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The Impact of Homelessness and Inadequate Housing on Children's Health

A position paper by the Faculties of Public Health Medicine
and Paediatrics, Royal College of Physicians of Ireland

November 2019

| | |
|---|----|
| Foreword..... | 2 |
| Executive summary | 4 |
| Recommendations | 6 |
| 1. Policy..... | 6 |
| 2. Service provision..... | 7 |
| 3. Data and research..... | 8 |
| Introduction | 9 |
| What do we mean by Homelessness and Inadequate Housing?..... | 10 |
| Causes of Family Homelessness and Inadequate Housing | 11 |
| Extent of Homelessness and Inadequate Housing | 15 |
| Impact of Homelessness and Inadequate Housing on Children’s Health and Wellbeing..... | 19 |
| Impact of inadequate housing on the physical health of pregnant women and children | 20 |
| Impact of inadequate housing on emotional, mental health and behavioural difficulties | 21 |
| Impact of inadequate housing on access to social and recreational facilities..... | 23 |
| Impact of homelessness on access to health services..... | 24 |
| Impact of homelessness on school experience | 25 |
| Impact of homelessness on relationships with parents | 26 |
| Discussion..... | 28 |
| Conclusions | 31 |
| References | 32 |

Foreword

The Faculties of Paediatrics and Public Health Medicine at the Royal College of Physicians of Ireland collaborated to produce this paper on the impact of homelessness and inadequate housing on the health of children and young people.

The Faculty of Paediatrics is the national training and professional body for paediatricians in Ireland. Paediatricians diagnose and manage health issues affecting infants, children and young people - from birth through adolescence. They work very closely with the child and their family.

The Faculty of Public Health Medicine is the national training and professional body for consultants in public health medicine in Ireland. Members of the Faculty of Public Health Medicine bring a population-based perspective to their work in supporting healthier lifestyles, reducing health inequalities, protecting against communicable diseases and environmental hazards and improving healthcare services.

Members of these faculties see first-hand the health impacts of homelessness on the children and adults to whom they provide care. In providing feedback, colleagues in the Institute of Obstetricians and Gynaecologists expressed their concern for the health of pregnant women who experience homelessness, as well as for infants who start life in temporary accommodation. The paper was accepted by the Council of the Royal College of Physicians of Ireland, Ireland's largest postgraduate medical training body, with over 11,000 members, reflecting the importance of the topic for the health of our children and young people.

Every child has the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child was signed thirty years ago in November 1989. Article 27 states that parties to the Convention must recognise the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. It is timely therefore to review the extent to which this right is being delivered as it relates to access to appropriate housing for all the children of Ireland.

This paper summarises the extent of homelessness and inadequate housing, and the resulting impacts on health. In considering the numbers affected, it is important to remember that while it is

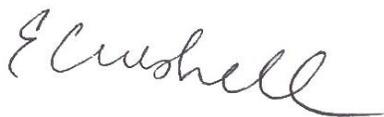
stated in the media that approximately 3800 children are currently homeless, this figure represents the situation on a particular date. Some of these children move to a more stable housing situation over time but others become homeless, so that the total number who experience homelessness is higher if measured over the course of a year, and substantially greater if measured throughout childhood and adolescence.

This report recognises that the health and wellbeing of children is impacted not just by homelessness but also by overcrowded or poor housing, and by frequent moves from one accommodation to another. Homelessness and inadequate housing may cause adverse childhood experiences with resultant mental health effects that may be lifelong.

There is an extensive literature on the health inequities and substantially lower life expectancy of those on the lowest incomes compared to those who have better access to education and resources. Such differentials in health experience are likely compounded by the effects of homelessness and inadequate housing.

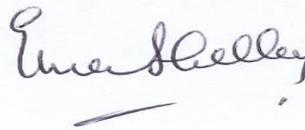
Given that it will take some years for housing supply to meet the need for appropriate housing for all our children and young people, a whole of government approach is essential to mitigate the negative impacts on health. While that is a socially responsible policy, it is also an investment in the future wellbeing of those affected or at risk from inadequate housing.

