

Once Upon a Time in SAAP...

A report of the Northern Region Children in SAAP service data collection

ACKNOWLEDGEMENTS

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Introduction

Children in homeless families are among the most vulnerable in our society. They have a diverse range of needs unique to their own experience of homelessness and stage of development. Children represent a substantial proportion of people using SAAP services. Relatively minimal data is collected on children by SAAP services and current methodology does not allow for the total number of children accessing SAAP to be accurately calculated. However, from the data available, it is clear that, along with a consistent increase in homeless families, the proportion of children in SAAP services continues to rise (AIHW 1997, 1998, 1999, 2000).

The Northern Region Children in SAAP Data Collection aims to provide a thorough overview of the number of children accessing SAAP services, the complexity of need of children experiencing homelessness and the support they currently receive from SAAP services. It is a positive comment on the Northern Region that the vast majority of SAAP programs actively participated in the collection, demonstrating the high level of commitment to the needs of children in this region. The following report endeavours to highlight the major issues that need to be addressed within the SAAP Service system to ensure the needs of children are being met adequately. Children deserve a service system response that is both sensitive to their individual needs and progressive, acknowledging the benefits of early intervention strategies that will invest in and support children and contribute to the prevention of inter-generational homelessness.

Children and the Experience of Homelessness

Children of all ages are affected by homelessness in two ways. Firstly, through their own experience and reaction to the various traumas associated with homelessness and, secondly, via their experience of the state of mind of their parents and the service system which can either smooth the progress of their healing, or inadvertently, perpetuate their trauma (McIntosh, J. 2000). There is sufficient evidence that documents how the experience of homelessness adversely affects many aspects of a child's life, including their sense of connectedness to community, socialisation, physical and mental health and education.

Mobility rates in homeless families are high. Homeless families can move in and out of a variety of accommodation types including private rental, public housing, and cheap private hotels, caravan parks, emergency accommodation and staying with friends or family. Accommodation accessed by homeless families is often unsuitable and unsafe for children, potentially increasing their exposure to adults experiencing a range of issues including substance abuse, mental health, and family violence. This level of transience precludes children from establishing and maintaining stable support networks within their community, which contributes to their sense of isolation and solitude. In addition, homeless families have difficulty accessing and maintaining links with many community resources including medical services, welfare services, recreational opportunities, child-care, school and specialist children's support services. These difficulties result in children missing out on the support they need and can lead to serious physical, social, and/or psychological problems not being addressed.

Children in homeless families are not only isolated from services and community supports, they also suffer from social and emotional isolation. As a result of their transient lifestyles, children have difficulties establishing and maintaining peer relationships. Due to the difficulties they face at home, children may feel ashamed and unable to relate to their peers (Condonis, Paroissien and Aldrich, 1989) and can suffer discrimination and stigma in the playground and schoolyard. This contributes to their sense of isolation and exclusion and can result in low self-esteem. Exposure to many strangers and issues such as family violence can also impede a child's ability to form trusting relationships.

The social and emotional isolation faced by children in these circumstances is further compounded by numerous changes to childcare, kindergarten and school arrangements. This can lead to children receiving an inconsistent and interrupted education, which creates an adverse learning environment. Children who change schools on a regular basis can fall through the gaps of the education system, with academic and learning delays often left undetected and undiagnosed until they are difficult to reverse. Anecdotal evidence suggests that children in homeless families have a higher incidence of absenteeism from school and a significant proportion of children are early school leavers which directly impacts on their future educational and employment opportunities.

Children's physical and mental health is adversely affected by the experience of homelessness. There is a variety of evidence documenting an increased occurrence of chronic and recurrent upper respiratory and gastro-intestinal illnesses in children from homeless families. Ear infections, asthma and dental health problems are also prevalent among this population (Efron, D., Sewell, J., Horn, M., and Jewell, F., 1996). Health problems are exacerbated by a lack of access to health services, poor nutrition and immunisation delay. Children in homeless families can also experience a variety of mental health issues including disturbance in mood such as anxiety and depression. Children can also experience behavioural issues, with one study reporting more than one-third of their sample had behavioural issues which would be considered to be within the 'clinical range' which could compromise these children's personal development and interpersonal relationships (Efron et.al. 1996). It is also common for children to experience considerable grief associated with moving including loss of friends, pets and favourite belongings (Thompson Goodall Associates, 1994). The cumulative occurrence of physical, emotional and psychological health issues combined with a lack of timely and adequate support can lead to developmental delays in children in homeless families.

Family violence is a major cause of family homelessness. Many children accessing SAAP services have witnessed and/or experienced Family violence. A smaller yet significant proportion of children have experienced physical abuse. SAAP statistics (AIHW, 1998) indicate that 40% of service users with accompanying children were accommodated in women's refuges. Effects of family violence can include mental health issues, anxiety, development and behavioural issues, delayed learning, aggression, reduced concentration skills and negative learning such as dealing with stress through violence (Worth and Mertin, 1997). The impact of family violence on children in SAAP is compounded by the numerous disadvantages already faced by homeless families.

It is clearly evident that children have specific needs that arise as a result of their experience of family homelessness. If children are left to make sense of these experiences themselves, without the support of family or a supportive service system, their difficulties will increase over time. Improving the circumstances of children with respect to quality of life, health and school performance improves the future for all of us and will reduce the pressure on our already stretched welfare resources into the future.

Current Government and SAAP Service System Responses to Children

The current SAAP service system focuses on adults as the primary client. Service targets and funding agreements revolve around outcomes for adults. While SAAP workers and agencies do their best to address the needs of children, due to limited agency resources, worker time and a general lack of child specific training, children's needs consistently play 'second fiddle' to those of their parent/caregiver.

The State Government of Victoria and the Department of Human Services have taken some action to redress the imbalance that currently exists within SAAP services. The need for child specific workers was recognised as a means of providing a quality service to children living within women's refuges in Victoria. Children's Support Workers now exist in Women's Refuges across the state. This recognition did not, however, result in children's workers for other SAAP services.

In the past two years, a new SAAP initiative allowed for the development of Regional Children's Resource Programs across the state which support and resource SAAP services in regard to their work with children accompanying adults in SAAP services. The Department of Human Services has also released publications aiming to resource SAAP services with information on case management for children and best practice examples. While these measures are welcome they do not go far enough to adequately address the specific needs of children or reduce the pressure on SAAP workers and services.

To date, there have been few examples of statistical collections that have provided a detailed account of the profile of children experiencing homelessness in addition to level of support provided by SAAP services.

Aims of the Northern Region Children in SAAP Data Collection

The aims of the Northern Region Children in SAAP Data Collection are to:

- Gain a greater understanding of the needs and issues of children who access SAAP services with their families in the Northern Region.
- Develop an accurate profile of children in SAAP services across the Northern Region.
- Determine the number of children that are being supported by SAAP Services in the Northern Region and how they are being assisted.
- Highlight gaps in the current service system and identify areas that need attention and relationships with other sectors/services that need to be strengthened or developed.

The data collection will assist individual workers, funded agencies and the SAAP service system as a whole to:

- Be better equipped to promote the needs of children accompanying adults to SAAP Services.
- Continue to encourage the Department of Human Services to fully resource the needs of accompanying children and the time required to support them.
- Effectively respond to new program and/or policy developments that will affect children and families within the Northern Region.
- Reflect on our work practice in relation to children and assist us to enhance our skills and encourage best practice.
- Begin to develop a clear vision of what systemic changes need to be made to enable children access to the support, assistance and resources they are entitled to.

Background of the Project

The Northern Region SAAP sector has long had a focus on the needs of children accompanying adults to homelessness services. Services have been expressing concern over the lack of resources to adequately support children for many years. The Northern Region Homelessness Network, along with a number of key SAAP agencies, supported and facilitated several initiatives that contributed to increasing the profile of the needs of children within the region. It is the ongoing commitment to the rights of children experiencing homelessness demonstrated by Northern Region SAAP services that has made the Children in SAAP data collection possible.

Project development

Northern Region SAAP Services initially identified the need for a special data collection for children accompanying adults during the consultations regarding the implementation and ongoing development of the Northern Region Children's Resource Program.

Each eligible SAAP Agency, that is those having contact with children accompanying adults to their service, was asked what data they felt was necessary to collect to truly reflect both the needs of children and the support they offered them. From this information a draft data form was developed.

The Northern Region Children's Resource Program Steering Group was instrumental in assisting and supporting the development of the draft data set. Three SAAP services represented on the Steering Group trialled the first incarnation of the data collection tool. Hume City Council Accommodation and Support Services, Mary Anderson Lodge and CAVE participated in a month long trial and as a result of their feedback the data set was shortened and refined.

Advice and assistance from Sean Ling (Department of Human Services – Central) was sought regarding the revised data set and the legalities of confidentiality, data storage and informed consent during the collection.

Eligible SAAP services across the region were asked to participate in a month long trial of the revised data set to ensure it was suited to all services and covered the information required. The Northern Region Children's Resource Worker then visited each participating agency to seek feedback on their experience of the trial collection. Further changes were made to the data set as a result of these consultations.

A final data set (see Appendix A) and accompanying guide (see Appendix B) were agreed upon.

Eligible SAAP services were asked to participate in a six-month collection.

The Northern Region SAAP Advisor, Robb McGregor, wrote to services encouraging their participation in the collection, this support was greatly appreciated.

The collection took place over the six-month period from the 1st August 2002 to the 31st January 2003.

SAAP Agencies Participating in the ‘Children in SAAP’ data collection

- Banyule Housing Group
- Plenty Valley Community Health Service - Whittlesea Housing Services
- Hanover Inner North
- Merri Outreach Support Services
- Hume City Council Accommodation and Support Services
- CAVE
- Crossroads Jacana and Sunbury Family Services
- Homeground Services
- Aids Housing Action Group
- Flat Out
- WISHIN
- Banyule Community Health Centre – Berkana Youth Services
- Berry Street – Youth Housing Program
- St Vincent de Paul – Access Youth Services
- Young Women’s Housing Services
- Hope Street Refuge
- Catchment Youth Refuge
- At Last Young Women’s Services
- Good Shepherd Youth and Family Services – Supported Housing for Youth
- Martina’s Women’s Refuge
- Georgina’s Women’s Refuge
- Salvation Army – Mary Anderson Lodge

* Several services had more than one participating program (see Appendix C; Table 1: Participating Programs by Funding Source)

Methodology

Sample

All participating SAAP services were asked to collect information on every child that accessed their service within the time frame of the collection. Parents were asked for their informed consent to collect profiling information on children including:

- Age
- Gender
- Family size
- Family structure
- Cultural identity
- Services supporting the child currently or in the past six months
- Number of homes the child has lived in over the past 12 months
- Number of schools / kindergartens / childcare services the child has attended.

If informed consent was not sought or denied, services were instructed not to collect this information (see Appendix A and B). In these instances services were only able to collect information relating to their assessment of the parents presenting issues, the child's support needs and the support they provided the child.

Data Collation

A database was specifically developed in Microsoft Access to enter the data and enable accurate collation. Data forms from participating agencies were sent to the Northern Region Children's Resource Program and subsequently entered into the database.

Data Storage

Raw data forms were stored in a locked cabinet and shredded once all data forms had been entered into the database and initial correlations were made.

PROFILE OF THE NORTHERN REGION

The Northern Metropolitan Region covers the seven local government areas of Yarra, Darebin, Moreland, Hume, Banyule, Whittlesea and Nillumbik. It has a total population of 736 997 people. The following table provides an overview of the population spread of the region.

Table 1: Population of the Northern Region by Local Government Area

Local Government Area	Population	Percentage of Northern Region Population
Banyule	113 696	15%
Darebin	122 821	17%
Hume	131 182	18%
Moreland	130 531	18%
Nillumbik	57 931	8%
Whittlesea	113 784	15%
Yarra	67 052	9%
TOTAL	736 997	100%

20% of the Northern Region's population are aged 15 years or under. There has been a significant rise in the numbers of 5 to 14 year olds and 25 to 44 year olds since the 1996 census, which allows us to speculate that there has been a recent increase in young families moving to the area.

.5% of the population are indigenous which correlates closely to the statewide average. 28% of the population were born overseas and 33% speak a language other than English, this is higher than the Victorian average.

