response to early childhood, incorporating policies that address poverty, and minimise exposure to adversity such as homelessness. Therefore, policies that target homelessness and its' impacts on child development have the potential to remediate the long term harmful outcomes (Dockery et al., 2010). In 2008 the South Australian (SA) homelessness service sector, in accordance with the SA strategic plan, introduced a 'no wrong door' policy recognising children as service clients (Commonwealth of Australia, 2008a). The no wrong door policy seeks to connect difficult-to-reach client groups with a range of services at their first presentation to any service (Bartley, 2012). Homelessness

services are often the first to know that children are at risk of developing health, educational, emotional and social problems (Commonwealth of Australia, 2008a; Dockery et al., 2013; Gibson et al., 2010). This crucial service reform focused on 'quality early intervention' and 'ensuring all families can access the right support to meet the needs of every child' (Bartley, 2012p 29). This increased the demands on the workforce to deal with complex families and the shifting policy obligations require an educated and adaptive workforce (Gibson et al., 2010; Keys, 2009; Mullen & Leginski, 2010).

An essential principle of the South Australian Implementation Plan was that children who attend homelessness services would be recognised as clients in their own right and counted in the homelessness data (Government of South Australia, 2011b). Additionally, homelessness services are seen as 'gateways' to health, education, and welfare supports rather than access blocked by persistent siloed approaches to service delivery (Dockery et al., 2010). This change fundamentally altered the focus, scope and practice of workers in the homelessness sector. For example, most homelessness services in South Australia have seen a 105% increase in clients in 12 months since the introduction of the policy (Australia, 2014; Byrne, Munley, Fargo, Montgomery, & Culhane, 2013). Additionally, there has been a 151% increase in the number of referrals made by homelessness staff to other agencies (Australia, 2014; Byrne et al., 2013; Government of South Australia, 2011b). Homelessness staff roles have inexplicably expanded along with their responsibilities around the needs of children and parents in their child rearing roles. They have an increased requirement to link families with health, welfare and educational supports that homeless children require for normal development. In addition, the policy changes have extended requirements for knowledge and skills to underpin these activities. Furthermore, the policy changes addressing children needs are aimed at population health and societal level reform by attempting to circumvent the accumulative aspects of childhood adversity (Dockery et al., 2010, Maesele et al., 2013).

Challenges of implementing change

The change in policy has impacted on service providers in the areas of health, education, and welfare (Arney & Scott, 2013; Cameron, Lart, Bostock, & Coomber, 2014; Coren et al., 2013). Services are required to provide an integrated and seamless response that

recognises children as clients in their own right (Cameron et al., 2014; Gibson & Johnstone, 2010; Government of South Australia, 2011a). This requires services, such as the homelessness sector to assess children's development on presentation and provide the appropriate referrals (Arney & Scott, 2013; Bartley, 2012; Commonwealth of Australia, 2009). This ensures that every service point becomes an opportunity to intervene to minimise the impacts of homelessness on children (Gibson & Johnstone, 2010; Government of South Australia, 2011a; Keys, 2009; McDonald, Higgins, Valentine, & Lamont, 2011; Mission Australia, 2011; Noble-Carr, 2007; Park et al., 2004; Shonkoff & Garner, 2011; The Benevolent Society, 2013).

In order to support children and their families an expanded scope of practice is required from homelessness services (Arney & Scott, 2013; Cameron et al., 2014; Keys, 2009; Noble-Carr, 2007; Robinson et al., 2012). This necessitates changes in two major areas for homelessness service provision. Firstly, there is need to enhance communication with external service providers through structural links and referral systems. Secondly, there is an internal requirement to enable staff to address the developmental and environmental needs of homeless children. The complexity of the families' lives at the point of homelessness highlights the need for inter-sectoral knowledge and collaborations (Cameron et al., 2014; Gibson & Johnstone, 2010; Noble-Carr, 2007; Robinson et al., 2012), in the areas of health, welfare and education. For example, family instability and chaos may interfere with the provision of timely and age appropriate socialisation and health interventions, such as immunisation, and health assessments (Dockery et al., 2010; Dockery et al., 2013). Furthermore, homelessness influences the parent's capacity to seek and access services (Dockery et al., 2010; Dockery et al., 2013). This means that parents are less able to ensure that their children access health and education services in a timely manner.