We would like to commend the colleagues whose work formed the basis for this paper. We would also like to thank the service providers and researchers who contributed valuable feedback to earlier drafts of the paper. The Faculties of Paediatrics and Public Health Medicine, supported by the Royal College of Physicians of Ireland, will advocate and support the implementation of its recommendations, including the extension of services to meet the needs of the most vulnerable people in our society - children and young people who are homeless or in inadequate housing.



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Dean, Faculty of Paediatrics



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Executive summary

The impact on a person's health and wellbeing of adverse experiences in childhood last well beyond childhood and becomes apparent in adult life as mental health problems, such as depression, anxiety and relationship difficulties, and as physical disease, such as cardiovascular disease, stroke, cancer, diabetes.

Inadequate housing is one cause of adversity in childhood. The experience of poor housing has been shown to increase the risk of severe physical and mental ill-health and disability during childhood and early adulthood by up to 25%.

This paper looks at the extent and causes of homelessness and inadequate housing for families in this country. In particular, it points out that, as families move out homelessness while others become homeless and as the lack of social and affordable housing means that family homelessness is likely to be a feature of our society for the immediate future, the number of children who have suffered or will suffer homelessness during their childhood will be a multiple of that identified in the current homeless figure which documents the number at a point in time (i.e. 3,778 children – week beginning 22 July 2019).

The paper summarises the evidence for the impact on children's health of living in inadequate housing, and describes the effects that the instability caused by frequent moves or prolonged temporary housing has on children's emotional, social and mental health.

The paper shows that homelessness and inadequate housing causes:

- Higher risk of preterm pregnancy and low birth weight
- Higher rates of asthma, respiratory illness and infectious diseases
- Poor nutrition and obesity
- Less access to developmental opportunities, play and recreation and social activities
- Poorer emotional and mental health and increased behavioural difficulties
- Less access to preventive health care and lower rate of childhood immunisation
- Poorer educational opportunities
- Difficulties in the relationship between parents and their children

The Faculties of Paediatrics and Public Health Medicine advocate for a long-term solution to the accommodation needs of families with children through the provision of sufficient affordable, quality housing with stable tenancies.

In the shorter term, we call for immediate action now to protect children who are currently suffering. Prevention and early intervention are more cost effective than later intervention.

25%

increase in the risk of severe physical
and mental ill-health and disability
during childhood and early adulthood
if a child experiences poor housing.

Recommendations

The Faculties of Paediatrics and Public Health Medicine at the Royal College of Physicians of Ireland are recommending 20 immediate actions to address the impact of homelessness on health in Ireland.

1. Policy

- 1.1 Development of a whole of government, child-centred plan for children in families who are homeless, are at risk of homelessness or who have recently been homeless. The plan should include families who do not currently have access to all of the homeless and social support services and should also include a focus on the prevention of family homelessness. The plan should identify annual implementation actions for specific agencies and actors and require annual reporting. Responsibility for implementation of the plan should lie with the Department of Children and Youth Affairs.
- 1.2 Expansion of the Housing First approach to families with complex needs.
- 1.3 The extension of the National Quality Standard Framework (NQSF) for homeless services to providers of private accommodation for homeless families.
- 1.4 Carry out a review of the NQSF as it pertains to children, in order to assess its ability to monitor the availability of cooking and food storage facilities; the appropriateness of space and facilities relating to play, development and physical and social activity; the need for quiet space for homework and an assessment of safety appropriate to the age of the children being accommodated in that setting. It should incorporate the monitoring of training of service providers, including Children First training.
- 1.5 The provision of an independent inspectorate for these accommodation settings and the timely publication of inspection reports.
- 1.6 A more frequent monitoring of private rental accommodation standards, especially those accommodating families, and the reporting and publication of results.
- 1.7 Abolition of self-accommodation for homeless families.
- 1.8 The provision of temporary accommodation of homeless families close to their support systems or likely long-term housing destination.

- 1.9 Consideration should be given to limiting the number of moves that a family has to undertake before being permanently housed and limiting the length of time in temporary accommodation, while at the same time ensuring that when a family is being re-housed, it is to an appropriate and secure setting.
- 1.10 A further commitment by government to achieve the child-specific target of the National Social Target for Poverty Reduction.