43.4% of the population are living on an income that is \$300 or less per week, slightly higher than the state average.

2.4% of the Northern Region population reported they have never attended school; this is almost double the Victorian average. 14% of the population attended school until year eight, which is higher than the state average of 11.5%.

The above information has been sourced from the Australian Bureau of Statistics 2001 Census Data.

Analysis of the Children In SAAP Data Collection Northern Metropolitan Region

There are 33 SAAP funded programs that were eligible to participate in the data collection, these agencies have contact with children accompanying adults. 27 SAAP funded programs participated in the collection (**82% of eligible programs**). 2 Youth Refuges reported having no children in their service during the time of the collection.

The data collection ran for 6 months from the 1st August 2002 to the 31st January 2003. Forms were received for **896 children** during this time.

Table 2: Number of Children Supported by Funding Source of Program

Funding Source	Programs Involved (%)	Available EFT	Number of Children	% of Children	Number of Children per EFT
Cross Target	4 (80%)	16.6	234	26	14
Family	5 (100%)	8.35	300	33.5	36
Youth	10 (91%)	24.5	79	9	3
DV – Refuge *	3 (60%)	20	125	14	6
DV – Crisis Initiative	2 (66.6%)	6.5	66	7	10
Single Women	2 (100%)	6	79	9	13
Single Men	1 (100%)	1.5	13	1.5	7
TOTAL	27	83.45	896	100	

A total of eight SAAP programs involved in the study, **30%** of all programs working with children accompanying adults, are **specifically funded to work with children within the Northern Region**. This amounts to **28.35 EFT workers**, which is **34% of the available EFT workers in the region**. Family and DV funded services have a lower staff to client ratio than other services to reflect their work with children.

A further breakdown of services participating in the study by funding source can be found in Appendix C, Table 1.

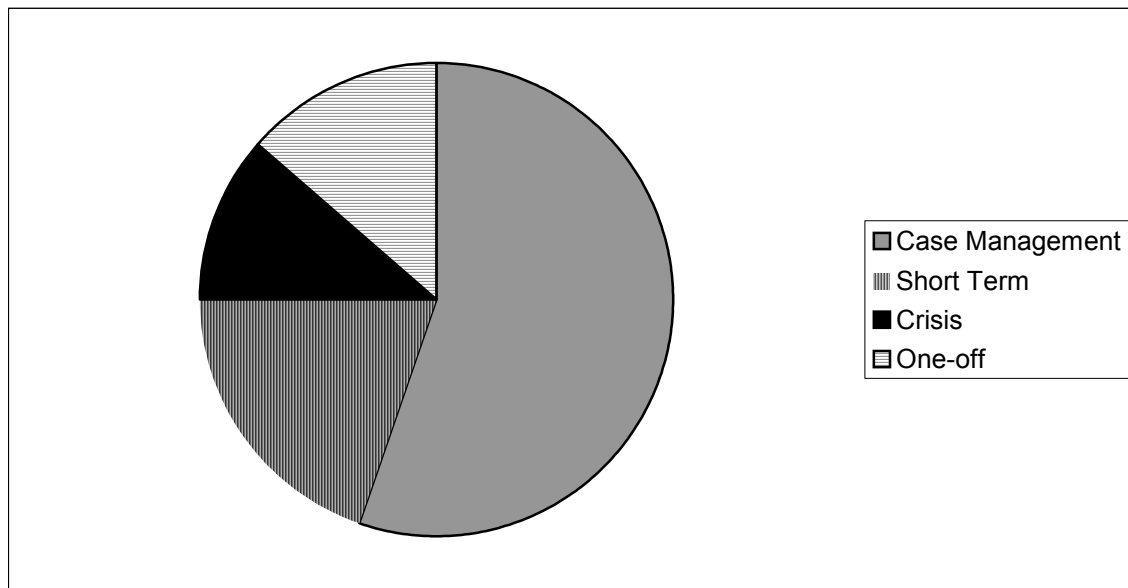
*The Northern Domestic Violence Outreach Team are also funded through Domestic Violence funding, this program was not included in the study as they were unable to participate in the six month collection but reported having contact with 341 children through their duty system within the time of the collection, although not all of these children received direct support. These numbers have not been included in this analysis.

Table 3: Number of Children supported by Grouped Funding Source

Funding Source	Number of children Supported	Percentage of Children Supported
Family	300	33.5
DV – Refuge	125	14
Other	471	52.5
TOTAL	896	100

Family funded programs, as would be expected, worked with the most children, **300 (33.5%** of the sample). Interestingly, **cross target agencies** closely followed Family funded services, working with **26% (234)** of children, however staff to client ratio’s are not set to reflect this work. The three **DV Refuges** involved in the study worked with a total of **125 children (14%** of the sample).

Graph 1: Support Provided to Children by SAAP Services



SAAP services were asked to categorise the type of support they provided to children accessing their service. Services reported that:

Case management support was provided in **55% (478)** of cases.

Short Term support was provided in **20% (171)** of cases.

Crisis support was provided in **11% (99)** of cases.

One off assistance was provided in **14% (117)** of cases.

The type of support provided by SAAP agencies was not recorded on 31 forms (3.5%).

It is not surprising that the majority of support provided to families within SAAP services was case management support, given the nature of the funding of programs across the region (see Table 1). However a large percentage, **45%**, of children are receiving support from a SAAP agency that can be described as unplanned or ad hoc.

When we look at case management support provided by funding source, results become more illuminating.

Table 4: Case Management Support Provided to Children by Funding Source

Funding Source	Case Management Support Provided	
	<i>Number of Children</i>	<i>Percentage of Children</i>
Family	200	67
DV –Refuge	53	42
Other	225	47
TOTAL	478	

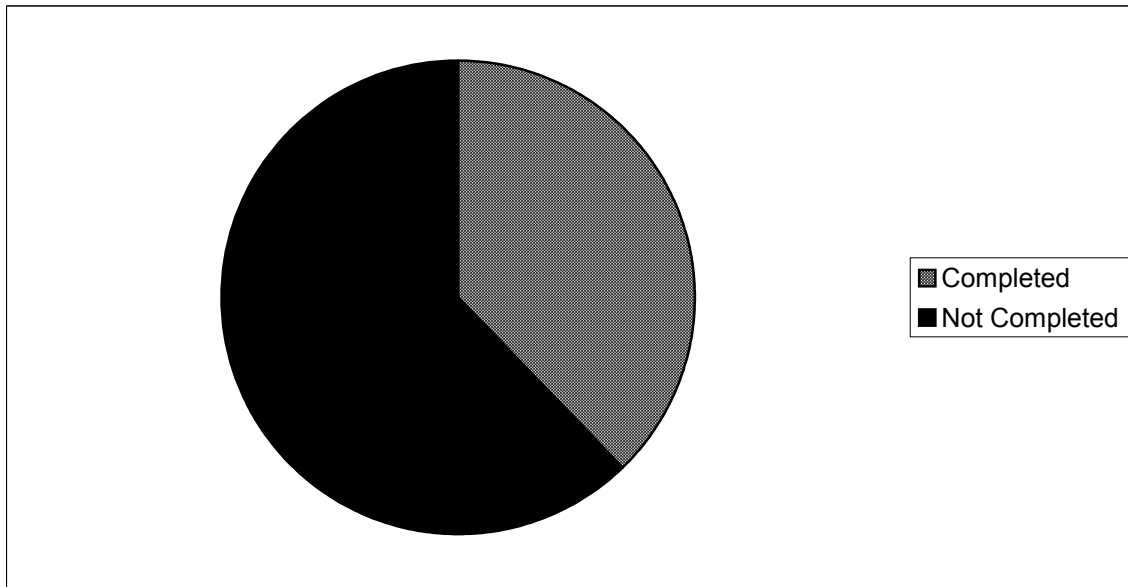
We would expect that more case management support would occur in those programs that are specifically funded to work with children, given that their work with children is recognised within caseload ratio’s. The majority, **67%** of all children supported by **Family funded** services received case management support.

Surprisingly only **42%** of all children supported by **Domestic Violence Refuges** were identified as receiving case management support. This may be a reflection of the length of stay of some families within refuge.

Programs receiving **cross target, youth and other forms of funding** and working with higher caseload ratios provided **47%** of children with case management support.

The overall low rate of case management support provided to children reflects the lack of time and resources workers have available to provide children with consistent, co-ordinated support.

Graph 2: The incidence of children receiving separate assessments within SAAP Services.



Considerably less than half, **38%** (325) of children had their needs **separately assessed** by SAAP services. While **62%** (538) of children **did not** have their needs separately assessed.

After some consultation with the region it appears that the term ‘separate’ was misleading to a number of services which may have skewed the results of this data point. The term ‘separate assessment’ was meant to reflect whether a thorough assessment of individual children’s needs was completed within the context of the family. However, some services interpreted ‘separate’ assessment to reflect an assessment of a child that was separately conducted and recorded, on a one on one basis with the child. This is a limitation of the data set that makes this result difficult to interpret with complete accuracy.

Despite this limitation, we may deduct that many children may not be receiving a thorough assessment of their needs on a regular basis within SAAP services. It also suggests that children may not be included in the assessment and support process in many SAAP services. This notion is strengthened by results regarding the incidence of case planning and referrals made on behalf of children.

This information was not recorded on 33 (4%) forms.

Table 5: Incidence of Children Receiving Separate Assessments by Funding Source

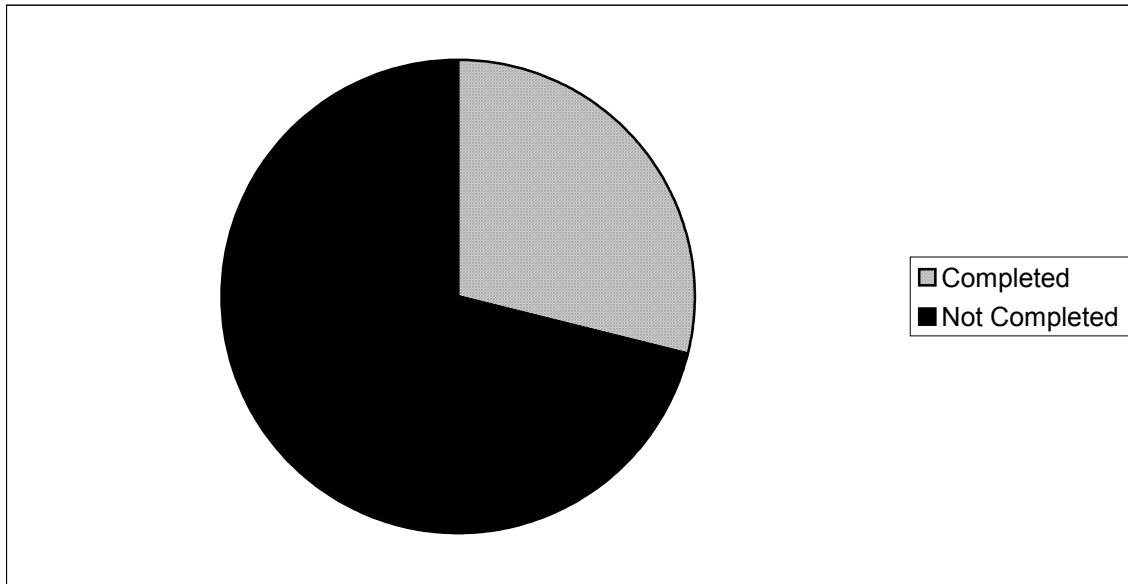
Funding Source	Children Receiving Separate Assessment	
	<i>Number of Children</i>	<i>Percentage of Children</i>
Family	96	47%
DV – Refuge	106	85%
Other	123	26%
TOTAL	325	

Domestic Violence Refuges performed very well on this data point, separately assessing **85%** of the children they supported. The three refuges involved in this study are funded to employ a refuge worker to specifically work with children, increasing the time and resources they have to support children.

47% of children receiving support from Family funded programs had their needs separately assessed. As explained earlier, some family services expressed confusion by the term ‘separate assessment’ which may go some way to explaining the low result despite lower case load ratios afforded these programs. After some consultation, it is clear that many of the Family funded services involved assess the needs of children within the context of the family.