The benefits of service links between early access to health, education and welfare support for vulnerable children and their families, and positive outcomes for children are well documented (Arney & Scott, 2013; Bromfield & Miller, 2007; Delima & Vimpani, 2011; Dockery et al., 2010; Gibson & Johnstone, 2010; Gibson et al., 2010; Higgins & Katz, 2008; Keys, 2009; McCoy-Roth, Mackintosh, & Murphey, 2012; Noble-Carr, 2007; Park et al., 2011; Park et al., 2004; Price-Robertson et al., 2013; Shonkoff & Garner, 2011). These links need to be at both formal and informal levels (Arney & Scott, 2013; Gibson & Johnstone, 2010;

Gibson et al., 2010; Government of South Australia, 2011b). Links at organisational levels need to ensure appropriate referral pathways and to ensure that at individual levels, that frontline staff have the knowledge and skills required to make appropriate referrals (Gibson & Johnstone, 2010; Gibson et al., 2010; Government of South Australia, 2011b; Keys, 2009). Siraj-Blatchford and Siraj-Blatchford (Siraj-Blatchford & Siraj-Blatchford, 2009) argue that interagency knowledge, regarding the comprehensive nature of service delivery in the areas of health, welfare and education services workers is needed to improve outcomes for at risk children. This requires a change in practice and culture of homelessness service staff (Gibson, 2011; Gibson & Johnstone, 2010; Siraj-Blatchford & Siraj-Blatchford, 2009).

Internationally and in Australia the need for improved service delivery to optimise outcomes for vulnerable families has been widely recognised (Bromfield & Miller, 2007; Cameron et al., 2014; Center on the Developing Child, 2010; Commonwealth of Australia, 2008b; Delima & Vimpani, 2011; Gibson & Johnstone, 2010; Price-Robertson et al., 2013; Shonkoff & Garner, 2011). Increasing workers understanding of the developmental needs of children and the links to appropriate referral services has been recommended change in practice for homelessness staff in order to connect children and their families with the required services (Dockery et al., 2010; Gibson, 2011; Gibson & Johnstone, 2010). But this also necessitates workers to have capabilities to assess children's progress and recognise delays or deficits in developmental, cognitive and social growth targets. Following recognition workers need the capacity to link children and families with educational, physical and social development programs that equip children with the interpersonal skills they need as adults (The Wesley Mission Report, 2013).

There are clear indicators that prior to and during the time of policy change, homelessness service providers had minimal knowledge of child growth and developmental needs (Gibson & Johnstone, 2010; Keys, 2009). This includes a lack of awareness of children's environmental needs, such as accommodation with spaces that promote normal play, physical activity, quiet study areas and supports to enhance normal social development (Keys, 2009; Moore, McArthur, & Noble-Carr, 2008; Noble-Carr, 2007). Research consistently indicates that homeless service providers need expanded knowledge and skills in the areas of child growth and development and the impact on the exposure to adversity

on children (Keys, 2009; Kilmer et al., 2012; Linton et al., 2013; Maesele et al., 2013; Noble-Carr, 2007; Scotland, 2012; Shonkoff & Garner, 2011; The Benevolent Society, 2013). This requires comprehensive assessment and case management for every child presenting with an adult at a homelessness service.

What works for children in predominately adult services

Child aware approach

International reviews of child deaths, abuse, and neglect in families dealing with adversity have re-examined service provision, and proposed approaches to care, that privilege children in adult services. This is identified as a Child Aware Approach (CAA). A CAA provides better outcomes for families rather than individual piecemeal approaches to service delivery (Betts, 2007; Hunter & Price-Robertson, 2014; McArthur, 2013; Micah Projects, 2013; Siraj-Blatchford & Siraj-Blatchford, 2009; Winkworth & McArthur, 2006a; Wood, 2007). For example, the Drug and Alcohol Service identified and promotes a CAA as a means for proactively engaging with parents using their service (Hunter & Price-Robertson, 2014). Continual appraisals of service delivery reports that use of a CAA results in inclusive practices that promote the needs of children (Department for Education, 2011; Department of Education and Children's Services, 2012; Gibson & Johnstone, 2010; Government of South Australia, 2011b; Hunter & Price-Robertson, 2014; McArthur, 2013). A lack of CAA in homelessness is evident through the provision of housing that is inappropriate for children's developmental needs.

Child Aware Approaches are based on the philosophies of service providers being family-sensitive, child-inclusive, strengths-based, collaborative, and culturally competent (Betts, 2007). The CAA framework is based on six principles: i) early intervention, early in the life of the issue and early in the life of the child (understanding children's cognitive and physical developmental needs); ii) family sensitive, identify parents, recognising and responding to parenting responsibilities, and needs; iii) child inclusive- recognising children's perspectives, experience and as active participation in decision making; iv) strengths-based, theoretical premise acknowledging parents and children's strengths and using capacity building approaches to positive change; v), collaborative, services working collaboratively to assist families with multiple and complex needs; and vi) culturally competent, using cultural

sensitivity, and cultural aware practice that is inclusive of the historical context and social disadvantage of non-dominant cultural groups (Betts, 2007; Hunter & Price-Robertson, 2014; Micah Projects, 2013; Siraj-Blatchford & Siraj-Blatchford, 2009; Winkworth & McArthur, 2006a). Within each framework for implementing, a CCA is a philosophy and a series of practice based approaches (Betts, 2007; Hunter & Price-Robertson, 2014; Micah Projects, 2013; Siraj-Blatchford & Siraj-Blatchford, 2009; Winkworth & McArthur, 2006a). For example, principle i) suggests that service providers should 'Understand and apply knowledge of children's needs at each stage of their physical, cognitive, emotional and social development' (Hunter & Price-Robertson 2014, p. 11).

