



Australian  
Federation of Homelessness  
Organisations

## The Health of 'Our Homeless Children' - 15 years on

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In 1989 the Human Rights and Equal Opportunity Commission (HEREOC) released *Our Homeless Children*, a report of the national inquiry into our homeless children and young people. In 2005, many Australian children still experience homelessness.

### *Introduction*

Since 1989, significant improvements have been made in Australian data sets on homelessness. The Australian Bureau of Statistics *Counting the Homeless* project has provided specific data on the homeless population at both the 1996 and 2001 Census. This data indicates every day there are 100,000 homeless Australians without safe, secure and affordable housing. As is the case in other areas of disadvantage, Aboriginal and Torres Strait Islander peoples are more likely to be homeless than other Australians. Half of Australia's homeless population is in Queensland and New South Wales; with 25,000 homeless Australians in each of these two states.

The Census data also lets us know where homeless Australians are accommodated. Tonight half of the homeless Australians will stay with friends or family. Roughly 2 in 7 will find a bed in a boarding house. 1 in 7 will sleep rough on the streets of our cities and towns. Only 1 in 7 will find a bed in the homelessness service system. At the time of the 2001 Census, more Australians were sleeping rough than were accommodated in the homelessness service system.

The Australian Institute of Health and Welfare collects data from the homelessness service system. Every year more than 150,000 people stay at a homelessness assistance service. Services provide almost 3 million nights of accommodation each year. The Federal, State and Territory Governments fund homelessness assistance services through the Supported Accommodation Assistance Program, with the average cost per service of \$231,000 per year.

### *Our Homeless Children*

Children are the largest subgroup of Australia's homeless population, with 1 in every 3 homeless Australians a child. This data is consistent from both the ABS Census data and the AIHW service utilisation data. In 2005, more than 1 in every 75 Australian children under 12 will accompany a parent to a homelessness assistance service. In addition each year approximately 2000 children under 15 without a parent or guardian will also access homelessness assistance services. Two thirds of these children in homelessness services are escaping domestic violence.

Across Australia, over 200 children and their families are turned away from the homelessness service system every day due to a lack of capacity. Given that each night only about 15% of homeless Australians will find a bed in the homelessness service system, the number of Australian children affected by homelessness each year remains unknown.

### *Access to health services*

Families experiencing less visible forms of homelessness, such as those living at caravan parks in the Western suburbs of Melbourne are an example of how insecure housing contributes to intergenerational health consequences. Suffering a range of serious problems, many families living at the caravan park were assessed as lacking resources and transport to attend traditional appointments at health centres. Many of the children at the park had not received a regular health check, immunisations or hearing assessments. The children were suffering from a lack of health related education, as several families also had limited knowledge regarding basic parenting skills such as toilet training, nutrition and dental hygiene (Cornish, 2004).

### *Health impacts of homelessness*

People experiencing homelessness are more prone to suffer a number of common – and easily treatable – conditions, which may include:

- Upper respiratory and chest infections;
- Skin problems such as scabies, head lice, sunburn, abscesses and dermatitis; foot problems including fungal infections, blisters, ulceration, overgrown nails;
- Accidents and injuries such as burns, cuts and abrasions which can become infected;
- Sexual and reproductive health issues;
- Underlying mental health problems including depression and schizophrenia;
- Dental problems as a result of poor oral hygiene and diet;
- Poor nutrition; and
- Chronic diseases such as diabetes, bronchitis, and hepatitis.

Adapted from (Malcolm, 2004)

A comparative study of the prevalence of health problems in homeless and non-homeless children reveals the effects that homelessness can have on a child's health. A range of other health problems were found to be significantly higher in those children experiencing homelessness:

- Asthma prevalence was around 50% higher for homeless children;
- Breathing and lung problems were three times higher;
- Vision problems were twice as common; and
- 23% of homeless children had an intellectual disability or developmental delay.

(Horn et al., 1996:232)

The lives of homeless children involve multiple layers of health risks. Homeless children commonly experience psychological problems including depression and low self esteem; respiratory illnesses; malnutrition and drug and alcohol addiction. Childhood development can be hindered by homelessness, family breakdown and poverty. The health of children, especially their mental and emotional well being, can be seriously affected from having lived in an environment of fear, uncertainty and insecurity over a protracted period (Chung et al., 2000). It is estimated that 30-50% of the homeless population have some form of mental illness (Department of Human Services, 2000). Mental illness and homelessness are intertwined in terms of cause and effect. People with a pre-existing mental illness are highly vulnerable to becoming homeless. The experience of being homeless with its attendant effects such as sexual abuse, violence, victimisation, social exclusion, lack of support, poverty and physical illness, can also trigger or aggravate mental illness

In addition to the physical health problems suffered by children experiencing homelessness, homelessness has impacts upon general wellbeing. While homelessness impacts on all family members, children are significantly affected by the experience of unstable and impoverished living conditions, in some cases, for extended periods of time. Children commonly experience psychological problems including depression and low self esteem, and physical health problems including asthma and low immunisation rates, and social difficulties including isolation as a result of losing social structures, family, friends and stable schooling. Development can be severely hindered by homelessness, family breakdown and poverty (Efron et al., 1996).

### *Supporting our homeless children*

Children with and without guardians are the largest client group in the homelessness service system. The implicit assumption of policy makers that support for parents in homelessness services will 'trickle down' to have a positive effect on accompanying children is not acceptable as an alternative to child focused responses. Children are entitled to responses in their own right and homelessness services must be fully resourced to work with children.

Unfortunately, the majority of homelessness services have less than one full time worker specifically supporting homeless children in that service (AIHW, 1998). Homelessness services need training and support for their child support workers. In NSW, the NSW Women's Refuge Movement has a Child Support Network that meets twice a year to discuss issues faced by homeless children and child support workers. In the ACT and NSW, plans are currently afoot for the development of such training programs.

The Brisbane Youth Service Clinic includes a free primary health care clinic, in addition to youth workers specialising in health promotion, education and training. During a review of 665 cases over a period of 5 years, it was found that that 76 clients (45 female, 31 male; 11.3% of total clients) had ten or more clinic consultations, and six clients (5 female, one male) had over fifty consultations recorded. While one role of the clinic is facilitating referral of clients to mainstream services, some clients appear to find that the specialised clinic meets their on-going needs more satisfactorily than other alternatives (Gunn et al., 1998).

### *Conclusion*

There has been little progress for the health of homeless children over the past 15 years. The 1989 report identified many of the same issues that homeless children today face – a lack of support for health issues in homelessness services, a lack of information for children and young people regarding their own health, and a lack of safe and secure accommodation for children and young people as a minimum requirement for good health and development.

Homelessness results in social and economic costs to the individual, community and nation as a whole. Homelessness leaves people vulnerable to long-term unemployment and chronic ill health, and with limited or no ability to participate in the social and economic life of their community. Homelessness means that members of our community are living without their most fundamental human rights. Intergenerational disadvantage results in children who have experienced homelessness experiencing it themselves as they become adults then having children who, in turn, grow up homeless.

Our homeless children deserve better responses that will provide them with a safe and healthy childhood. They deserve the opportunity to be included rather than excluded by homelessness from their schools, communities and access to health services. Government policies and programs must prioritise safe and secure housing as a fundamental right for all Australian children.

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