CORA Cork Open Research Archive
Cartlann Taighde Oscailte Chorcaí

Title	Born and raised into homelessness, overcrowding and substandard housing: Experiences of families engaged with the Young Knocknaheeny Home Visiting Programme
Authors	Martin, Shirley;Curtin, Margaret
Publication date	2019
Original Citation	Martin, S., Curtin, M. and the Young Knocknaheeny Area Based Childhood Programme Team (2019) Born and raised into homelessness, overcrowding and substandard housing: Experiences of families engaged with the Young Knocknaheeny Home Visiting Programme. Cork: Young Knocknaheeny ABC.
Type of publication	Report
Link to publisher's version	http://youngknocknaheeny.ie/wp-content/uploads/2019/10/YK-Housing-Doc-2019.pdf
Rights	© 2019, the Authors. Published by Young Knocknaheeny ABC.
Download date	2026-11-16 07:30:43
Item downloaded from	https://hdl.handle.net/10468/8991

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

YOUNG KNOCKNAHEENY



Born and Raised into Homelessness, Overcrowding and Substandard Housing

Experiences of Families Engaged with The Young Knocknaheeny Home Visiting Programme

A Young Knocknaheeny Report 2019

HSE Building, Harbourview Road, Knocknaheeny, Cork, Ireland, T23 XY16

021 601 0656

admin.ykabc@nicheonline.ie

youngknocknaheeny

.youngknocknaheeny.ie

@youngknockabc

This report was prepared by the Young Knocknaheeny Area Based Childhood Programme team, Dr Shirley Martin, UCC School of Applied Social Studies, and Dr Margaret Curtin, UCC School of Nursing and Midwifery, in consultation with families participating in the Young Knocknaheeny pre-birth to three Infant Mental Health Home-visiting Programme; and the Young Knocknaheeny Interagency Consortium and Management Group.

Acknowledgement

Young Knocknaheeny Area Based Childhood Programme wishes to acknowledge the contribution of families to this report. We are privileged to visit people in their homes, build relationships with families and work together to get children's lives off to the best possible start. The families have allowed their circumstances to be shared with others, so we may all learn from their experiences.



Glossary of Terms

CBL	Choice Based Letting
DCYA	Department of Children and Youth Affairs
DHPLG	Department of Housing, Planning and Local Government
DRHE	Dublin Region Homeless Executive
GP	General Practitioner
HAP	Housing Assistance Payment
HSE	Health Service Executive
IMH	Infant Mental Health
IPS	Infant-Parent Support
IY	Incredible Years
LA	Local Authority
LTWYB	Let's Talk with Your Baby
NICHE	Northside Community Health Project (Cork) CLG.
PRTB	Private Residential Tenants Board
SVP	St. Vincent De Paul
SW	Social Work
TUSLA	Child and Family Agency
UN	United Nations
YK	Young Knocknaheeny Area Based Childhood Programme

In this document we will use the term parent to represent parent(s)/caregiver(s).

Table of Contents

Foreword	6
Introduction	8
Background	11
Report Findings	13
Conclusions	21
Recommendations	23
References	25
Appendix	27
Further Information	29



Foreword

I am very proud to be associated with the Young Knocknaheeny Area Based Childhood Programme's report, Born and Raised into Homelessness, Overcrowding and Substandard Housing. This is an extremely important report in which families share their experiences of housing-related difficulties homelessness, or being at-risk of homelessness. The report demonstrates the extraordinary commitment that parents make to keep life 'normal' for children. Yet it also shows the stresses and strains of these circumstances on people's mental & physical health, relationships, family life, employment status, and their ability to engage in education, and community and social life, which undoubtedly has an enduring impact on children's lives too.

These experiences mark the start of babies' and children's first relationship with our State. With almost 4,000 children in Ireland now classified as homeless, 'case studies' such as those featuring in this report are similar to those experienced all around the country. However, to hear at first hand, the experiences of parents and children in one area in Cork adds a new dimension of concern and an added urgency to addressing housing issues in a timely and appropriate manner, locally and nationally.

The experiences highlighted in this report are entirely preventable. Without doubt, the Government and associated State Agencies and Housing Authorities need to invest in public housing as a priority and take all the steps necessary to end the Housing Crisis. Failure to act affects children's lives in the here and now, and also robs them of their future.

In the meantime, as set out in the report, there are very practical things that we can all do to improve the quality of the experience of families that find themselves in this situation. At a local level, we need to recognise that those experiencing housing issues very often have established strong relationships with services, i.e. community organisations such as the Young Knocknaheeny ABC Programme, who provide support and guidance to families. We need to support these everyday services by providing them with right information and personnel with the knowledge to help all involved to navigate the complex and traumatic situations. Equally, this report highlights the need for collaboration and partnership working in order to assist and guide vulnerable families through such difficult circumstances. Collaboration, both locally and nationally, will allow services; statutory, community and voluntary alike; to do their work usefully.

This report is framed using the understanding that as a society we must accept the broadest definition of Homelessness to include the hidden homeless -those in crowded housing conditions, living with friends and family and those in sub-standard housing which may impact on their health and well-being. Locally and nationally we need to assume a collective approach. People who find themselves in these circumstances need to be responded to quickly and their needs met; they need to be treated with empathy and dignity, from a rights-based perspective, and with a particular understanding of the trauma that is visited upon them.

I would like to commend the Young Knocknaheeny ABC Programme for bringing together families' and practitioners' feedback in a sensitive and responsible manner, and producing a concrete, evidence-informed report from a local perspective. A report of this nature is in line with documents emerging from housing agencies, the Office of the Ombudsman for Children, and children's alliance groups, i.e. No Child 2020.

I encourage people to read the report with care and empathy and to use the recommendations outlined to inform their work. Above all, I urge people to take steps, big and small, to help children and families experiencing homelessness, sub-standard housing and/or housing-related issues.



Colette Kelleher

Senator Colette Kelleher
Chairperson of Young Knocknaheeny Interagency Consortium Group

Introduction

This report examines the experiences of a number of families engaged with the Young Knocknaheeny Area Based Childhood Programme (YK). It demonstrates the lived reality of homelessness, housing insecurity and sub-standard home environments as experienced by some of the families participating in YK's pre-birth to three Infant Mental Health (IMH) Home-visiting Programme. The report offers insight into homelessness, overcrowding and sub-standard housing as experienced by babies, young children and their parents.