In order to centre services on children, children need to be identified as clients and recognised as being in need of assistance (Robinson et al., 2012). A CAA is one method of achieving recognition of children's needs by staff (Robinson et al., 2012; Winkworth & McArthur, 2006a). The focus on the child's needs means that regardless of the service focus, e.g. adult, child or family, children are at the centre of any interventions and support service referrals (Hunter & Price-Robertson, 2014; Parry & Willis, 2013; Robinson et al., 2012; Winkworth & McArthur, 2006a). A CAA maximises attention on the child's needs, acknowledging the place of children within the family and community, and structuring interventions and supports for the children and parents accordingly (AIHW, 2012b; Arney & Scott, 2013; Gibson & Johnstone, 2010; Research, 2008; Robinson et al., 2012; Shonkoff & Garner, 2011; Winkworth & McArthur, 2006a, 2006b). Workers using a CAA format in assessments of adults and families would be aware and focused on the children attending homelessness services, thus enabling them to shift from their previous parental focus (Gibson et al., 2010). Additionally, to achieve a CAA requires knowledge of other service providers both formal and informal that support children and families (AIHW, 2012b; Arney & Scott, 2013; Gibson & Johnstone, 2010; Research, 2008; Robinson et al., 2012; Shonkoff & Garner, 2011).

Summary and recommendations

Children represent an under-serviced client group in predominantly adult focussed homelessness services (Dockery et al., 2010). The SA homelessness service sector now recognises children as service clients (Government of South Australia, 2011a). The no wrong door policy innovation seeks to connect difficult-to-reach client groups, such as children and

their families with a range of appropriate services at their first presentation to any service (Government of South Australia, 2011a; Parry & Willis, 2013). However, the knowledge and capacity of homelessness service workers to provide the services required by the new policy directives is unknown. There is a need to research the knowledge and capabilities of front line homelessness service providers. Further, the experiences of parents being approached by homelessness front line workers since the policy change are also unexplored, particularly how service providers focus on their child's needs. There is also a need to work with parents to identify how workers link them to a range of health, education and welfare services.

Despite an increase in funding and staffing in the homelessness sector there has been a simultaneous rise in the numbers of homeless children. Extraneous policy decisions impact on families' social circumstances for example, housing, employment and workplace policy. Consequently, a policy approach, such as 'homelessness' in all policies may improve the homelessness sector.

Collaborative research is required to ascertain the current levels of child specific knowledge within a homelessness service by the front line workers. In the future an educational agenda that is comprehensive in directly addressing children's needs, not only needs to address the deficits in the knowledge and understanding of child development for the front line workers, but also, knowledge that aids the incorporation the needs of the families.

The scoping review findings also have implications for the delivery of services as a lack of referral pathways or child friendly services can impact on the access of children to health, welfare and educational requirements they need to meet their developmental outcomes. Additionally, work practices that recognise the trauma experienced by children in pre and post homelessness circumstances, such as DV is imperative. Further, the positioning of co-located health, welfare and educational services may enhance access by homeless families and aspects of service provision needs reviewing.

Internationally, the use of CAA has been found to effectively address the complex needs of homeless children. It is unknown the extent to which the CAA principles and approach to service delivery have been incorporated into homelessness service provision in Australia. Nor how the service providers actively addressed the needs of children in a comprehensive and collaborative manner. What has occurred for service providers in the South Australian

sector since the implementation of national and State policy changes remains under researched.

Conclusion

In summary neurobiological and longitudinal research highlight the casual links between children's exposure to adversity and adult health outcomes. In recent decades welfare, health, and education policies in the UK, Australia and USA have recognised the need for early and universal interventions to prevent the long term impact of situations such as family homelessness on children. Universal and early interventions are aided by the provision of service practices' and supports that include children's needs. This has initiated practice and policy change. At an individual level this has produced a revelation of individual skills and knowledge of children's development and needs. In addition, the practice and policy changes have necessitated the use of service delivery models that include organisational level collaborations and links both formal and informal to enhance interagency referrals and support vulnerable children.

The International Rights of the Child require that children using services should experience best practice standards of assessment, case management and referrals to appropriate services. In order to meet the policy and international rights obligations, homelessness services need to ensure the service delivery is child centred. The methods of service delivery need to take into account the social reality of working in the homelessness sector and the need to address the trauma created for children by homelessness.

Research that explores the needs of workers in meeting CAA structural policy changes in homelessness service sector delivery methods requires collaborative practices, and organisational change. Implementing the findings of such research may enhance the homelessness sectors ability to meet the policy requirements and undertake the organisational changes necessary in meeting the new responsibilities.

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