Not surprisingly, only **26%** of the children accessing SAAP programs funded through ‘other’ sources had their needs separately assessed. These programs have the least amount of resources for working with children, given their higher caseload ratios. Regardless of this fact, it is concerning that 74% of children may not be receiving an adequate assessment of their needs, which may impact on the quality and appropriateness of the support they receive.

Graph 3: The incidence of case planning children in SAAP Services.



SAAP programs involved in the collection reported to have case planned only **28%** (249) of children they supported. Case planning is not only an important aspect of the provision of inclusive and co-ordinated support to children, it has also been clearly identified by the Department of Human Services as ‘good practice’.

We may therefore deduct that **72%** (614) of children who were **not case planned** by a SAAP program may be receiving support without an adequate plan about their needs or a co-ordinated inclusive approach to delivering appropriate outcomes. A lack of case planning also suggests that children are not being included within case management support processes of many SAAP agencies.

This data suggests that SAAP agencies are under resourced to adequately meet the needs of children and may need more training and clearer departmental guidelines regarding the inclusion of children within the case management process.

This information was not recorded on 33 (4%) forms.

Table 6: Incidence of Case Planning by Funding Source

Funding Source	Provision of Case Planning	
	Number of Children	Percentage of Children
Family	87	29
DV – Refuge	95	76
Other	67	14
TOTAL	249	

Domestic Violence Refuges, once again performed well and case planned **76%** of the children they supported. This suggests that the provision of funding for a specific worker to support children certainly benefits both the child and the service.

Family funded programs case planned children in **29%** of cases, a relatively low result considering the lower case ratios afforded these services. It suggests that within Family funded services a lack of resources to adequately support children also exists.

Programs receiving ‘**other**’ funding provided case planning to children in only **14%** Cases.

These low results speak to a general lack of resources for the majority of services working with children within the Northern Region. It also suggests that further training is required in this area.

Table 7: Incidence of separately assessing and case planning children in SAAP Services by Type of Support Provided.

Type of Support Provided	Assessment Completed		Case Plan Completed	
	Number	Percentage	Number	Percentage
One Off	5	2%	4	2%
Crisis	40	12%	32	13%
Short Term	48	15%	40	16%
Case Management	232	71%	173	69%
TOTAL	325		249	

Not surprisingly, the incidence of separate assessments and case plans that were completed increases as the length of the support period increases.

Length of Support for Closed Periods of Support

78 of children participating in the collection reportedly received support for **one week or less**, the majority of these (21% of all closed cases where this information was available), 50 (64% of these children) received support for **one day**.

Table 8: Length of Support Period.

Length of Support Period	Number of Children
2 Weeks	29
3 Weeks	30
1 Month	19
6 Weeks	26
8 Weeks	20
3 Months	19
4 Months	21
5 Months	31
6 Months	17
7 Months	10
8 Months	10
9 Months	14
10 Months	5
11 Months	8
12 Months	3
12 – 15 Months	16
15 - 18 Months	2
18 Months to 2 Years	11
2 Years to 2.5 Years	5
3 Years to 3.5 Years	3
TOTAL	299

48% (143) of children received SAAP support of **three months or less**. 23% (69) of children received a support period between **3 and 6 months**.

17% (50) of children were supported for a period lasting between **6 months and 12 months**, while 12% of children received support for a period **greater than 12 months**.

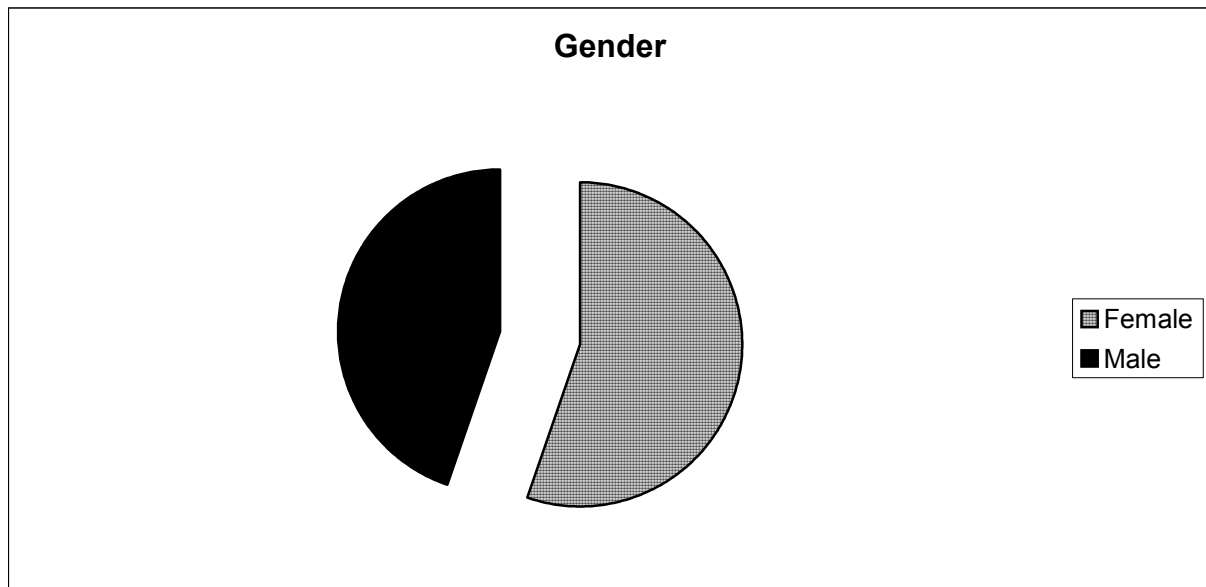
The data highlights that the majority of children (52%) are receiving **more than three months support** and over a quarter, 29%, of children are receiving support of **more than 6 months**.

The above data is based on support periods that were closed during the time of the collection.

SAAP services reported that 477 (50%) of children were **receiving ongoing support** as of the 31st January 2003.

42 (5%) forms did not record this information.

Graph 4: Gender of Children Accessing SAAP Services



There were almost one hundred more female children accessing SAAP services than male children. 431 female children were recorded, **55%** of the total sample and 350 male children, **45%** of the total sample.

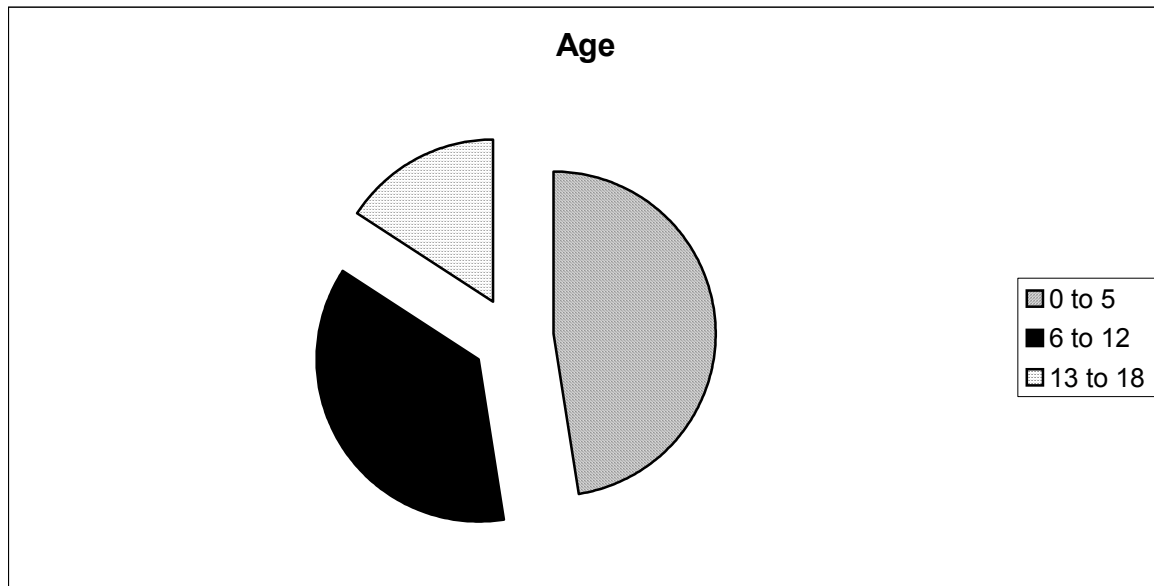
The 10% difference between male and female children accessing SAAP services in this collection is a surprising result. The fact that **Domestic Violence Refuges** collectively supported more **female children, 58.5%**, than **male children, 41.5%** only partly explains the overall discrepancy in gender.

We could speculate that families with female children may be more vulnerable within physically and sexually abusive homes, leading to increased likelihood that these families may leave abusive situations increasing the incidence of homelessness within this family type.

However if this was the case, we could expect that this would result in similar discrepancies in other collections on the target group. Given the results of the NDCA collection this is not likely. Data recorded by the National Data Collection Agency on the gender of children in SAAP Services across Victoria (2000 – 2001) reports that 49.8% were males and 50.2% were females.

Gender was not recorded on 115 forms (13%)

Graph 5: Age of children accessing SAAP Services.



Almost half, **47.5%** (371) of children accessing SAAP services are aged **5 years and under**, **36.5%** (285) of children were aged between **6 and 12 years**, **16%** (123) of children were aged between **13 and 18 years**.

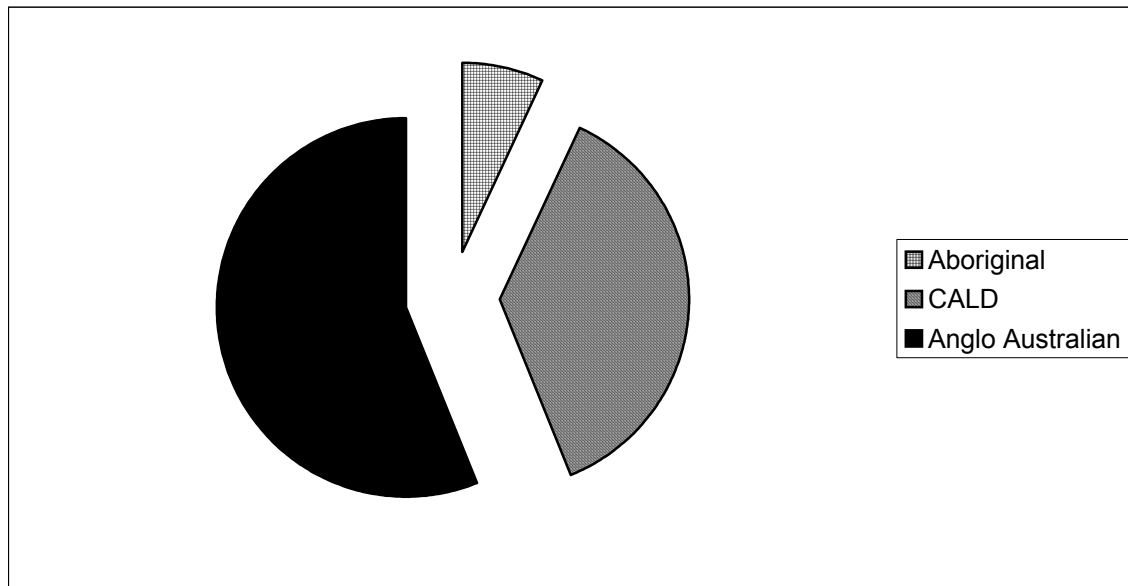
Age was not recorded on 117 forms (13%)

The data highlights that SAAP services are working with children who are, in the main, very young. The vast majority of children **84.5%** were aged **12 years and under**. While children of any age experience a range of difficulties due to the impact of homelessness and related issues, children under the age of 12 and acutely those under the age of five are particularly vulnerable in terms of their developmental needs.

The number of children under the age of twelve in SAAP services in the Northern Region is slightly lower than data recorded in the Victorian average recorded in the SAAP NDCA collection (AIHW, 2001). While the number of children aged 13 to 18 years in the Northern region (16%) was higher than the Victorian average recorded (13%) (AIHW, 2001).

For a further breakdown in age see Appendix C, Table 2: Breakdown of Age by Year.

Graph 6: Cultural Identity of Children Accessing SAAP Services in the Northern Region.