Home is an extremely important setting in a child's life. The quality of the home environment can impact on all aspects of children's development, health and well-being. It is the place where they spend most of their time, where they form their first relationships, play, relax, do their homework, eat their meals and sleep (Children's Rights Alliance, 2018).

The YK pre-birth to three IMH Home-visiting Programme is overseen by IMH Specialist (Clinical Psychologist) Catherine Maguire and delivered through an interdisciplinary team as part of the wider Infant Mental Health and Wellbeing Strategy (see appendix for details). IMH prevention and early intervention programmes aim to promote healthy and holistic development of children from 0-3 years of age through advocating supportive and functioning attachments between infants and their caregiver. The quality of this attachment has significant impact on future physical and mental health outcomes (McKelvey et. al, 2015).

YK's pre-birth to three IMH Home Visiting Programme is designed to support infants and their caregivers in the family's home. This creates opportunities to support emerging parent - infant relationships and the development of secure and stable attachment. This secure relationship is a critical component in the complex interplay between genes, biological processes, early experience and the social environment, which creates the foundations for healthy brain development and in turn, shapes health, well-being, learning and behaviours (Shonkoff & Phillips, 2000).

Core components YK's Pre-birth to three IMH home-visiting programme are as follows:

- **Concrete Assistance** in order to meet a family's basic needs.
- **Emotional Support** to families who face immediate crises related to the care of their children, offering reassurance, by acknowledging strengths and needs as well as turning attention to the care requirements of their infant.
- **Developmental Guidance** providing information to the parent on the specific development and needs of their infant, strengthening the parent-child interaction and response.
- **Early Relationship Assessment and Support**, observing interactions of parents and infants together and talking about pleasurable and painful infant contributions to the relationship.
- **Advocacy** for the infant, parent or both where self-advocacy is challenging.
- **Infant-parent Psychotherapy,** opportunity for feelings to be expressed within the safety of the relationship of the YK team member (Michigan IMH Home Visiting Manual 2012 and YK Operational Policy, 2018).

In the last 2 years, the YK team has become increasingly concerned about housing related difficulties experienced by young children and families. They have witnessed some extremely difficult housing conditions and circumstances and frequently report that housing related issues create barriers to engagement with the full offering of the YK IMH Home Visiting Programme. Because of this, much of their work remains at the concrete assistance level of support and much of their time is spent navigating, advocating and liaising for families at an interagency level in relation to housing, welfare and health services. The team were concerned that for many families, poor housing conditions were undermining the potential positive outcomes for their children's development.

This report has been developed by the YK team in consultation with the families affected, and with the support of the YK Interagency Consortium and Management Group and our UCC partners. It is the result of careful consideration and a shared understanding of the lived experience of housing related issues and how best to collate the information and advocate for change in a collective manner.

The report uses three distinct approaches to developing an understanding of the experiences of homelessness, housing insecurity and substandard housing between January 2018 to January 2019. The first is quantitative data relating to the number of families engaged with the YK pre-birth to three IMH Home Visiting Programme who reported experiences of homelessness, housing insecurity, overcrowding and substandard housing. Secondly the report contains four illustrative case studies developed through the YK team's consultation with families who were willing to engage with the process and are representative of the total group identified. Case notes from the home visits were used to inform a narrative account of the families' housing circumstances and conditions and their wider struggles to go about their daily lives and engage with services. With the agreement of each family, the case study was written by the YK practitioner most involved with the family. The third element is the experience of a YK practitioner supporting families living with housing difficulties.

YK's broad aim is to get every child's life off to the best possible start. One of the most fundamental requirements for optimal child development and wellbeing, is a secure, stable and quality home environment. This report will increase awareness of the impact of housing difficulties on families and children and in turn, the impact on children's ability to engage in activities that support their health, wellbeing and development.



Background to Homelessness and Housing

Definitions of Homelessness

FEANTSA, the European Federation of National Organisations working with the Homeless, has developed **ETHOS**, the European Typology of Homelessness and Housing Exclusion, in order to provide a common framework through which to discuss homelessness. It attempts to cover all living situations which amount to homelessness or housing exclusion:

Rooflessness (people living rough and people in emergency accommodation)

Houselessness (people in accommodation for the homeless, in women's shelters, in accommodation for migrants, people due to be released from institutions and people receiving long-term support due to homelessness)

Living in insecure housing (people living in insecure tenancies, under threat of eviction or violence)

Living in inadequate housing (living in unfit housing, non-conventional dwellings or in situations of extreme overcrowding).

ETHOS is being used and accepted by more and more governments, researchers and organisations throughout Europe.
(National Youth Council of Ireland, 2018)



Figures

In August 2019, a total of **10,338** people were classed as homelessness in Ireland, **3,848** were children This number does not include the 'hidden homeless' which Focus Ireland regards as people living in squats or 'sofa surfing' with friends (Focus Ireland, 2019). YK also considers those living with friends and family in overcrowded and sub-standard conditions, not by choice, as hidden homeless also.

More than **one in three** people living in emergency accommodation **is a child**. The number of homeless families **increased by 178%** since June 2015. In August 2019, a total of **1,726** families accessed emergency accommodation across Ireland (Focus Ireland, 2019). **122** families and **283** dependants were homeless in Ireland's south-west region (DHPLG, 2019b).

Impacts on Children and Families

The United Nations (UN) regards homelessness as a violation of human rights with Article 25 of the Universal Declaration of Human Rights recognising an individual's right 'to a standard of living adequate for the health and well-being of himself/herself and of his/her family, including food, clothing, housing and medical care' (UN General Assembly, 1948).

Homelessness and residential instability are recognised as extreme adverse childhood experiences, leading to increased risk of developmental delay, poor health and educational disadvantage (Kirby et al., 2015; Samuels et al., 2010). For a child, a period of residential insecurity can have a lifelong impact. This is particularly relevant when considering the first five years of life. Poor quality housing leads to ill health in children. Damp and unsanitary conditions cause respiratory illnesses often resulting in hospitalisation. Poorly maintained housing leads to an increase in the incidence of injury. Children require not only material resources but also relational and environmental stability to thrive. Children who experience homelessness or substandard housing are exposed to a level of stress which impacts on their developing capacity to self-regulate and places them at greater risk of social, emotional and behavioural challenges (Cutuli et al., 2017).