2. Service provision

- 2.1 The setting up of and support for local interagency committees to coordinate service provision, under the auspices of the Children and Young People's Committees (CYPSCs). Local needs assessments and service responses have been provided in conjunction with a number of CYPSCs around the country and more are planned elsewhere. An integrated service response is essential but these services need resourcing.
- 2.2 The early assignment of a family support worker to every family who has no permanent accommodation. The family support worker should develop and deliver an integrated care plan, in partnership with the family, which would assist families to access services from all service providers. A system should be developed to ensure that a family's support worker is able to continue to support that family if they cross administration boundaries and until they are settled into their new home. Such workers should be trained and resourced to carry out this work.
- 2.3 An expansion of the provision of child support workers to such families. This particularly applies to families with a child or a parent with a disability and those with complex needs.
- 2.4 The appropriate training and timely Garda vetting of all workers who provide services or support such families. This should include managers and staff working in private settings contracted to provide temporary accommodation.
- 2.5 Acute and community health service providers should prioritise children and pregnant women who are homeless and should provide additional supports to them as necessary. Service providers should be alert to the possibility of homelessness as some families may be reluctant to self-identify. There should be a low threshold of support for such families, which would include being more flexible in the provision of services or providing appointments; keeping a child's place on waiting lists when a family's changed address mean they cross

administrative boundaries; using phone, as well as paper, notification of appointments as a family's address may change; providing services closer to or in their accommodation.

- 2.6 Each obstetric and paediatric unit or hospital should have a liaison worker to work with homeless families or pregnant women to coordinate care within the hospital and with the community.
- 2.7 Early and adequate provision of mental health services for children and their parents.

3. Data and research

- 3.1 The further development of the Pathway Accommodation and Support System (PASS), including the incorporation of ETHOS1 definitions, and the publication of more specific and timely reports on the situation of homeless children, in order to better document and inform the problem, and the progress towards its solution.
- 3.2 Further quantitative and qualitative research with children and families experiencing homelessness and inadequate housing, including cohort studies, in order to understand the impact of these housing deficiencies on the health and wellbeing of children both now and into the future.
- 3.3 Economic analysis of the cost, now and into the future, of family homelessness on the health services.

¹ European Typology of Homelessness and Housing Exclusion

Introduction

The impact of negative experiences in childhood on a person's health and wellbeing is immense. This impact lasts well beyond childhood and can be seen in early and later adult life.¹ Early childhood and early adolescence are particularly vulnerable times.^{1,2}

Poor housing conditions contribute to these negative experiences, increasing the risk of severe physical and mental ill-health and disability during childhood and early adulthood by up to 25%.³

“Before I went into the hotel, if you had wanted to see the medical records, they have never ever got sick. When we went into the hotel, I felt that they were constantly sick, they were just really grey. They weren't eating the proper foods that they were supposed to be eating and all that, and so they got sick all the time, and that's it, they're sick, no school.”

Mother in emergency accommodation ⁴

Not only does inadequate housing directly impact on children's health but it also impacts on children's support networks, such as parents and family. When their support networks are compromised, this can impact on the relationship between children and their families and reduces the capacity of parents to protect children against adversity.

“We pulled away from everyone. We were in denial about what was going on. We only told family where we were. We didn't tell friends.”

Homeless parent ⁵

Instability caused by frequent housing moves puts additional stresses on families.² Such instability can cause not only psychological distress but can disrupt access to primary care health services, reduce the ability to achieve balanced nutritional intake and reduce access to physical and social activities. For the older child, it can reduce their educational opportunities if they have to move school or relocate a distance from school. The longer that such instability lasts, the greater the impact.^{2,5}

This paper will outline the extent and impact of inadequate housing on families and discuss what can be done to improve the lot of children who are impacted by it.

What do we mean by Homelessness and Inadequate Housing?

Inadequate housing covers a wide range of issues, including homelessness, overcrowding, insecure tenancies and housing that is in poor physical condition.