A considerably large proportion, **7%** (51), of children in the study identified as Aboriginal. This is particularly interesting considering that no specific aboriginal services were involved in the study. 7% is well above the average in the general population. The Australian Bureau of Statistics Census Data (2001) reports that across the Northern Region .5% of the general population identify as indigenous, this is consistent with the state wide average, which is also .5%.

Data collected by the **National Data Collection Agency** regarding all clients of SAAP services across **Victoria** reported that **4.9%** of all clients identified as **indigenous** (AIHW, 2001).

37% (273) of children identified as being from Culturally and Linguistically Diverse backgrounds. These children and families are more likely to have additional support needs including language difficulties, educational disadvantage, post traumatic stress, and immigration and related legal issues.

Compared to the Australian Bureau of Statistics Census Data (2001), Northern Region SAAP Services support a high percentage of children from CALD backgrounds. The Census data reports that 28% of people in the Northern Region are born overseas and 32% speak a language other than English.

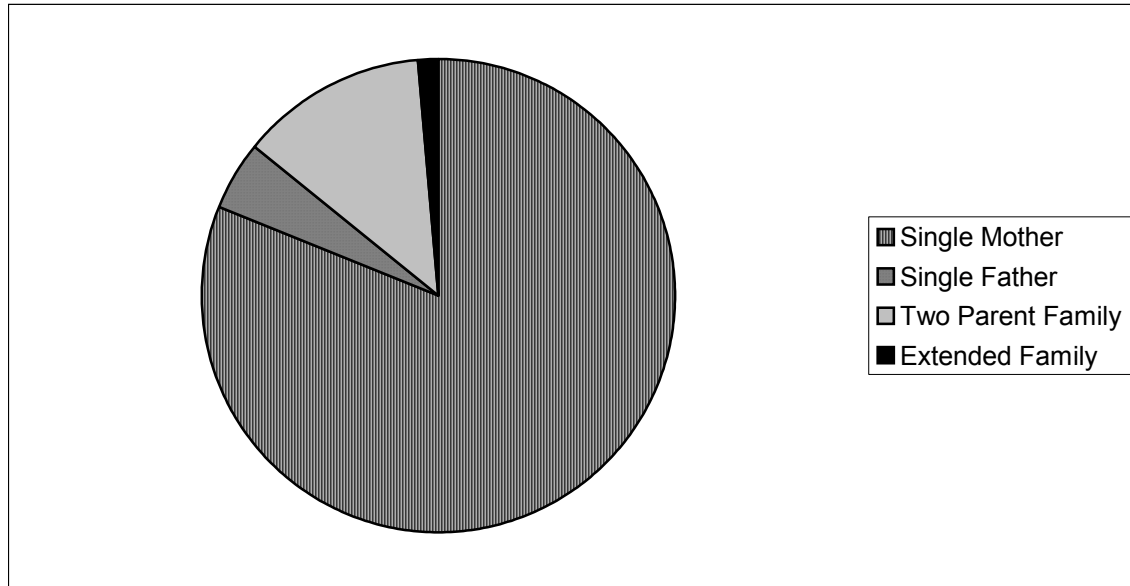
56% (422) of children identified as Anglo Australian.

The data suggests that proportionately, homelessness is a greater issue for families who are not Anglo Australians.

Overall 41 different cultures were identified through this collection (see Appendix C, Table 3 for the detailed breakdown).

Cultural identity was not recorded on 150 (17%) of forms.

Graph 7: Family Structure of Children Accessing SAAP Services.



Generally, this data suggests that SAAP services are working with families that face specific disadvantages with the majority, **86%**, of children are living in **single parent households**.

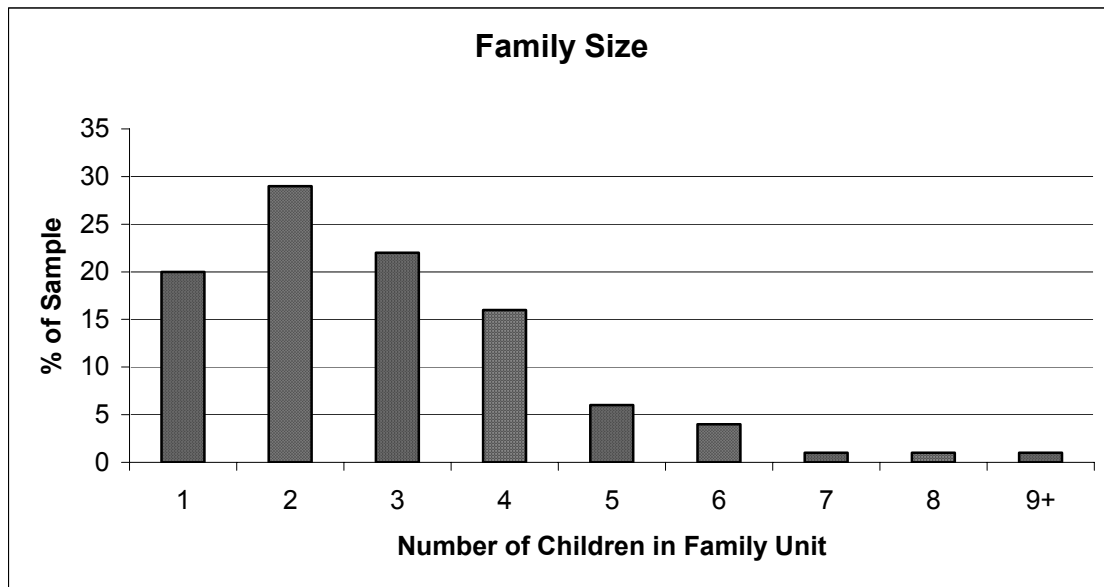
81% (635) live with their **single mother** and **5%** (36) live with their **single father**. Single parent families are particularly vulnerable as they are likely to be parenting without support increasing the stressors and difficulties they experience. Single parent families are also at a considerable economic disadvantage and face greater barriers regarding access to the workforce than two parent families.

13% (100) of children live in a **two parent family**.

1% (11) of children were living with **extended family**, the majority of these children lived with their grandparents.

Family structure was not recorded on 110 forms (12%)
Four children were recorded as living in out of home care (DHS).

Graph 8: Family Size of Children Accessing SAAP Services.



20% (150) of children were recorded as being the only child in their family.

29% (218) of children came from a family with two children.

22% (164) of children came from a family with three children.

16% (119) of children came from a family with four children.

6% (46) of children came from a family with five children.

4% (31) of children came from a family with six children.

1% (10) of children came from a family with seven children.

1% (8) of children came from a family with eight children

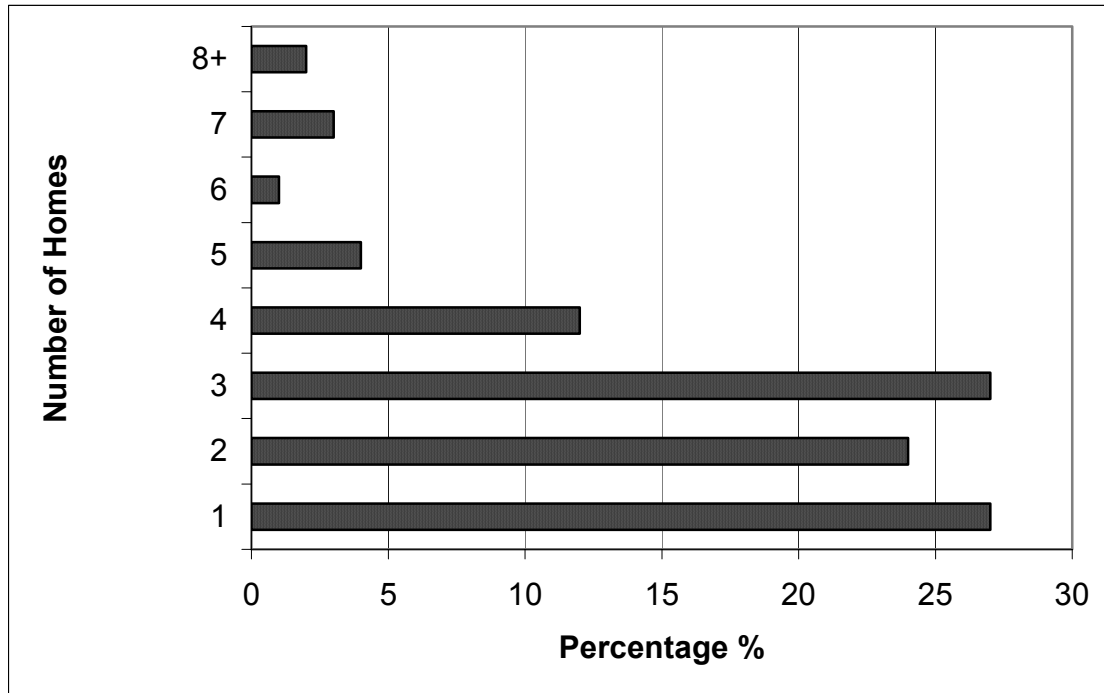
1% (10) of children came from a family with nine or more children.

80% of children had at least one sibling, therefore SAAP services are, in the vast majority, supporting more than one child per adult, increasing the complexity of their caseloads.

A relatively large percentage of children **29%** (224) lived in large family groups of **four or more children**. Larger families are at a disadvantage regarding access to appropriate housing, with limited Transitional Housing and Public Housing stock catering for families with many children. These families are likely to be supported by SAAP services for longer periods due to the lack of exit options. Larger families can also face greater economic disadvantage.

Information regarding family size was not recorded on 139 (15.5%) forms.

Graph 9: Homes Occupied by Children Accessing SAAP Services.



Northern Region SAAP services reported that they supported:

- 185 (27%) children had **one home** in the past year.
- 164 (24%) children had **two homes** in the past year.
- 180 (27%) children had **three homes** in the past year.
- 79 (12%) children had **four homes** in the past year.
- 30 (4%) children had **five homes** in the past year.
- 8 (1%) children had **six homes** in the past year.
- 17 (3%) children had **seven homes** in the past year.
- 10 (2%) children had **eight or more homes** in the past year.

It is evident that children accessing SAAP services have, in the majority, experienced a great deal of transience, which impacts on the consistency of support they receive. **50%** of the sample occupied **three or more homes** in the past 12 months.

Disturbingly, **22%** of children occupied **four or more homes** in the past year.

Four Children were recorded to have had **ten homes** in the last year and one child was recorded to have occupied **16 homes** over the past year.

This level of transience places children at a serious disadvantage, particularly in relation to access to adequate physical and mental health care, education and community support systems. Transience also prevents children from developing and maintaining supportive peer support relationships and increases barriers to accessing recreation services.

This information was not recorded on 223 forms (25%)

Table 9: Number of Homes Occupied in the past year by Age of Children Accessing SAAP Services.

Age	Number of Homes								Total Children
	1	2	3	4	5	6	7	8+	
0-2	56	50	33	19	3	2	1	0	164
3-5	33	35	46	19	3	0	1	2	138
6-8	23	24	31	10	6	0	3	1	98
9-11	22	16	26	11	10	3	5	1	93
12-14	25	13	20	9	4	2	1	1	75
15-18	21	13	14	3	1	0	3	3	58
Total Homes	181	152	170	71	28	8	14	10	634

Of all children aged **0 to 2** years, **36%** occupied **three or more homes** in the past year. For this age group, transience poses particular barriers to adequate general and maternal and child health care. Children of this age are particularly vulnerable to developmental delay as a result of external life stressors, this level of transience would make it very difficult for children to get adequate support in this area.

51.5% of children aged **3 to 5** years occupied **three or more homes** in the past year, placing them at particular disadvantage in accessing community support regarding their health, early education and developmental needs.

52% of children aged **6 to 8** years occupied **three or more homes** in the past year. Children of this age group face great barriers to accessing consistent education. Anecdotally, it is known that children in SAAP services have a higher incidence of absenteeism; with this level of transience it is clear that ongoing access to schooling would be difficult.

Of children aged between **9 and 14** years, **55%** occupied **three or more homes** in the past year and children aged **15 to 18** years occupied **three or more homes** in **40%** of cases. Young people in this age group are increasingly reliant on developing supportive peer relationships and require access to a range of recreational and educational experiences. These needs can be unmet as a result of this level of transience.