Homelessness also impacts on a parent's identity and their capacity to provide optimal care for their children. Loving, protecting, nurturing, guiding, and teaching children is fundamental to helping children grow, develop, and thrive. Homelessness undermines parents' ability to protect their children, often leaving mothers and fathers feeling depressed, anxious, guilty, and ashamed (Paquette, 2009). The experience of homelessness, housing insecurity, overcrowding and sub-standard housing, therefore pose a host of risks and vulnerabilities to infants, toddlers, young and older children and their families.

Homeless children are more likely to experience stress and anxiety resulting in depression and behavioural issues. There is evidence that the impact of homelessness on a child's health and development extends beyond the period of homelessness. Homelessness can impact on educational attainment: accessing school places may be difficult; absenteeism from school is more likely; a child in a new school may be singled out, increasing the likelihood of bullying and isolation (Australian Institute of Family Studies, 2015).

Homelessness has a significant impact on the quality of the home environment as parents experience increased stress, depression and isolation. The reasons for people becoming homeless are both complex and wide-ranging but families with tenancies in the private rental sector are currently particularly vulnerable (Citizens Information, 2019).



Report Findings

YK Catchment Area

The population of YK catchment area is 12,250. The Knocknaheeny area is classed as very disadvantaged (-20.1 on the deprivation index), and the areas of Hollyhill, Churchfield and Gurranabraher classed as disadvantaged. The population is predominately ethnically white Irish (87%) 1.3% are part of the Irish Travelling Community. Only 23% of the adult population have completed post-secondary education, compared to the national figure of 48%, 24% of adults are in unemployed compared to the national average of 11%. The proportion of households renting from the local authority is 39%, almost five times the national average of 8%; Lone mothers with children made up 45% of families; 11% of the adult population reported being unable to work due to permanent illness or disability, compared to 4% nationally. 15.3% of adult's in the Knocknaheeny area report fair, bad or very bad self-reported general health, substantially greater than the state-wide figure of 9.6%. 12.7% of adults in the Knocknaheeny area report that are unable to work due to sickness or disability, over three times as high as the national average of 4.2% (Census, 2016).

By comparing 2011 and 2016 Census data, the number of households in the YK catchment area with two or more family units increased from 78 to 123 and the number of people living in these households increased from 409 to 658 (5.4% of the YK area population). The number of households with six or more people increased from 160 to 240. That is 1,323 people, or 11% of the population, living in households with six or more people (CSO, 2016).

Housing Circumstances of Families

Between January 2018 and January 2019, a total of 60 families engaged in the YK home visiting Programme. As outlined in Table 1, of these 60 families, 29 (including 60 children) reported experiences of homelessness, overcrowding, sub-standard housing and/or housing-related issues.

Table 1: The number of families and the nature of housing issues reported by families engaged with YK IMH Home visiting Programme (n=29)

Homelessness	**5** in emergency accommodation
At risk of homelessness	**5** private rented
Sub-standard housing	**9** private rented/Local Authority
Housing allocation away from services, family & community	**4** accepted housing elsewhere
Families co-habiting not by choice	**6** private/private rented and local authority

Almost 50% of the families in YK's IMH Home Visiting Programme reported experiencing housing-related issues, sub-standard housing conditions, homelessness and/or are at-risk of homelessness.

Case Studies

The case studies below provide an insight into how some families are experiencing housing related issues as referenced above in Table 1.

CASE STUDY 1:
From Private Rented Home to Emergency Accommodation

A family with three children under the age of 8, lived in a privately rented home. The landlord was not registered with the Private Residential Tenancies Board (PRTB) and as a result would not accept the Housing Assistance Payment (HAP). With one employed parent in the home, the family secured high-interest loans to help to pay their rent. The employed parent was on a 0-hour contract with an agency. The family were on the Local Authority (LA) housing wait-list for a number of years outside of the Cork area, however the parents reported that when they transferred to the Cork City housing wait-list they lost the years accumulated in the previous county.

The family were given notice to vacate their accommodation as the landlord wanted to move back into the property. They actively tried to source a suitable alternative rental accommodation for more than three months., However they were turned down on a number occasions on the basis that they had children. The parent in employment had to stop working due to a significant deterioration in mental health, reportedly exacerbated by the family's living situation. During this time this parent attempted suicide. YK supported the family to register for HAP, however no properties were available in Cork city or county. The family had no preference as to where they lived and were willing to move outside of the city and commute daily to bring their children to school. The family was made homeless and lived in hotels for two months.

Parents reported that very minimal supports were offered to them during this time and that some services had offered support initially due to their circumstances, but these did not materialise. YK's Infant Parent Support Worker assisted the family in accessing homelessness services and connecting with Cork Penny Dinners who provided food hampers and dinners. After a week of staying in different hotels, the family secured accommodation in a hotel based in North Cork. They developed a close relationship with the hotel owner.

Two of the children had additional needs and the parents were concerned that the transition to a new school temporarily would be very challenging for them. The parents therefore commuted daily by car to Cork City to bring their children to school. They waited in the city until school collection time, often with no money to buy food. YK used the NICHE premises, Springboard and Before Five to support the family during this time by offering them a warm place to wait, eat and talk. While living in the hotel, the family shared one room, and sleep routines were disturbed. The parents reported that the children expressed feelings of distress. One child expressed suicidal thoughts and reported being bullied at school for being homeless.

The family continued to look for rental properties and eventually found a private property. The new landlord accepted HAP and the Council fast-tracked a deposit. Adult Mental Health Social Work assisted the family in completing the relevant paperwork. The family reported that the landlord was very understanding and empathetic to their situation.

The family now live in the North Cork area where they had no existing friends and family. They have since transferred their children to a new school. YK referred the family to a local Family Resource Centre through which they are hoping to build social networks and supports. YK visited the family in their new home to support them whilst they settled in. Parental mental health is now reported to be stable and this parent is attending Pieta House and Adult Mental Health services regularly. The family remain on the waiting list for Local Authority Housing. The house they are currently living in has a one-year contract.