Family homelessness refers to families, i.e. parent/s with one or more dependent children, who have presented to a local authority as homeless and have been found to be so by the local authority.⁶ Such families are usually placed initially in temporary or emergency accommodation, such as B&Bs and hotels, and more recently in family hubs.²

Families may be assisted to find or are provided with temporary accommodation but in some instances families have to find their own temporary accommodation (i.e. self-accommodation), occasionally on a night-to-night basis. Families housed in domestic violence refuges are not counted in the homeless figures in Ireland but such families are counted in homeless figures in some other countries.⁷

“We were in B&Bs for five or six months, we had to change every two weeks...it was hard moving from the neighbourhood we lived in for 9 years.”

Girl age 16 living in family hub⁸

Hidden homelessness refers to a broader concept of homelessness. It encompasses those who live in inadequate or unsafe houses/mobile homes/caravans and those with insecure tenancies. It also includes those who are staying with family and friends on a temporary basis and those who are ‘couch-surfing’. Such families are usually not included in the homeless figures.

The term ‘overcrowding’ is officially defined in the Housing Act 1966 and is based on the size and the number of bedrooms per adult and child occupant, excluding a kitchen or living room which is being used as a bedroom.⁹

Unfit or poor housing includes housing which is in need of substantial repairs; is structurally unsafe; is damp, cold or infested or is lacking in basic facilities, such as an indoor toilet.

² The term ‘family hub’ refers to group accommodation specifically for homeless families.

Causes of Family Homelessness and Inadequate Housing

The causes of family homelessness are generally different to the causes of homelessness among lone adults. Although the reality is more complex, lone adult homelessness is often associated in public discourse with people with mental health or addiction problems, or with young people who become homeless once they leave State care.⁷

The marked rise in family homelessness in recent years in Ireland is linked to the long-term lack of investment in social housing and the recent housing market failure.^{7,10,11} This has led to a lack of social and affordable housing. The reduced supply is driving competition for available rental housing, leading to a considerable rise in rents and in the rent-to-income ratio, and an increase in the numbers of previously non-vulnerable families now finding themselves homeless. This is evident in the high proportion of families now presenting as homeless who had previously had stable housing histories.¹²

“I was, we were in a state of shock. I never thought we would find ourselves homeless. That was something that happens to other people.”

Parent in homeless accommodation⁵

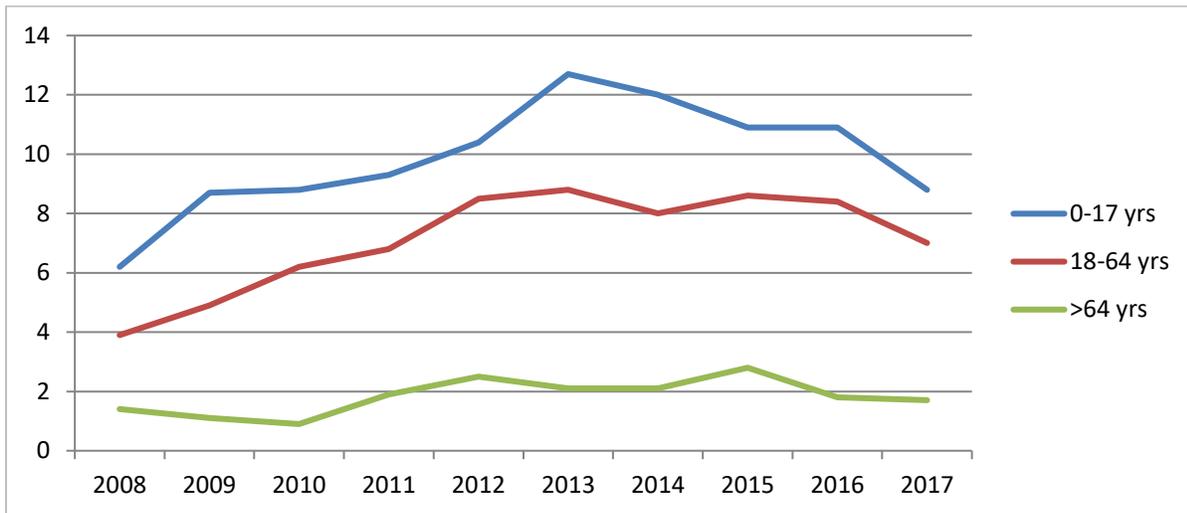
According to a 2017 report from Maynooth University, we are not yet at the peak of the contemporary housing crisis and it is set to escalate over the next five years.¹⁰