There are some discrepancies between this table and the Number of homes graph, due to the incidence of information on age and number of homes recorded, this information was not recorded on 262 (**29%**) of forms.

Table 10: Number of Schools Attended by Children Accessing SAAP Services according to Age.

Age of Child	Number of Schools Attended										
	1		2		3		4		5+		TOTAL
5 – 7	45	54%	24	29%	11	13%	1	1%	2	3%	83
8 – 12	70	49%	45	32%	23	16%	1	1%	3	2%	142
13 – 15	34	53%	23	36%	5	8%	2	3%	0	0	64
16 – 18	7	50%	2	14%	4	29%	1	7%	0	0	14
TOTAL	156		94		43		5		5		303

Overall 147 (**48.5%**) of children have attended **two or more schools**. While some of this movement can be expected, this result suggests that children accessing SAAP services experience some disruption to their education. **17%** of children have attended **three or more schools**.

Disruption to education can seriously undermine the ability of children to achieve their scholastic and social potential and greatly impacts their future employment opportunities which can contribute to the perpetuation of the cycle of homelessness.

Out of 458 children of school age, 303 forms were received recording information on school attendance (66%).

Number of Kindergarten’s Attended by Children Accessing SAAP Services

Interestingly, out of the 575 children aged 3 years and above, only 60 forms recorded information relating to attendance at a Kindergarten. As such the following data is based on a small sample of 10% of the eligible sample.

The data received shows that in total **49** children attended **one kindergarten**, **9** children have attended **two kindergartens** and **2** children have attended **3 kindergartens**.

The low response rate to this data point can be explained in a number of ways. It suggests that many children in SAAP services have not had access to early childhood education services. This is of particular concern as children who have not attended any form of kindergarten can face added educational disadvantages once in school. A lack of access to Kindergarten may also place added stress on parents, particularly single parents, who do not experience the brief respite it can provide.

Some children may have received a kindergarten service within their childcare facility, however the majority of childcare services recorded were for children younger than 2.

There is also a concern that the majority of SAAP services may not be seeking information on kindergarten attendance, suggesting that a thorough assessment of the child’s history and current needs is not being undertaken, due to a lack of resources and training in this area.

Table 11: Attendance at Childcare Services by Children Accessing SAAP According to Age

Age of Children	Number of Childcare Services Attended			TOTAL
	1	2	3+	
0 – 2 years	24	11	2	37
3 – 5 years	19	11	4	34
6 – 12 years	5	1	3	9
13 – 18 years	1	1	0	2
TOTAL	49	24	9	

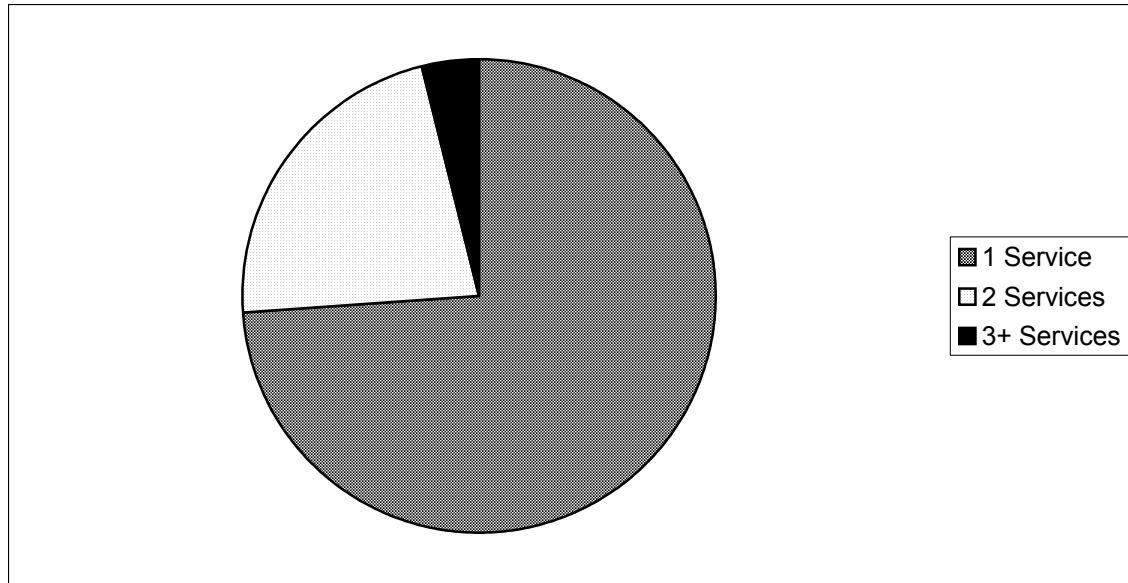
Only 82 (10%) of children’s forms recorded information regarding childcare. This can be explained by the fact that children in low income and transient families have a lack of access to childcare services. Childcare is unattainable for many families in the general community due to an acute shortage of vacancies, for families without stable accommodation childcare is near impossible to access without support. Costs of childcare are prohibitive for families existing on a fixed low income. In addition, many families feel they may be judged by childcare professionals and have a fear that accessing these services may leave them open to protective services involvement, contributing to the general reluctance to access childcare.

A lack of access to childcare impacts on parenting stressors as it removes a useful regular respite and parenting support option to parents.

We must also consider the possibility that SAAP services, in the majority, are not collecting this type of information, again this suggests that SAAP services do not have the resources to adequately assess children’s educational history and current needs. It further suggests that training in the assessment of children’s needs may be required.

Within the collection, services were asked to record the number and type of service that had supported the child in the past six months.

Graph 10: Services Supporting Children in the past six months.



Data recorded showed that **215 children (24%)** had received a total of **284 support episodes** from a range of services in the **past six months**. The following percentages are based on the children that had received some support from another service in the past six months, which is considerably less than half of the total sample.

74% of children were supported by one service, **22%** of children were supported by two services and **4%** of children were supported by three or more services in the past six months.

This data suggests that the overwhelming majority (**76%**) of children accessing SAAP services **did not have contact with any other services in the past six months**. This is concerning considering the level and complexity of need some children are presenting to SAAP agencies with.

The result may further be explored in the context of a general lack of thorough assessment of children occurring upon entry into a SAAP service. Under resourced services and workers may not have sought this information from children and families.

Additionally, this data point requires a time commitment on the part of the worker, who may have to access information from the file or other services to provide the information. Workers may not have been able to complete this section for that reason.

From the information received, a further breakdown of the type of services that have supported children in SAAP is available in Appendix C: Services Supporting the child in the past six months.

Table 12: Services Supporting the Child in the Past Six Months

Type of Service	Incidence of Support	Percentage of Children
Health Service	63	22
Child Protection	60	21
Other SAAP Service	52	18
Domestic Violence Service	45	16
Non SAAP Service	43	15
Counselling/Mental Health Service	14	5
Cultural Specific Service	4	2
Child Care	3	1
TOTAL	284	100

It is concerning that **21%** of the children receiving a service in the past, had contact with **Child Protection** and **16%** from a **Domestic Violence Service**. This information speaks to the vulnerability of children accessing SAAP services.

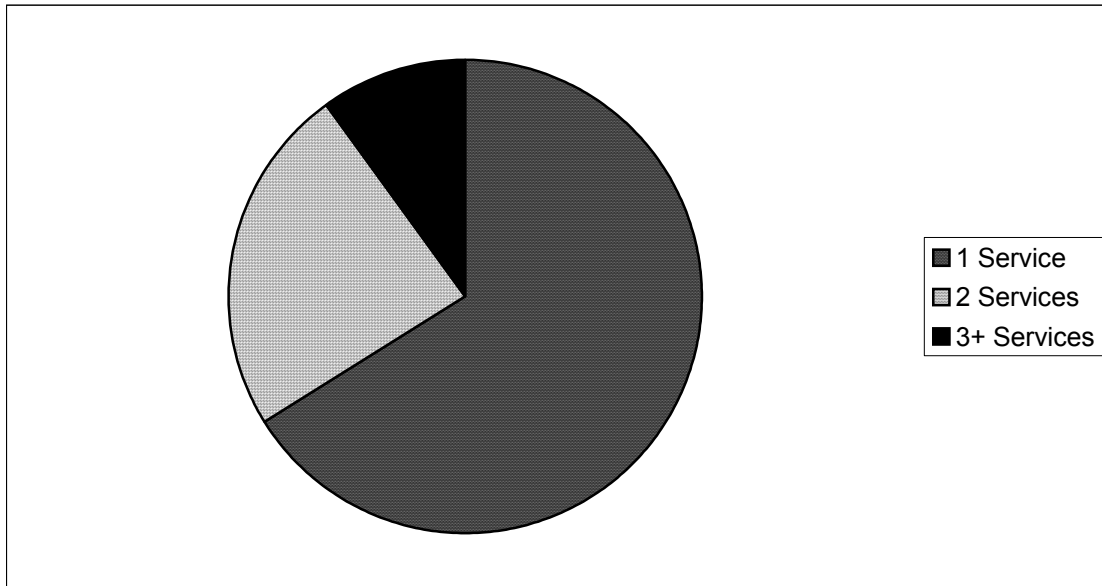
Interestingly, 18% of children had received support from another SAAP service prior to their current SAAP support period. This result highlights a number of possibilities. For a percentage of the homelessness population, a high level of transience precludes them from accessing ongoing consistent support, travelling between regions and even states increases the likelihood that families will come into contact with more than one SAAP service. Current expectations on SAAP services in terms of length of support periods and set targets can often impede clients from receiving the level of support they may require, and they may be exited from a program before they are ready.

Of the health services recorded, 58 children were supported by general health services, 3 children were supported by allied health professionals including, namely speech pathology, and 2 children were supported by Drug and Alcohol services in the past.

A further breakdown of services included in the ‘Non-SAAP services group’ is provided in Appendix C: Services Currently Supporting Children Accessing SAAP Services.

SAAP Agencies involved in the collection were also asked to record information on the number and type of services **currently** supporting the children in their service. This information may also include any linkages they may have made on behalf of the child during the support period to date.

Graph 11: Services currently supporting children accessing SAAP Services.



321 (**36%**) of children were identified as **currently receiving 465 incidences of support** from a range of support agencies. The increased incidence of support received by children in SAAP currently as opposed to in the past six months, suggests that SAAP agencies have improved access and linkages to other services for children they are supporting.

66% of children are currently being supported by one service in addition to the support provided by a SAAP agency.

24% are currently being supported by two services and **10%** of children are currently being supported by three or more services in addition to the support provided by a SAAP agency.

While linkages increase in the current category, it is still of some concern that the vast majority of children (575), **64%**, do not appear to be in contact with any other services apart from SAAP. This suggests that children are not receiving the level of assessment and subsequent support they require to meet their considerable needs.

Table 13: Services Currently Supporting Children in SAAP by Funding Source

Service Type	Incidence of Support by Funding Source						TOTAL	
	Family		DV - Refuge		Other			
Health Service	50	17%	30	24%	85	18%	165	35%
Child Protection	24	8%	16	13%	62	13%	102	22%
Other SAAP Service	11	4%	11	9%	45	10%	67	14%
Domestic Violence Service	7	2%	72	58%	15	3%	94	20%
Non SAAP Service	4	1%	0	0	8	2%	12	2.5%
Counselling/Mental Health Service	1	.3%	0	0	11	2%	12	2.5%
Cultural Specific Service	0	0	0	0	3	1%	3	1%
Child Care	7	2%	0	0	1	.2%	8	2%
Disability Service	1	.3%	0	0	1	.2%	2	1%
TOTAL	105		129		231		465	

Percentages are based on the proportion of all children receiving support from each funding source who received other service support (i.e. the incidence of support received by children supported by family funded services was divided by 300, the total number of children receiving support from those services). This highlights the percentage of children in each funding source to have access to services other than SAAP.

Proportionately, Domestic Violence Refuges supported children who received the greatest support from other community / government agencies. Having access to a child specific worker certainly appears to benefit the linkages made on behalf of children.

Interestingly, **58% of children supported by DV Refuge funded services are currently linked in to Domestic Violence Services.** It may be that children are being linked into specific children’s and/or outreach support programs, or it may be that some services considered their own service as a link. If the later is the case this result must be viewed with caution.