CASE STUDY 2:
Overcrowded and Unsuitable Home

This family was comprised of a single mother with three children (under the age of 7). The family lived in an attic room in the maternal grandmother's home when YK began working with them. The mother's sibling, together with their children, also lived in the property. The attic room had two double beds; the older children shared one bed and the mother shared the other bed with the 18-month-old baby. At the time, the parent reported that the family had been on the Local Authority Housing wait-list for over 7 years.

Following a request by YK, Cork City Council's Social Worker met with the parent who informed the Social Worker of the issues the family experienced with damp and mould in the bedroom. The General Practitioner (GP) also advocated on their behalf as the 5-year-old child who had significant respiratory difficulties which were possibly being exacerbated by the mould in the bedroom. The mother reported that bedtime was very difficult as she had to put the children to bed at different times to ensure they didn't wake one another. She reported finding it very difficult to settle into any routine, and this was very evident during home visits.

The mother had access to the Choice Based Letting (CBL) website where she could bid on LA houses available in the area. She reported bidding on a number of houses but never heard back in relation to her bids. YK attempted, unsuccessfully, to make queries on her behalf. YK sent a letter to the LA to provide an update on the family's circumstances. The family explored the possibility of receiving HAP, however they were not able to secure a rental property that accepted the assistance payment.

The family engaged with YK home visiting programme for more than one year and accessed the Let's Talk with Your Baby (LTWYB) group and the Incredible Years (IY) Parenting Programme. Quality relational work was very challenging as concrete assistance often had to take priority. After Home-visiting, the family were referred to a local crèche for enrolment and participated in YK IY Parenting Programme. At this time, another letter was sent to the LA Social Work Department to highlight the existing and ongoing housing needs of the family but housing circumstances remained unchanged.

CASE STUDY 3:
Poorly Maintained and Unsuitable Social Home

A family comprised of a single parent with six children (from teenage to infancy), who lived in a three-bedroom terraced house. It is a LA home which the family had been living in for 12 years. Seven people resided in the home; the two oldest children slept in a box room, the following three children slept in another small bedroom, and the mother and toddler shared the third bedroom.

The house was part of a local Regeneration Scheme ongoing in the area, however as it was part of the final phase of the scheme, residents were told they would not be rehoused for a period of five years. The home was without a working heating system for five years and the windows did not close properly. The parent liaised with LA about these issues and reported that she was told neither the heating system or windows would be mended as the family was due to be rehoused under the Regeneration Scheme. The house which had been previously fitted with roof vents was prone to the accumulation of damp patches in the bedrooms. The family relied on an open fire and electric heaters in the bedrooms to keep the home warm. Cloths and fabric were used to seal gaps in the windows. The family were housed in an area with reported on-going antisocial behaviour. Refuse was continually dumped in the back garden which caused a rodent infestation. The children did not have a safe space to play.

YK supported the parent to liaise with the LA Housing Department who recommended that she apply for a transfer to a four-bedroom house in the locality that had a working heating system. The mother was apprehensive about this short-term solution as she felt moving would be very chaotic and stressful for the family. During that time, the mother had experienced serious health concerns. During this time, she struggled financially and accumulated rent arrears. She reported that the majority of her money went towards buying solid fuel to heat the home and paying for medications that are not covered under the medical card scheme. YK IPS worker organised for weekly fuel and food hampers and for toys and food donations over the Christmas period. Further practical support was also arranged for the family while the parent underwent a medical procedure.

YK referred the family to Springboard to provide support for the 11 and 12-year-old children. YK supported the family with applications for Social Welfare payments that they were entitled to but not availing of. YK provided home-visits to the family regularly and this support often involved advocating for the family with services. YK also applied for the Meitheal service so that all agencies working with the family could join the parent to make a plan to support the family's individual needs moving forward.

CASE STUDY 4:
Family in Receipt of Housing Assistance Payment

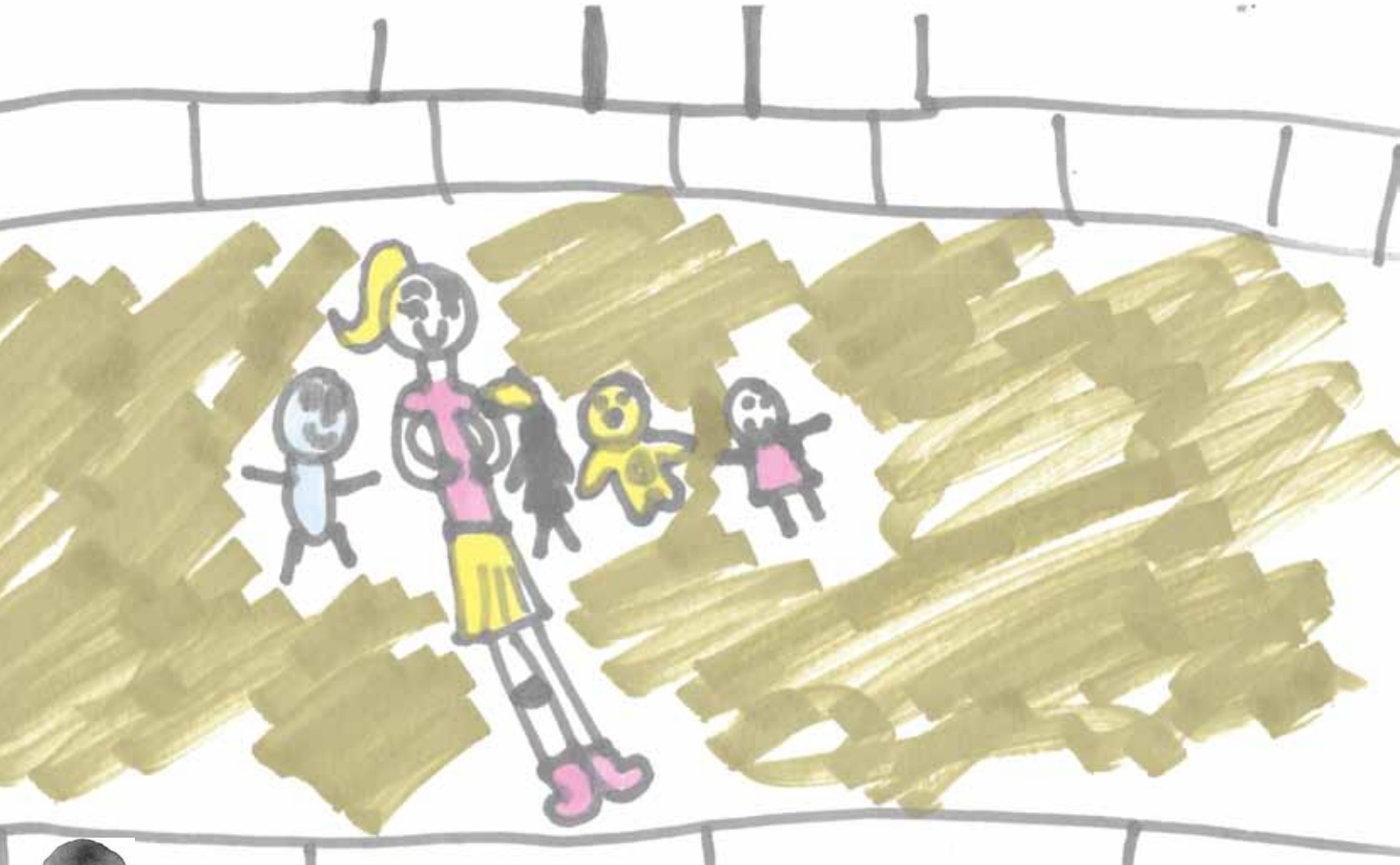
This family was compromised of a couple with one child, a toddler, living in a small two-bedroom apartment within a converted house. The family were in receipt of HAP. Neither parent was employed and the family received a subsistence payment. The family had been on the LA housing list for two years and had been living in their apartment for 3 years. They were unsuccessful in sourcing alternative private rental accommodation and were actively bidding on houses using the LA CBL website for two years.