Within the current context of the shortage in Ireland of affordable housing, families most at risk of homelessness are those on low income. Homelessness is also highly gendered, with the majority of such families headed by a single female parent.⁷

In Ireland, child poverty is a persistent social problem¹³:

- Almost 1 in every 4 children (i.e. 23%) experienced two or more types of deprivation in 2017
- One in every 11 children (i.e. 9%) lives in consistent poverty and children carry a higher risk of poverty than that faced by any other age group. See Figure 1.

Figure 1: Proportion of population living in consistent poverty*, 2008-2017



Source: Central Statistics Office

* Consistent poverty is defined as a person in a family with an equivalised income of less than 60% of the national median and which is not able to afford two or more of eleven basic deprivation indicators.

*“Like, it affects me sometimes. Well, I’d be on the phone or something and then like bleedin’, I’ll just sit there and just think like, ‘F***, I’m homeless’ do you know what I mean? I’ll say that I’m actually in the situation where I really, we really have nothing. Do you know what I mean? All I have is the people around me...That’s the only thing that I have.”*

Boy, aged 16, in family hub⁸

Family homelessness is often caused by the difficulty in accessing affordable housing in the context of the ending of a previous tenancy. Other issues associated with homelessness are relationship breakdown and domestic violence. Being a migrant, a young parent, living in a family of more than three children or having a parent or child with a disability increases the risk of homelessness.^{7,14}

One third of newly homeless families presenting in the Dublin region are non-Irish.^{15,16,17} This is an overrepresentation of this group which is estimated to comprise 12% of the general population. Many of these non-Irish families have previously had stable tenancy arrangements in Ireland but are now unable to access affordable accommodation while others include EU citizens recently arrived in Ireland, asylum seekers with leave to remain in the country and family members of

refugees and asylum seekers with leave to remain who are seeking family reunification. In Ireland, as in many countries, immigration status determines access to services. Some families have limited access to, or face difficulties in accessing emergency accommodation, social welfare payments and other support services, and some families are accommodated on a night-to-night basis for extended periods.⁷

The issue of poor quality housing and overcrowding among the Traveller community is longstanding and has been the subject of numerous Government reports over the years.¹⁸ In addition, Travellers are at a higher risk of being homeless, making up 9% of the homeless population while less than 1% of the general population are Travellers.¹⁹

“We (me and two children) spent two years couch-surfing in crowded conditions before eventually presenting to homeless services because we ran out of options. I just could not bear to deal with people like that, so I put it off as long as I could.”

Mother now living in homeless accommodation⁵

The housing story of the Roma community across Europe is mirrored in Ireland, being characterised by poor quality housing, overcrowding and cohabitation of multiple generations in one dwelling.^{7,20} The recent Pavee Point study identified that a high percentage of Roma do not receive social welfare support, with almost 50% of households with children not having access to social protection payments and child benefit.

The McMahon report which looked at the direct provision process for those seeking international protection identified that accommodation units were cramped and very cluttered, and that physical conditions were a substantial impediment to normal family life.²¹

Hidden homelessness is not visible to administrative systems because there is no method of measuring it and so the scale of the problem is unclear.²² People who are affected use informal responses to their problems.²³ Women appear to be more likely to use informal arrangements in response to homelessness by relying on family, friends and acquaintances, rather than going straight to publicly-provided services, but such arrangements are uncertain, relying on the charity of their hosts, and lead to overcrowding and relationship breakdown.

“There were five of us in the house, in a three-bedroom house, like. I was sharing a room with me sister, like, and, like, she was the typical eighteen/nineteen-year-old. She was at the time, an’ all, out partying and drinking or whatever, like...she’d no kind of respect for [child], like.”