Services funded through ‘other’ sources were more likely to support children with increased linkages to their community than Family funded services. A greater percentage of children supported by services in the ‘other’ category had current contact with the majority of service types when compared to Family funded services.

The high incidence of current contact with Child Protection Services by children supported by services across all funding sources is a concern and speaks to the vulnerability of the children accessing SAAP services.

The high incidence of contact with primary support services including health services and child protection suggests that SAAP services are meeting the immediate, critical needs of children. While other needs such as mental health / counselling, education, childcare may be overlooked considering the low incidence of current contact children have with these supports. This explanation adds weight to the issue of a lack of resources and thorough assessment of children in SAAP.

A further breakdown of services in each category can be found in the appendix.

Table14: Number of Services supporting Children in SAAP Services by Age of Child.

Age of Child	1 Service	2 Services	3+ Services	TOTAL
0 –5 Years	115	76	30	221
6 – 12 Years	87	46	21	154
13 – 18 Years	32	12	9	53
TOTAL	234	134	60	

31% (115) of all **0 to 5 year olds** involved in the collection have received support from one other service either currently or in the past six months, slightly lower proportions of **6 to 12 year olds (30%)** and **13 to 18 year olds (26%)** have received the same level of contact.

While **20%** of children aged **0 to 5 years** had **past or current contact with two other services**, only **16%** of children aged **6 to 12 years** and **10%** of children **13 – 18 years** had the same level of support. Results were comparable across age groups for children who were in past or current contact with three or more services, around **7%**.

Participating agencies were asked to provide brief assessment and overview of the parents presenting issues.

Table 15: Incidence of Presenting Issues of Parents of Children in SAAP Services

Parent Issue	Number of Children	Percentage of Children
Financial Difficulty	632	82
Domestic Violence	420	55
Parenting Difficulties	336	44
Health	281	36.5
Legal	236	31
Substance Abuse	212	27.5
Mental Health	195	25
Itinerant	154	20
Recent Arrival to Australia	68	9
Other	61	8
Gambling	35	6
Intellectual Disability	11	1.5
Physical Disability	4	.5

Not surprisingly, a high percentage (**82%**) of parents presented with **financial difficulty**. **20%** of parents were reported to be **itinerant**.

Over half of parents (**55%**) have experienced **Domestic Violence**, suggesting that a great number of children have witnessed violence in the home.

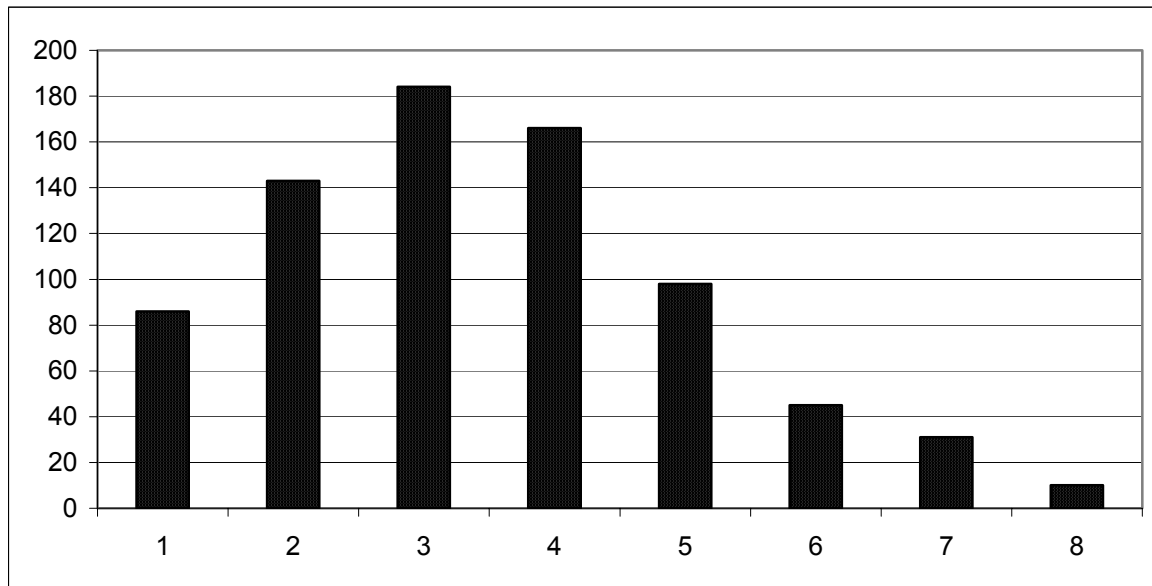
36.5% of parents had significant **health issues**, while **25%** experienced **mental health** issues. **27.5 %** of parents were reported to have **substance abuse issues**.

The data highlights the fact that the parents of in SAAP have complex needs that can impact on their ability to adequately support and parent their children. The higher the support needs of the parent the greater the likelihood is of the child’s needs not being adequately addressed within the family and unfortunately within SAAP services due to caseload ratios and limited resources.

A further breakdown of parent issues grouped in the ‘other’ category can be found in Appendix C: Breakdown of Presenting Support Issues for Parents of Children in SAAP Services.

Parents Issues were not recorded on 127 (14%) forms.

Graph 12: Number of Parent Issues per Child Supported by a SAAP Service



- 86** Children (11%) have a parent who presented with one issue.
- 143** Children (19%) have a parent who presented with two issues.
- 184** Children (24%) have a parent who presented with three issues.
- 166** Children (22%) have a parent who presented with four issues.
- 98** Children (13%) have a parent who presented with five issues.
- 45** Children (6%) have a parent who presented with six issues.
- 31** Children (4%) have a parent who presented with seven issues.
- 8** Children (1%) have a parent who presented with eight issues.

The data shows that **70%** of children lived with a parent who had **three or more** support issues. Almost one quarter (**24%**) of children live with parents who have **five or more** issues. This highlights the fact that the vast majority of children in SAAP live in families and with parents whose own complex support needs could compromise their ability to provide sufficient support to their children.

When parents are dealing with their own issues it is difficult for them to meet the needs of their children. Some children may take on parenting roles and responsibilities to meet the needs of their younger siblings and their parents. Children are particularly vulnerable when they are trying to cope with not only their own experience of homelessness but also vicariously, their parents issues. A further concern is that their needs may not be best met by an under resourced SAAP service system.

This information was not recorded on 127 (14%) of forms.

Table 16: Number of Parent Issues by Age of Child

Number of Parent Issues	Age of Children					
	0 – 5		6 - 12		13 - 18	
1	38	11%	28	11%	12	11%
2	80	23%	37	14%	19	17%
3	74	22%	73	29%	25	23.5%
4	73	21%	49	19%	25	23.5%
5	42	12%	36	14%	14	13%
6	17	5%	19	7%	5	5%
7	16	5%	9	4%	5	5%
8	3	1%	5	2%	2	2%
TOTAL	343		256		107	

Results are relatively comparable across all age groups, with the majority of children living with a parent who has three or more support needs. This is of particular concern for the 0 to 5 year old age group who are very vulnerable in terms of needing parental support to meet their basic needs. Children aged 6 to 12 and 13 to 18 years are also at risk, if they are not receiving adequate support within the home.

It appears **children living with a parent with only one support issue** are a minority (**11%**) across all age groups.

The child's age in conjunction with their parent's issues was not recorded on 190 (21%) forms.

Table 17: Incidence of Support Required by Children Accessing SAAP Services.

Support Type	Support Needed by Child	
General Liaison / Advocacy	373	54%
Counselling / Emotional Support	340	49%
Transport	301	44%
Childcare	116	17%
Assistance with Education	219	32%
Developmental Delay	21	3%
Health	305	44%
Recreation	223	32%
Assistance overcoming Isolation	73	11%
Assistance with Behavioural Issues	117	17%
Assistance with Accommodation	482	70%
Material Aid	385	56%
Financial Aid	334	48%
Assistance with Care and Protection Issues	105	15%
Assistance with Access	65	9%
Foster Care	16	2%
Assistance dealing with Parents Issues	83	12%
Cultural Issues	117	17%
Drug and Alcohol	8	1%
Assistance with Physical and/or Intellectual Issues	12	2%
Other	6	1%

A total of **3701 support needs** were identified through this collection, an **average of five issues per child** (based on children where information was recorded). These results draw attention to the level of complexity of need experienced by children accessing SAAP services.

Not surprisingly, **70%** of children presenting at SAAP agencies required **support regarding accommodation**. A high percentage of children were also in need of **material (56%) and financial (48%) aid**.

49% of children required **counselling and emotional support** during their time at a SAAP service, demonstrating the intensity of emotional difficulty that many children experience as a result of homelessness and related issues. A high percentage of children accessing SAAP also required **assistance with behavioural issues (17%) and assistance overcoming isolation (11%)**.

Many children accessing SAAP had particular difficulty dealing with **parental mental health and substance abuse issues**, with **12% of children requiring support in this area**. **15%** of children required **assistance regarding care and protection**, namely support accessing and liaising with child protection services.

Health needs were also high, with **44%** of children requiring assistance in this area. Many children were also in need of assistance with **educational issues, 32%**.

Recreation needs were also very high, **32%** of children in SAAP required support in this area.

A further breakdown of support categories can be found in Appendix C: Tables 4 through to 9.

Information regarding the child's presenting support needs was not recorded on 207 (23%) of forms.

Table 18: Gender and Type of Support Needed

Support Type	Support Needed by Child			
	FEMALE		MALE	
General Liaison / Advocacy	204	47%	146	42%
Counselling / Emotional Support	203	47%	124	35%
Transport	166	38.5%	124	35%
Childcare	70	16%	44	13%
Assistance with Education	124	29%	85	24%
Developmental Delay	8	2%	11	3%
Health	129	30%	140	40%
Recreation	126	29%	94	27%
Assistance overcoming Isolation	39	9%	23	7%
Assistance with Behavioural Issues	55	13%	59	17%
Assistance with Accommodation	252	58%	189	54%
Material Aid	206	48%	159	45%
Financial Aid	176	41%	144	41%
Assistance with Care and Protection Issues	55	13%	42	12%
Assistance with Access	39	9%	25	7%
Foster Care	8	2%	8	2%
Assistance dealing with Parents Issues	51	12%	28	8%
Cultural Issues	67	16%	48	14%
Drug and Alcohol	6	1%	2	.5%
Assistance with Physical and/or Intellectual Issues	5	1%	7	2%
Other	2	.5%	4	1%

Female children required greater support in almost every category when compared to male children.

Two notable exceptions include, assistance with health issues and behavioural issues. **Boys** required considerably **more support regarding health issues (40%)** compared to girls (30%). **Boys** also required **greater support regarding behavioural issues (17%)** than girls (13%). These results suggest that these issues are greater for males than females.

A large discrepancy exists between the perceived need for female and male children regarding **counselling and emotional support**, with **girls** identified as needing this type of support in **47%** of cases and **boys** in **35%** of cases.

The child's perceived need for the various support types was identified by workers in SAAP services. It is difficult to believe that consistently girls require more support than boys across this range of issues. We may therefore speculate that workers may have difficulty in engaging male children as opposed to female children, resulting in the support needs of females being more easily identified than males.

Societal stereotypes may also play a role here, with male children feeling less able to receive and accept support than female children.

Percentages are based on the total number of female children (431) and male children (350) participating in the study.

This information was not collected on 115 (13%) of forms.

Table 19: Age and Support Needed by Child

Support Type	Age of Child					
	0 – 5 Years		6 – 12 Years		13 – 18 Years	
General Liaison / Advocacy	139	37%	130	46%	54	44%
Counselling / Emotional Support	105	28%	142	50%	64	52%
Transport	156	42%	98	34%	37	30%
Childcare	93	25%	17	6%	2	2%
Assistance with Education	57	15%	108	38%	40	33%
Developmental Delay	14	4%	4	1%	1	1%
Health	185	50%	76	27%	33	27%
Recreation	101	27%	80	28%	37	30%
Assistance overcoming Isolation	27	7%	23	8%	12	10%
Assistance with Behavioural Issues	54	15%	41	14%	17	14%
Assistance with Accommodation	219	59%	172	60%	60	49%
Material Aid	187	50%	127	45%	50	41%
Financial Aid	157	42%	124	44%	39	32%
Assistance with Care and Protection Issues	55	15%	31	11%	9	7%
Assistance with Access	36	10%	26	9%	16	13%
Foster Care	9	2%	5	2%	2	2%
Assistance dealing with Parents Issues	29	8%	32	12%	16	13%
Cultural Issues	48	13%	50	18%	18	15%
Drug and Alcohol	5	1%	0	0	2	2%
Assistance with Physical and/or Intellectual Issues	6	2%	5	2%	0	0
Other	2	1%	2	1%	3	2%

The provision of general liaison and advocacy featured largely in each age group with children aged 6 to 12 years requiring the most support in this area.