Their apartment was in sub-standard condition: damp throughout property, numerous safety issues, front door to the building insecure, electrical problems, ceiling leak in main bedroom, kitchen cabinets and bedroom furniture damaged, no functioning fire and carbon monoxide alarms. Local services offered support with housing issues, however the parents reported that the landlord did not respond positively to their involvement. YK supported the family in raising issues with the LA Housing Department. The mother reported that she actively tried to remain out of the apartment; going to a family members' house on a daily basis. All three family members slept in the living area of the apartment on sofas due to a large leak in the main bedroom. The second bedroom had been used as a storage space and was very damp and unsuitable for sleeping. Due to issues with the storage heater in the living area, the family were heating the space using their tumble drier. The family also reported that they had seen needles in the refuse area of the building in addition to blood in the main hallway on the way to the apartment.

Their child had additional needs and was attending HSE Community Physiotherapy and HSE Speech and Language Therapy while awaiting assessment from the Early Intervention Team. The living space was inadequate for implementing therapeutic strategies due to size; lack of space meant that child and adult were unable to sit on the floor together to engage in the required therapy strategies. The family's health was severely impacted with all three family members suffering from recurrent chest infections over the winter period and the child being on antibiotics for 6 weeks. The family found it very difficult to progress with the developmental guidance and relational supports being provided by YK and community therapists due to their living circumstances.

The family expressed a fear of being evicted if they attempted to address the problems with their landlord. They were supported by YK to approach the landlord through text as an initial attempt to have the issues in the apartment addressed, as well as drafting a follow-up letter which outlined the various issues. The family were encouraged to work with Threshold to explore options for addressing housing issues going forward. They considered declaring themselves 'homeless' if the various issues were not addressed.

Neither of the extended families were in a position to have the family live with them as their homes were equally small and overcrowded. The family found it extremely difficult to secure alternative accommodation due to the reported stigma associated with being HAP-registered tenants, and being a young family with a child. Quality relational work with the family was very challenging as the stress and worry about their accommodation impacted on the parent's ability to engage in reflective moments and plan for the future. This family was very resilient and the mother reported that their strength as a family has developed through the support of community organisations like YK. Community support appeared to help offset the uncertainty and continuous problems with the apartment and neighbourhood.



Practitioner Experience

“ If a family is at-risk of homelessness or experiencing housing-related issues, that becomes the most over-whelming and prominent piece of work with that family. It is the biggest stressor for a family as housing is a vital requirement. As a practitioner, all of your energy in terms of supporting that family becomes about housing for a period of time. The service that we were originally brought in to deliver, to support the relationship between child and parent, needs to be put on hold as the parents are overwhelmed and trying to navigate housing issues and/or avoid homelessness.

At present I'm working with a family who live in a house which is far too small for their needs. This is an inappropriate environment for optimal development of their child, and likewise the parents need healthy levels of privacy. One of the parents experiences mental health difficulties. Activities such as form-filling and applying for social housing is a mammoth task for this parent who requires significant support in the process. For this parent in particular, having to fill out forms, particularly those such as housing applications which are quite complex, lengthy, and which contain technical and confusing language, often arouses uncomfortable emotions. Our last three home visits (three hours in total) have consisted of gathering huge amounts of forms and documentation required for social housing applications. These forms are given to families with no support offered for the completion process.

This work, while it forms a port-of-entry in terms of engaging families, doesn't offer another space to look at the relationship or to offer developmental guidance; there is only capacity for advocacy in terms of housing, and the delivery of emotional and concrete supports that relate to housing. For families, and even ourselves as practitioners, it is so difficult to navigate the system and it is very difficult to prevent individuals and families from becoming homeless. If someone has been issued a Notice to Leave, there is no prevention strategy available to us, or the support of an appropriate agency, to prevent homelessness. The legalities of the Notice to Leave can be reviewed by certain services, but if someone is renting a private property, there appears to be no service that can step in at that point and offer an alternative solution. If the family cannot find a property and subsequently faces homelessness, you feel completely helpless as a practitioner. We know there are such limited properties available to rent in Cork city and county which accept HAP, and we often realise, sometimes even prior to the family realising, that having received the Notice to Leave there is very little else that ourselves or the family can do to prevent this terrible outcome.

Once a family becomes homeless, it's very difficult to understand what services are available to them and how to access these services. At times there can be changes to the system and procedures in relation to a family declaring themselves homeless, changes that practitioners are often unaware of until they experience the process themselves whilst supporting a family. In addition, families cannot access the Homeless Action Team until they become homeless.