Mother now living in homeless accommodation ²⁴

23%

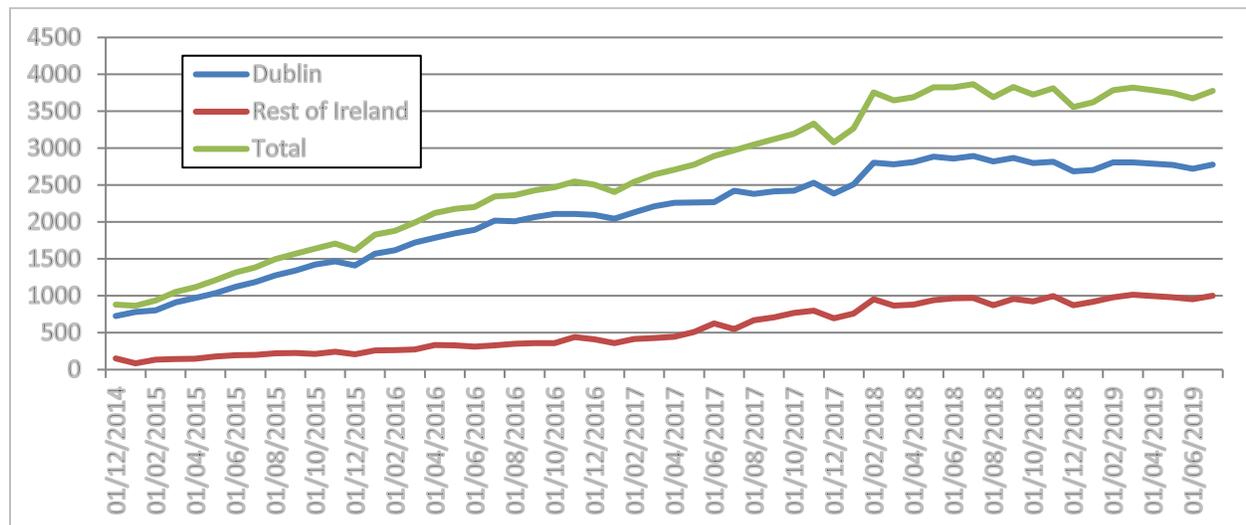
of children in Ireland experienced two or more types of deprivation in 2017

Extent of Homelessness and Inadequate Housing

In the week beginning 22 July 2019, 1,721 families (2,437 adults and 3,778 dependents) accessed emergency accommodation, of which over half (i.e. 58%) were single parent families.

There was an almost four-fold increase in family homelessness in the last 5 years (July 2014 – July 2019), with an increase of 437% in the number of homeless dependent children over that time period. Figure 2 shows the weekly number of homeless dependent children over a 56-month period.

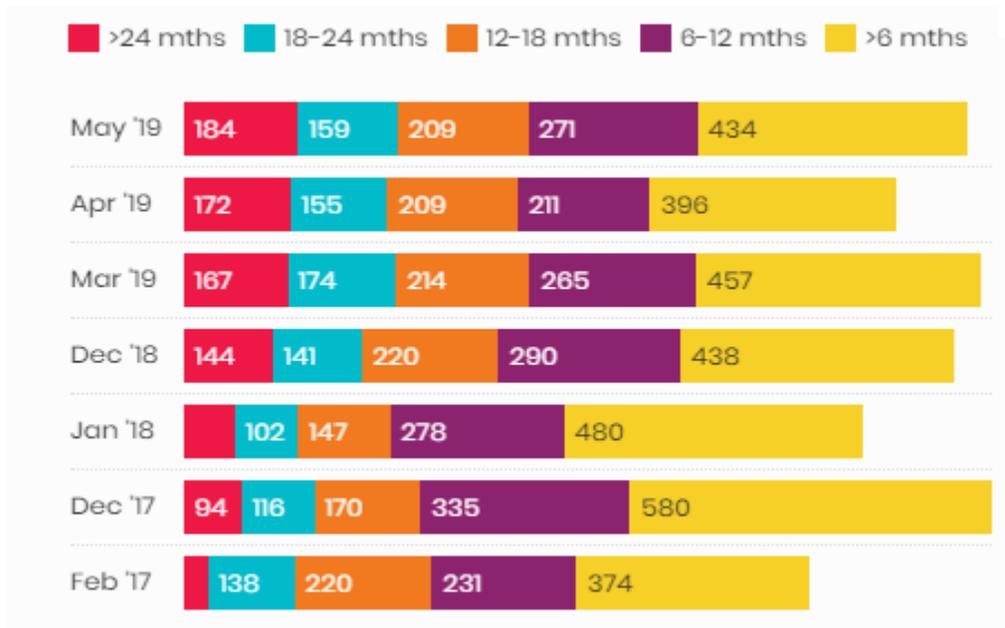
Figure 2: The weekly number of dependent children accessing emergency accommodation in Ireland, December 2014 – July 2019