The data suggests that children aged **0 to 5 years** required **almost half the support of that required by children in other age groups in the area of counselling and emotional support**. As it is unlikely that children aged 0 to 5 are better able to cope with the emotional stressors of homelessness and related issues than older children we must consider other possibilities. It may be that workers are better able to identify this support need in older, more verbal children. Training may be required in this area. It may also be attributed to the fact that there is fewer support and referral options available for children under the age of five years.

Younger children needed greater support regarding their health, this category includes maternal and child health which may go some way to explaining the discrepancy between the age groups.

It seems that the younger the child, the greater the likelihood they will be in need of assistance with **Care and Protection issues**, **15%** of children aged **0 to 5 years** required assistance in this area, while **11%** of children aged **6 to 12 years** and **9%** of children aged **13 to 18 years** required support in this area.

It is not surprising that children aged **0 to 5 years** required much **greater support in the area of childcare**. Likewise, **children over the age of five required greater support with education**.

Percentages are based on the total number of children identified in each age group, aged 0 to 5 years (371), 6 to 12 years (285) and 13-18 years (123).

Information on the age and support needs of the child were not recorded on 252 (28%) forms.

Table 20: Culture and Support Needed by Child

Support Type	Culture of Child					
	Aboriginal		CALD		Anglo Australian	
General Liaison / Advocacy	18	45%	139	60%	185	58%
Counselling / Emotional Support	26	65%	140	60%	146	45%
Transport	17	42%	148	63%	130	40%
Childcare	2	5%	55	24%	57	18%
Assistance with Education	17	42%	99	42%	95	30%
Developmental Delay	2	5%	8	3%	10	3%
Health	19	47%	130	56%	121	38%
Recreation	15	37%	111	48%	97	30%
Assistance overcoming Isolation	2	5%	26	11%	19	6%
Assistance with Behavioural Issues	5	12%	54	23%	59	18%
Assistance with Accommodation	31	77%	184	79%	185	57%
Material Aid	20	50%	157	67%	181	56%
Financial Aid	22	55%	132	57%	160	50%
Assistance with Care and Protection Issues	13	32%	45	19%	44	14%
Assistance with Access	2	5%	32	14%	30	9%
Foster Care	3	7%	3	1%	10	3%
Assistance dealing with Parents Issues	9	22%	27	12%	44	14%
Cultural Issues	9	22%	133	57%	1	.3%
Drug and Alcohol	1	2%	2	1%	5	2%
Assistance with Physical and/or Intellectual Issues	0		5	2%	4	1%
Other	0		0		4	1%

In general the data suggests that children from Culturally and Linguistically Diverse backgrounds presented with more support issues, closely followed in most support types by children identifying as aboriginal.

Notably **aboriginal children** were almost twice as likely to require support regarding **care and protection issues (32%)** than children from **CALD backgrounds (19%)** and more than twice as likely than **Anglo Australian children (14%)**.

Children from **CALD (60%)** and **aboriginal (65%)** cultures were also much more likely to require support regarding **counselling and emotional support** than **Anglo Australian children (45%)**. Similarly these children were identified as needing greater support in the areas of education and health.

Data was collected from 40 (78%) of the aboriginal population in the collection, 328 (71%) of the CALD population involved in the collection and 321 (76%) of the Anglo Australian

population participating in the study. Percentages reflected in the table above, are based on this information.

Information on Culture and Support needed by child was not entered in 302 (34%) forms.

Table 21: Number of Support Issues of Children in SAAP Services

Number of Support Issues	Number of Children	Percentage of Children
1	130	19
2	74	11
3	77	11
4	80	12
5	55	8
6	52	7.5
7	41	6
8	38	5.5
9	35	5
10	21	3
11	21	3
12	15	2
13	15	2
14	13	2
15	8	1
16	4	.7
17	2	.3
18	1	.1
19	2	.3
20	1	.1
21	2	.3
22	1	.1
23	1	.1
TOTAL	689	100

Disturbingly **70%** of children accessing SAAP services presented with **three or more support needs**, **47%** presented with **five or more support needs** and **15%** of children had **ten or more support issues**. This data exemplifies the level and complexity of need in children experiencing homelessness.

An average of five support issues were identified per child.

Table 22: Number of Children’s Issues by Number of Parent’s Issues

Number of Children’s Issues	Number of Parent Issues								
	1	2	3	4	5	6	7	8	TOTAL
1	26	32	14	8	8	3	1	3	95
2	12	11	19	11	9	-	-	-	62
3	10	14	20	10	4	3	1	-	62
4	6	10	22	19	8	2	5	-	72
5	1	8	21	18	2	-	2	-	52
6	3	6	17	8	6	3	1	1	45
7	1	5	17	13	2	1	-	-	39
8	-	8	6	12	9	2	-	1	38
9	-	2	7	9	9	7	1	-	35
10 +	-	6	11	24	31	12	19	3	106
TOTAL	59	137	154	132	88	33	30	8	

The data shows that in the vast majority of cases, children presented with the same number or more issues than their parents. As the number of parents issues increase, the number of children’s issues increases in the majority of cases.

Table 23: Provision of Support to Children Accessing SAAP Services

Support Type	Support Needed by Child		Support Provided by a SAAP Agency		Support Referred to other Service		Support Not Provided or Referred	
General Liaison / Advocacy	373	54%	346	93%)	38	6%	16	4%
Counselling / Emotional Support	340	49%	265	78%)	98	29%	36	11%
Transport	301	44%	295	98%)	4	1%	3	1%
Childcare	116	17%	76	66%)	52	45%	8	7%
Assistance with Education	219	32%	186	85%)	75	34%	8	4%
Developmental Delay	21	3%	14	67%)	13	62%	2	10%
Health	305	44%	187	61%)	149	49%	19	6%
Recreation	223	32%	213	96%)	14	6%	6	3%
Assistance overcoming Isolation	73	11%	54	74%)	11	15%	12	16%
Assistance with Behavioural Issues	117	17%	88	75%)	45	38%	2	2%
Assistance with Accommodation	482	70%	395	82%)	155	32%	23	5%
Material Aid	385	56%	346	90%)	124	32%	23	5%
Financial Aid	334	48%	280	84%)	109	37%	6	2%
Assistance with Care and Protection Issues	105	15%	91	87%)	33	31%	4	4%
Assistance with Access	65	9%	51	78%)	19	29%	2	3%
Foster Care	16	2%	12	75%)	12	75%	1	6%
Assistance dealing with Parents Issues	83	12%	59	71%)	12	14%	17	20%
Cultural Issues	117	17%	98	84%)	31	26%	9	8%
Drug and Alcohol	8	1%	3	38%)	4	50%	1	12%
Assistance with Physical and/or Intellectual Issues	12	2%	5	42%)	6	50%	3	25%
Other	6	1%	0	0	4	67%	2	33%

This table shows that SAAP services provided support to children across a range of issues in the majority of cases. A limitation of this study is that it is not clear what specific interventions were provided. Therefore the definition of support may vary across agencies and support types. In many cases we can speculate that agencies included, in their definition of support, contact made with other agencies regarding that issue.

Referrals made on behalf of children did not occur in the majority of cases across most issues. Exceptions included specific support issues such as developmental delay, physical and intellectual disability and drug and alcohol issues.

The low level of referral is concerning across some support issues. Given the generalist nature of SAAP support, we would expect that issues such as assistance regarding counselling and behavioural issues would be referred in greater quantities if the needs of children are to be met adequately. This information coupled with the fact that children are, in the main, not receiving thorough assessments is particularly concerning.

The lack of referrals may also point to the lack of support options available to children.

While it is concerning that across most support issues at least some children did not receive support from the SAAP agency or a referral to get their needs met elsewhere, in most instances this involved a low percentage of children.

Notably, **11% of children requiring counselling and emotional support were not supported in any way** with this issue. Likewise, **20% of children requiring assistance with their parent's mental health and/or drug and alcohol issues and 16% of children requiring support overcoming isolation did not received support** regarding these issues.

These results suggests that in some instances SAAP services have real difficulty meeting the support needs of children, this is likely due to the lack of resources afforded the majority of SAAP services and potentially a lack of training. Regardless of the cause, it is clear that children experiencing homelessness are disadvantaged by the current limitations of SAAP.

Table 24: Referrals Made on behalf of children in SAAP Services

Referral Type	Successful	Unsuccessful	Information not provided	Total Referrals
Child Care	11	8	30	49
Health Service	79	27	91	197
Housing Support	45	31	105	181
Other SAAP Service	36	6	48	90
Counselling / Mental Health Support Service	8	3	44	55
Recreation	6	2	16	24
School / Education Support Service	24	10	33	67
Material / Financial Aid Support	32	6	85	123
Culturally Specific Support Service	6	2	17	25
Non SAAP Family Support Service	40	5	52	97
Legal Support Service	4	-	11	15
Domestic Violence Support Service	2	6	14	22
DHS Child Protection	2	6	68	76
Disability Support Service	1	1	4	6
Drug and Alcohol Service	4		10	14
Prison Support Service	-	-	1	1
TOTAL	300	113	629	1042

In total, of the **3701 support issues identified, 1042 referrals were made (28%)**. **72%** of support issues are not being referred, leading us to question whether SAAP services are resourced appropriately to be able to provide children with adequate support and ongoing case planning.

Services that were most often referred to included health services, housing / accommodation services and material and financial aid services.

Interestingly, **counselling and mental health services were referred to on relatively few occasions**, particularly when considering the large need in this area.

Of the **1042 referrals made, 300 (29%) were reported to be successful**, meaning that children received support from the service referred to. **113 (11%) referrals were considered unsuccessful**, meaning that children did not receive a service from the agency referred to.

In the majority of cases **(60%) information was not provided on the outcome of the referral.** This makes the data difficult to interpret with certainty. Services were also offered the opportunity to record the amount of time the child waited for service from the agency referred to and the reason why a referral was unsuccessful. The majority of services involved in the collection consistently left these data points blank.

As is evidenced by the low totals in the graph, data on referrals made on behalf of children was also not collected on the majority of forms.

DISCUSSION AND RECOMMENDATIONS

The results of this special data collection highlight the fact that children accessing SAAP services with their parents are a vulnerable group requiring specific support across a wide range of issues. It is clear that SAAP services try hard to meet the considerable needs of this target group, it is also apparent that the vast majority of services are providing this support with few resources. This project draws attention to the need for a greater commitment to the rights of children experiencing homelessness, on behalf of the SAAP sector and the funding bodies.

Resources

The majority of children in SAAP services are supported by agencies that are not provided with additional funding or recognition that this work is occurring. It is clear that the lack of resources available to services greatly decreases the likelihood that children experiencing homelessness will receive the support they require.

Children accessing services are, in the majority, receiving support periods of longer than 3 months. All SAAP services, regardless of funding source, require the acknowledgement that working with children increases the complexity and time required to achieve the desired support outcomes. To this end the Department of Human Services needs to give immediate attention to the length of support periods for families and client to staff ratio's.

Implications to practice within SAAP Services

The lack of linkages made on behalf of children in SAAP services is a concern. While it is acknowledged that services are working with limited resources, the limited referrals made points to a general lack of focus on the needs of children and broadly reflects the fact that most of the time thorough assessment and case planning processes are not completed.

Greater attention is required by individual SAAP services to develop appropriate policy and procedure to ensure that children are receiving the best support a service can provide within the resources they have available. Policy and procedure is required specifically around:

- Case management with children with particular reference to child inclusive practice regarding assessment, case planning and referral.
- Child Protection including clear procedure that will support workers in making appropriate notifications and enable effective communication with parents and children and transparent, rights based, processes.