I think for any person it's distressing to see a family about to become homeless or living in homelessness, or in unsuitable conditions. Luckily we have the emotional support available to us to support our resilience as practitioners. However, with our knowledge

and training in IMH and child development, and knowing what is an optimal environment for children to thrive, it is very difficult to see this happen. We see children's development being paused while they experience substandard housing issues, overcrowded environments, and/or homelessness. We wouldn't be truly empathetic as practitioners if we didn't feel, in some way, the traumatic impact of this for these children and families. I think it is important to say that it's not all negative feelings, it is a privilege to be in a position to support children and families to build capacity and to buffer some of the traumatic impact in these situations – I think it's this feeling, for me anyway, that gets you through. ”



Conclusions

Young Knocknaheeny (YK) has the privilege of working with families in their homes. This report demonstrates how YK supports some of the most vulnerable families in our catchment area; an area which already experiences significant levels of deprivation. All of the families mentioned in the case studies have children with additional needs, including physical, developmental, social, emotional and educational needs.

Through the Home Visiting Programme, which uses an evidence-informed Infant Mental Health Framework and a relational approach, YK supports secure attachments and the development of the parent-child relationship; in turn, supporting child development from the very start of life. Infants in the YK catchment area are being born into situations of homelessness, overcrowding, substandard and inappropriate housing, with potentially serious lifelong consequences, including poor health, developmental delay, mental ill-health and emotional problems. Though families are doing the very best they can; showing remarkable capacity, resilience and commitment to their children, we know that children who lack a stable home environment experience additional risk factors such as poverty, isolation and poor engagement in education and experience negative impacts on their health and well-being outcomes (Zero to Three, 2019).

The potential positive impacts of YK's Home Visiting Programme; supporting the development of the parent-child relationship; are undermined by the negative impacts housing-related circumstances have on families. YK dedicates a significant amount of resources to assisting families to address housing related circumstances, thus impacting on the team's ability to provide relational support and guidance at that time.

When a family experiences housing difficulties, the potential to develop strong, attuned relationships between parents and infants is negatively impacted, and such relationships are essential for healthy social and emotional development.

Findings also show that children do not have adequate space to play. This impacts on their physical, cognitive, social and emotional development and further compounds the risks to both physical and mental health.

Parents are reporting that their own health status is worsening due to their housing situation. The experience of homelessness, overcrowding and substandard housing is deeply traumatic, and only compounds financial, physical and mental health difficulties and family circumstances. The negative impact on parent's health and circumstances has a knock on effect on their children resulting in a level of 'toxic stress' that impact on the child's mental health and wellbeing and prevents them from achieving their developmental potential. Reported stigmatisation and discrimination felt by children and families also has immediate and long term impacts on social participation, education and wellbeing.

Children's access to schooling is interrupted and their ability to engage fully in education is disrupted as a result of factors such as a long commute to school, lack of quality sleep, poor nutrition, as well as inadequate space, privacy, quality environment for study or family time. Children are experiencing health difficulties such as respiratory illness due to damp and mould in unsuitable accommodation.

When families have no choice but to make frequent moves and/or accept housing far from their existing services, communities, family and friends, social networks and social capital are damaged leaving both parents and children isolated, insecure and at increased risk of negative mental ill-health outcomes.

Families report a lack of understanding, empathy and responsiveness from agencies when they present as being homeless or experiencing issues related to over-crowding or sub-standard housing, which in itself is a source of frustration and stress.

YK understand it is not currently possible to transfer a family's time on one local authority wait-list to another to reflect their geographical change in circumstances. Moreover, some families are on the local authority housing wait-list for very long periods of time - seven years or more.

Those waiting to be housed as part of the regeneration who experience sub-standard conditions in their current home that require on-going maintenance and remedial works. Even in the short term, this has serious negative implications for children. The families in these case studies reported that local authorities were slow to address reported maintenance issues, and family circumstances (health/needs etc.) were not taken into consideration in this process to speed the response. They also had regular difficulties in the responsiveness of the CBL phone system.

Like-wise private rental properties can be of a poor standard and are slow to be repaired. However, there is also a reluctance by families to raise issues with their landlords for fear it could lead to further precarity in tenure in a market where there is limited to no rental accommodation available to HAP recipients in the City areas and there is no security of tenure in private rented accommodation and hotels.

Families experience difficulty navigating the welfare system which can result in them not receiving statutory supports to which they are entitled by law. Families are reporting that while some of the wider service provision to support families experiencing homelessness, overcrowding or sub-standard housing, is inconsistent, day-to-day services such as community projects, family support and crèches are practically useful and supportive. There is also strong evidence of the good will of interagency services and personal commitment among some service providers. Furthermore, families depend on charities for basic necessities such as food and utility bills, and the case studies demonstrate evidence of food and fuel poverty. The YK team themselves report difficulty navigating systems, lack of available information, inefficient processes and lack adequate supports for families in a timely manner.

Recommendations

A large programme of high-quality home building with equally high-quality community design and supports has to be a core recommendation of a report such as this, which locates a healthy parent-infant relationship and optimal child development outcomes within a secure, quality home environment.

However other recommendations emerge from the report which should also be addressed to have immediate positive and practical outcomes and also helps in taking a more child-focused approach to thinking and responding to homelessness, housing insecurity, over-crowding and substandard housing.

These recommendations are as follows:

- The adoption and promotion of a rights-based approach to housing and the provision of secure, stable homes.
- The shared understanding, acceptance and use of the broadest definition of homelessness to include housing insecurity, over-crowding not by choice, and substandard housing.
- The potential lifelong impact of homelessness, housing insecurity and substandard housing on children should be prioritised when developing and implementing housing policy both nationally and locally.
- All frontline staff require an increased understanding of the significant traumatic impact of housing circumstances and conditions, on the immediate and long term outcomes for children and families. How, when and by whom a family are met can have either a positive or negative impact on their experience and in turn on the stress caused to the family.
- Hubs and hotel accommodation and short term lets in the private rental market, poor quality housing and over-crowding should never be considered suitable homes for any family with children, especially vulnerable families, children with additional needs, and/or with parents with mental and physical health difficulties.
- Families should receive timely and appropriate responses to housing maintenance issues. This should apply to those in receipt of HAP in private rented homes and tenants of local authority homes, even if those homes are ear-marked for demolition as part of a regeneration process in the future. Improvements in responses of the CBL phone service would also help locally.
- Taking into account the geographical changes that families have to make to secure a home, more readily available information is needed on the implications of moving between LA areas and time spent on a previous housing waiting list. If needed, existing time on one list should be transferred if a family wishes to remain in the new area it has located to.
- An up-to-date resource/information pack should be made available to community, education and charities groups about local housing and homeless services, to include for example the process of registering as homeless and seeking hotel

accommodation, welfare, rights and additional supports. The last such resource was published in 2006 and does not fully account for homeless families and housing policy and service changes.