Source: Department of Housing, Planning and Local Government

Although emergency accommodation provided for homeless families is only intended to be a temporary measure, increasing numbers of families are homeless for 24 months or more, as shown in Figure 3.

Figure 3: The numbers of families experiencing homelessness with the duration of homelessness in months, trends in Dublin region, February 2017 to May 2019

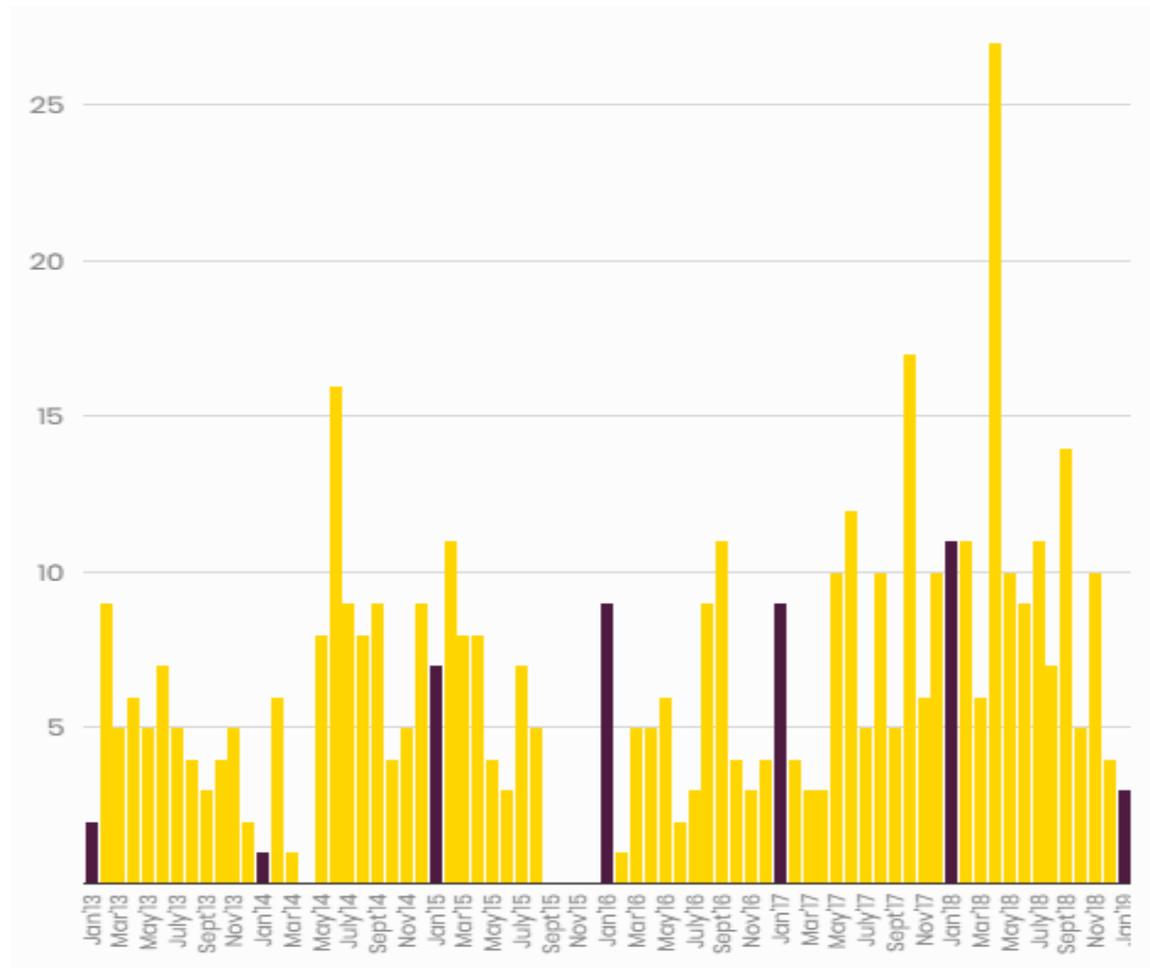


Source: www.focusireland.ie (These data do not include families placed in 'own door' accommodation)

Of the 1,878 families who had newly accessed emergency accommodation in the Dublin region in 2016 and 2017, only 55% had left emergency accommodation by the end of February 2018. Looking at 2017 alone, of the 976 families who had newly accessed emergency accommodation in that year, only 37% had left emergency accommodation by the end of February 2018.

Unfortunately, some families who leave temporary accommodation subsequently present again as homeless, as illustrated by Figure 4.

Figure 4: The number of families returned to homelessness each month (Dublin region)



Source: www.focusireland.ie (Purple bars denote January of each year).

The Irish Traveller population consists of less than 1% of total population (just under 31,000 people).²⁵ While the housing conditions for some Travellers are adequate, some are living in very poor conditions.²⁶ There is a disproportionately greater proportion of Traveller families without access to basic household amenities, such as flush toilets and running water, compared to the general population. Fifty-six per cent of Travellers are faced with over-crowding compared to just 9% of the non-Traveller Community.¹⁹ As previously mentioned, Travellers are at a higher risk of homelessness making up 9% of the homeless population.

“Do you know, but it’s 10 children down there, there’s a small baby and everything. Do you know if it rains, the muck is in the door. They’re living in a muck pile.”

*Traveller*²⁶