SAAP services are most often working with young and vulnerable children. As support professionals we are morally responsible for the care and protection of children including ensuring the health and developmental needs of the child are met. SAAP services should ensure that any policy and procedure developed adequately reflects the range of developmental needs of children and that they establish and maintain appropriate links with child specific services to assist them to meet this responsibility.

Support to meet this recommendation is available through the Northern Region Children's Resource Program.

Adequate training to support the implementation of policy and procedure will also be of great benefit to services in their support of children.

The results of this collection reflect the fact that SAAP services work with many children from Culturally and Linguistically Diverse backgrounds. Children from CALD backgrounds were found to have a greater number of support needs than children identifying as Anglo Australian, suggesting they are particularly at risk. Despite this, very few links were made to culturally specific services on behalf of children. SAAP services need to prioritise the development of effective working relationships with CALD services to assist them to provide culturally appropriate support to this vulnerable group.

Notwithstanding the fact that no specific aboriginal support services participated in the study, SAAP services work with a relatively high percentage of indigenous children. Similarly these children were found to have greater support needs when compared to children identifying as Anglo Australian, reflecting their particular vulnerability. SAAP services need to ensure that they make appropriate links with aboriginal specific services to ensure the needs of this vulnerable group are met appropriately.

SAAP services would benefit from specific training regarding working with children from CALD and indigenous cultures. The support of culturally specific services should be sought to provide this resource to workers.

Intriguingly, female children were found to have greater support needs in the majority of categories than male children. While this result may suggest that the experience homelessness and related issues may have a greater impact on females than males, it is more likely to reflect that societal stereotypes impact on the ability of male children to identify their needs and accept support. We must also consider the possibility that SAAP workers are also influenced by these stereotypes and may perceive male children to be less vulnerable. SAAP services should be aware of the potential for the needs of male children to be overlooked or minimised, and encourage workers, parents and children to explore appropriate support options. This issue needs to be considered in the development of any future training for SAAP services regarding the support of children and families.

Links with other Sectors

Relatively few referrals were made to other services within the community on behalf of children; leading us to question the extent of the links individual services currently have in relation to children. We must also view this information in the context of a lack of resources for working with children in the majority of SAAP services and the fact that many other services have long waiting lists and/or referral criteria that prohibits easy access for children experiencing homelessness.

A considerable amount of worker resources can be used to liaise with other services on a local level. While this work is vital, it is also very dependent on individual relationships between professionals and therefore the fruits of this labour are often short lived. Much of the difficulty

arising in communication is as a result of a lack of understanding of each other's respective systems and processes.

Much can be gained by improving working relationships and communication between SAAP and other sectors at a tertiary level. The Regional Department could greatly contribute to a more co-ordinated support system and clearer referral pathways by committing some resources to improving communication processes between the SAAP sector and other key stakeholders invested in meeting the needs of children including:

- Child Protection
- Office of Housing
- Health Services including Maternal and Child Health
- Department of Education
- Mental Health Services.

While some effort and time has been invested in this area, processes to date have been largely ad hoc and unplanned. The region would benefit from a strategic approach to this issue.

Implications for the Development of Departmental Policy and Procedure Guidelines.

There is a lack of clarity regarding departmental expectations of working with children within families experiencing homelessness. While some work has been completed in this area, the majority of publications have been presented as good practice with no consequences to services that do not follow the guidelines. SAAP services require clear and accessible guidelines to both support their work with children and to ensure that the SAAP sector is accountable to meeting the needs of this vulnerable and growing target group.

Specifically, greater clarity is required regarding:

- Case management with children within a family context, particularly concerning appropriate assessment, case planning and case co-ordination. Guidelines regarding case management should pay particular attention to the inclusion of children within the process, increasing the likelihood that support outcomes are relevant and appropriate to the child as well as the family unit.

A well thought out implementation process for new departmental guidelines will also be necessary including the provision of specific training to ensure any policy is followed accurately and SAAP services are supported through what to many agencies is a cultural shift in terms of the way they work.

Further Research

While the Children in SAAP data collection has been very useful in highlighting the issues faced by children experiencing homelessness and the support offered to them by SAAP services, the collection has several limitations.

Further research is necessary to fully understand what type of interventions SAAP services are providing to children. A detailed look at the type of support SAAP services provide across a

range of issues is vital if we are to truly appreciate the current capacity of services to support children appropriately. This information will also be necessary to highlight training needs for SAAP services.

An interesting finding of the children in SAAP data collection was the discrepancy between the numbers of female children and male children receiving support from SAAP services. Additional research is required to examine this issue in more detail.

Female children were considerably more likely to receive support from Domestic Violence Refuges than male children; this result was not related to the age of the child. While this result may be peculiar to this collection, special consideration of this issue by Refuges is warranted.

CONCLUSION

Homelessness can have lasting effects on a child's physical and emotional health, development, education and socialisation. In the absence of adequate support, children suffer serious disadvantage that increases their susceptibility to difficulties that can continue into their adulthood.

The results of this data collection emphasise the many issues that need attention if we are to provide appropriate support to children in SAAP. Not the least of these issues is the lack of resources available to work with children within current funding guidelines. If we are to effectively meet our responsibilities to children in SAAP and provide quality support, service targets, support periods and client to staff ratios require serious thought on behalf of funding bodies.

It is perhaps timely to focus on the quality of service delivery as opposed to the quantity if we hope to have any impact on reducing the immediate effects of homelessness on children. This focus is also imperative as a first line strategy for the future prevention of the inter-generational cycle of homelessness. While the results of the data in this report are cause for concern we can take heart in the knowledge that Northern Region SAAP services and the Department of Human Services have demonstrated their commitment to children. It is patently obvious that the time has come to transform this commitment from rhetoric to real support options for children in SAAP.

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APPENDIX C

Supplementary Data Analysis and Information

Table 1: Programs involved in the Children in SAAP Data Collection by Funding Source

Funding Source	Participating Eligible Programs	Non-Participating Eligible Programs
Family	<ul style="list-style-type: none"> • CAVE • Whittlesea Housing • Merri Outreach Support Services • Crossroads Jacana Family Services • Crossroads Jacana Sunbury Family Services 	0
Cross Target	<ul style="list-style-type: none"> • Banyule Housing Group • Hanover Inner North • Hume City Council Accommodation and Support Services • Merri Outreach Support Service 	<ul style="list-style-type: none"> • Whittlesea Housing Service
Youth	<ul style="list-style-type: none"> • Banyule CHC – Berkana Youth Support Services • Berry Street Youth Housing Program • SVDP Access Youth Support Service • Young Women’s Housing Shopfront • WISHIN • Good Shepherd Youth and Family Services • Catchment Youth Services • Hope Street Refuge • At Last Young Women’s Refuge 	<ul style="list-style-type: none"> • Whittlesea Housing Service
DV – Refuge	<ul style="list-style-type: none"> • Martina’s Women’s Refuge • Georgina’s Women’s Refuge • Mary Anderson Lodge 	<ul style="list-style-type: none"> • Elizabeth Hoffman House • Berry Street – Northern Domestic Violence Outreach Service
DV – Crisis Initiative	<ul style="list-style-type: none"> • Merri Outreach Support Services • Homeground - Outreach Victoria 	<ul style="list-style-type: none"> • Berry Street Domestic Violence Outreach Service
Single Women	<ul style="list-style-type: none"> • Flat Out • WISHIN 	0
Single Men	<ul style="list-style-type: none"> • AHAG 	0

Table 2: Breakdown of Age by Year.

Age in Years	Number of Children	Percentage of Children
Less than 1	72	9
1	60	8
2	68	9
3	63	8
4	55	7
5	53	7
6	34	4
7	54	7
8	30	4
9	59	7.5
10	33	4
11	29	4
12	46	6
13	23	3
14	25	3
15	28	3.5
16	18	2
17	23	3
18	6	1
TOTAL	779	100

Table 3: Breakdown of Culture

CULTURE	Number of Children	% of Children
<i>Aboriginal</i>	51	7
African	2	.3
Anglo Australian	422	56
Arabic	2	.3
Aust/Croatian	3	.4
Aust/Somalian	2	.3
Cambodian	1	.1
Celtic Australian	2	.3
Chilean	2	.3
Chinese	4	.5
Croatian	1	.1
Ethiopian	7	1
European	5	.7
Greek	18	2
Indian	4	.5
Iranian	3	.4
Italian	13	2
Lebanese	28	4
Lebanese/Yugoslavian	7	1
Macedonian	2	.3
Malaysian	3	.4
Maori	9	1
Morocon	2	.3
New Zealander	4	.5
Philipino	9	1
Philipino/Turkish	4	.5
Polish	1	.1
Russian	4	.5
Samoan	16	2
Serbian	4	.5
Somalian	56	7.6
Spanish	4	.5
Sri Lankan	4	.5
Syrian	6	.8
Thai	2	.3
Turkish	19	3
Vietnamese	20	3
TOTAL	746	100

Services Supporting the Child in the Past Six Months

A range of non SAAP Services that supported children in the past were identified, these included:

Family Support Services – 13
Foster Care – 3
Youth Support – 3
Education Support – 8
Employment Support – 2
Legal Services – 2
Office of Housing – 3
Other (not identified) – 9

Services Currently Supporting Children in SAAP Services by Funding Source.

In total 164 children were supported by general health services, 1 child was supported by allied health professionals.

The range of non SAAP Services that supported children in the past included:

Family Support Services – 6
Education Support – 2
Employment Support – 1
Carer Respite – 3

Breakdown of Presenting Issues of Parents of Children in SAAP Services.

Parent Support Issues identified in the 'other' category included:

Language Difficulties – 17 (2%)
Family / Relationship Breakdown – 25 (3%)
Isolation – 3 (.5%)
Discrimination – 1 (.1%)
Literacy/Numeracy – 2 (.3%)
Pregnancy Support – 1 (.1%)
Sexual Abuse – 3 (.5%)
Grief/Loss – 4 (.5%)
Violence – 5 (.7%)

**Incidence of Support Needs of Children Accessing SAAP Services.
Further breakdown of support categories.**

Table 4: Breakdown of Counselling and emotional Support

Type of Counselling Support	Support Needed by Child	Support Provided by SAAP Agency
General Counselling and emotional support	197 (28.5%)	164 (83%)
Family Violence Counselling	103 (15%)	79 (77%)
Sexual / Physical Abuse Counselling	18 (3%)	12 (67%)
Psychological / Psychiatric Services	21 (3%)	9 (43%)
Grief Counselling	1 (.1%)	1 (100%)

Table 5: Assistance with Education

Type of Education Support	Support Needed by Child	Support Provided by SAAP Agency
Liaison with School / Kindergarten	154 (22%)	137 (89%)
Assistance and Support with Absenteeism	22 (3%)	17 (77%)
Assistance and Support with School Refusal / Expulsion	19 (3%)	15 (79%)
Assistance and Liaison with Learning Delay	22 (3%)	15 (68%)
Support re: Race Discrimination in School	2 (.3%)	2 (100%)

Table 6: Breakdown of Health Support

Type of Health Support	Support Needed by Child	Support Provided by SAAP Agency
Health / Medical Services	168 (24%)	86 (51%)
Maternal and Child Health Services	77 (11%)	49 (64%)
Information and Assistance with Nutrition	60 (9%)	52 (87%)

Table 7: Assistance with Parent Issues

Type of Support	<i>Support Needed by Child</i>	Support Provided by SAAP Agency
Assistance with Parents Mental Health Issues	39 (6%)	24 (62%)
Assistance with Parents Drug and Alcohol Issues	44 (6%)	35 (80%)

Table 8: Support Regarding Cultural issues

Type of Cultural Support	Support Needed by Child	Support Provided by SAAP Agency
Culturally Appropriate Services	87 (13%)	70 (80%)
English Language Support	30 (4%)	28 (93%)

Table 9: Support Provided in the Other Category

Other Support Type Provided	Support Needed by Child	Support Provided by SAAP Agency
Family Reunification	4 (.6%)	0
Prison Visitation	1 (.1%)	0
Assistance with Legal Issues	1 (.1%)	0