- The appointment of locally based support workers with specific expertise in housing policy, processes and services who can empathetically and practically support families experiencing homelessness, at risk of homelessness, experiencing over-crowding and poor housing. A vital part of this work would be preventing circumstances from escalating towards homelessness.

- Locally, services both statutory, voluntary and community should build on what works, to strongly co-ordinate, commit and work together consistently, to buffer the worst impacts of homelessness and housing related issues on children and families and to ensure that children are afforded the best opportunity, even in difficult circumstances, to develop and thrive.



References

Australian Institute of Family Studies, 2015. How does the home environment influence children's learning? Australian Institute of Family Studies, Australian Government, Sept 2015. https://aifs.gov.au

Children's Rights Alliance, 2018. Home Works. https://www.childrensrights.ie

Citizens Information, 2019. https://www.citizensinformation.ie

CSO, 2016. 'Census Small Area Population Statistics'. Central Statistics Office, 2016.

Cutuli, J. J., Ahumada, S.M., Herbers, J.E., Lafavor, T.L., Masten, A.S., Oberg, C.N. 2017. 'Adversity and children experiencing family homelessness: implications for health', Journal of Children and Poverty, 23:1, pp. 41-55. DOI: 10.1080/10796126.2016.1198753

DCYA, 2014. 'Better outcomes, brighter futures: the national policy framework for children & young people 2014 – 2020', Department of Children and Youth Affairs. https://www.earlychildhoodireland.ie/wp-content/uploads/2016/08/Better-Outcomes Brighter-Futures-Report.pdf

DHPLG, 2019a. 'Homelessness Report February 2019', Department of Housing, Planning & Local Government, 2019. https://www.housing.gov.ie

DHPLG, 2019b. 'Homelessness Report July 2019', Department of Housing, Planning and Local Government, July 2019. https://www.housing.gov.ie/sites/default/files/publications/files/homelessness_report_july_2019.pdf

Dublin Region Homeless Executive, 2018. Quarterly Activity Report, Quarter 2, 2018. https://www.homelessdublin.ie/content/files/Q2-2018-Quarterly-Activity-report.pdf

Focus Ireland, 2019. www.focusireland.ie/resource-hub

Kirby A. Chow, Rashmita S. Mistry & Vanessa L. Melchor. 2015. Homelessness in the elementary school classroom: social and emotional consequences', International Journal of Qualitative Studies in Education, 28:6, 641-662, DOI: 10.1080/09518398.2015.1017855

Local Government Association, 2017. The Impact of Homelessness on Health: A Guide for Local Authorities. Local Government Association UK, Sept 2017. https://www.local.gov.uk

McKelvey, L., Schiffman, R.F., Brophy-Herb, H.E. 2015. 'Examining long-term effects of an infant mental health home-based early head start program on family strengths and resilience', Infant Mental Health Journal, July/August 2015, 36:4, 353-365. Online resource: https://doi.org/10.1002/imhj.21518

Moore, T., McArthur, M., Noble-Carr, D. 2011. 'Lessons learned from children who have experienced homelessness: what services need to know', Children & Society, Vol, 25, (2011), pp. 115126. DOI:10.1111/j.1099-0860.2009.00270.x

National Youth Council of Ireland, 2018. Access All Areas Diversity Toolkit with you: Working with young people who are affected by homelessness. www.youth.ie

Oireachtas, 2018. Oireachtas Joint Committee on Housing, Planning and Local Government, October 2018, p.21. https://data.oireachtas.ie/ie/oireachtas/debateRecord/joint_committee_on_housing_plannng_and_local_government/2018-10-03/debate/mul@/main.pdf.

Ombudsman for Children, 2019. No Place Like Home: Children's views and experiences of living in family hubs. www.oco.ie

O'Sullivan, E. 2012. Ending Homelessness - A Housing-Led Approach. www.housing.gov.ie

O'Sullivan, E. 1996. Homelessness and Social Policy in the Republic of Ireland Dublin; TCD.

Paquette & Bassuk, 2009. 'Parenting and homelessness: Overview and introduction to the special section', American Journal of Orthopsychiatry, Vol. 79, No. 3, Jul, 2009. http://dx.doi.org.ucc.idm.oclc.org/10.1037/a0017245

Samuels, J., Shinn, M., & Buckner, J. C. 2010. Homeless children: Update on research, policy, programs, and opportunities. (Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services; Washington, DC).

Shonkoff, J., Philips, D.A. (Eds.) 2000. From Neurons to Neighbourhoods: The Science of Early Childhood Development. National Research Council (US) and Institute of Medicine (US) Committee on Integrating the Science of Early Childhood Development. (Washington Academies Press, USA).

UN General Assembly, 1948. 'Universal Declaration of Human Rights', United Nations, 217 (III) A, Paris, art. 1, http://www.un.org/en/universal-declaration-human-rights/

Zero to Three, 2019. 'Young Children and Families Experiencing Homelessness'. Zero to Three Journal, Mar 2019, Vol. 39, No. 4.

Ziol-Guest and McKenna, 2014. 'Early childhood housing instability and school readiness'. Child Development, Jan-Feb 2014, Vol: 85, No. 1. https://www.ncbi.nlm.nih.gov/pubmed/23534607



Appendix

Young Knocknaheeny ABC Programme

Young Knocknaheeny Area Based Childhood Programme (YK) is a community-based Prevention, Promotion and Early Intervention Programme, based in the Northwest sector of Cork City supporting parents and families, practitioners and services from the pre-birth period into infancy and early childhood.

YK brings the science, evidence and policy of infancy and early childhood development into best practice through partnership and collaboration to get every child's life off to the best possible start by:

- Respectfully enhancing skills and early childhood development knowledge of all parents, practitioners and services;
- Strengthen and support all relationships and environments that are important to every child's early development;
- Embed systems and community change to support early childhood development and address childhood poverty ;
- Participatory learning and evaluation, documenting and policy development.

The YK Programme is delivered through 4 locally designed, interconnected strategies, underpinned by an Infant Mental Health (IMH) Framework:

1. Infant Mental Health and Well-being Strategy
2. Early Years Care and Education on-going Quality Improvement Strategy
3. Speech, language and literacy Strategy
4. Prosocial Behaviour and Self-Regulation Strategy

The pre-birth to three IMH Home-visiting Programme, the focus of this report, is part of Strategy 1 above, which itself consists of the following summarised interventions:

Pre-Birth to three IMH Home-visiting Programme
Antenatal screening tool
Newborn Behaviour Observation Guide
Peeps, Lets Talk, Baby Massage Groups
Kidscope Child Development Clinic
IMH Masterclasses & Teaching & Trainings
IMH Network Groups
IMH interagency and community Consultations
IMH Reflective Practice

All YK programmes and approaches are evidenced based, implemented to be culturally appropriate, child centred, and needs led. They are respectful and strengths based.

Programmes are offered at a universal service level through self-referral and community referrals, through to a more targeted approach in consultation with interagency partner organisations.

Multidisciplinary workforce capacity building takes place through training, mentoring, coaching and peer support are a key feature of all 4 strategies.

YK is funded by Department of Children and Youth Affairs. It is aligned to government and agency policy, Better Outcomes Brighter Futures, First 5 Strategy, Healthy Ireland, Vision for Change and Nurture Infant Health and Wellbeing Programme. It is part of the national Area Based Childhood Programme within Tusla Prevention, Partnership and Family Support structure.

Approximately 50 services and agencies are partnered with YK. In the first 3 years of the programme over 4500 children and parents engaged with the YK programmes, through 1;1, home-visiting, groups and programmes, in preschools and in schools. 500 practitioners, across health, education, family support engaged in training and ongoing professional development and reflective practice.

Key Concepts within the Programme are: Infant Mental Health; Progressive universal; Workforce capacity; child, parent, family, community participation; Evidence informed; Multi-stakeholder partnerships and processes; prevention, promotion, and early intervention; evaluation



Further Information

Young Knocknaheeny Consortium Members

YKABC is overseen by an inter-agency Consortium Group of 19 representatives including:

• Senator Colette Kelleher	YK Consortium Chairperson
• Dr Margaret Curtin	UCC School of Nursing and Midwifery
• Dr Pat Corbett	YK Chairperson 2011-17
• Dr Louise Gibson	UCC Dept. of Medicine and Child Health/ KidScope
• Ms. Anne Horgan	HSE Cork North Speech and Language Dept.
• Ms. Eileen Kearney	HSE North Cork Sector 4 Public Health Nursing Dept.
• Ms. June Hamil	Before 5 Family Centre, Gurranabraher
• Ms. Ingrid O' Riordan	Le Cheile School Completion Programme
• Ms. Angela Kalaitzake	Hollyhill-Knocknaheeny Family Centre, Knocknaheeny
• Ms. Denise Cahill	Cork Healthy Cities
• Ms. Sandra O'Meara	Cork City Council / Cork Northwest Regeneration
• Ms. Liz Horgan	Sundays Well Girls National School
• Mr. Dave Cashman	Sundays Well Boys National School
• Mr. Ger Donovan	St. Mary on the Hill National School, Knocknaheeny
• Ms. Janet Dennehy	Cork City Childcare / YK Strategy 3 Lead
• Ms. Sarah O'Gorman	Barnardos Brighter Futures, Knocknaheeny
• Mr. John O'Mahony	Foroige
• Dr. Shirley Martin	UCC School of Applied Social Studies
• Ms. Lynda Monahan	TUSLA PPFS

YK Team

• Katherine Harford	Programme Manager
• Emily Harrington	Programme Administrator
• Lynn Buckley	Programme Officer
• Catherine Maguire (s)	Infant Mental Health Specialist IMH-E® / YK Strategy 1 Lead
• Grace Walsh (s)	Senior Oral Language Development Officer / YK Strategy 2 Lead
• Sally O'Sullivan	Oral Language Development Officer
• Aileen O'Brien	Oral Language Development Officer (maternity leave cover)
• Susan Lehane (s)	Child Health Development Worker / PHN
• Tracie Lane	Infant Parent Support Worker
• Maeve Donegan	Infant Parent Support Worker
• Roisin Bradley	Infant Parent Support Worker
• Suzanne Rigby	Infant Parent Support Worker
• Mary Tobin	Infant Parent Support Worker
• Sinead Donovan	Infant Parent Support Worker / YK Incredible Years Facilitator
• Ingrid O' Riordan (c)	Consortium Member / YK Strategy 4 Lead
• Johanna Forde (c)	Early Years Quality Improvement Mentor
• Mairead Carolan (c)	IMH Masterclass Trainer
• Archways (c)	Incredible Years Training and Mentoring

(s) Secondment
(c) Contractor

Young Knocknaheeny is part of the Area Based Childhood Programme funded by TUSLA and the Department of Children and Youth Affairs. NICHE Health Project (Cork) CLG is the lead agency.

For more information:
www.youngknocknaheeny.ie
facebook/youngknockhaneeny
admin.ykabc@nicheonline.ie

Illustrations © Eva Buckley
Design: charlotte@scarletibis.org

HSE Building, Harbourview Road, Knocknaheeny, Cork, Ireland, T23 XY16

021 601 0656

admin.ykabc@nicheonline.ie

youngknocknaheeny

.youngknocknaheeny.ie

@youngknockabc

YOUNG KNOCKNAHEENY



YOUNG KNOCKNAHEENY
Area Based Childhood Programme

UCC
Coláiste na hOllscoile Corcaigh, Éire
University College Cork, Ireland

An Roinn Leanaí agus Gnóthaí Óige
Department of Children and Youth Affairs

TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

NICHE
HEALTH PROJECT (CORK) CLG