The Roma population in Ireland is estimated to number just over 4,200. Accessing accommodation of an acceptable standard is a challenge for those of the Roma community. In a recent survey over 90% of respondents (93.3%) reported feeling discriminated against in accessing accommodation in Ireland.²⁰ Around 10% of respondents did not have basic facilities such as a fridge, cooker or kitchen in their accommodation. Service providers reported families to be living without food, gas, electricity and water, and reports of rats in the accommodation were frequent. The average Roma household contained 5.55 people and 20% of households contained three adults. In almost 5% of households, there were five or more adults living together. Nearly half of respondents (45.7%) had been homeless at some point during their lives.

“We live at the moment in a house with no electricity, no gas and no facilities. I am afraid to go to authority. They can do bad things to my family. I have three children. I live from what we can beg.”

*Roma mother*²⁰

The Direct Provision and Dispersal system was established in 2000 and is responsible for housing and maintaining asylum seekers while they are applying for international protection. Although the Direct Provision system was initially designed to house asylum seekers for up to 6 months while their applications were processed, in March 2016, 600 people (13.4%) had been in Direct Provision for more than 8 years.²⁷ The average length of stay was 38 months. In November 2018 there were 5,928 people living in Direct Provision, including 1,637 children.²⁸

Impact of Homelessness and Inadequate Housing on Children's Health and Wellbeing

Children's early experiences shape who they are and affect lifelong health and learning. To develop to their full potential, children need safe and secure housing, adequate and nutritious food, access to medical care, secure relationships with adult caregivers, nurturing and responsive parenting and high quality learning opportunities at home, in childcare settings and in school.

The impact of homelessness and poor housing conditions on children's health is complex and is compounded by the poor economic conditions in which many of these families live.²⁹ In many instances, homelessness or poor housing is an additional stress factor in the context of the many adversities faced by children living in poverty.³⁰

Having controlled for a range of other factors, it is estimated that the experience of housing deprivation can increase the risk of severe ill-health or disability during childhood and early adulthood by up to 25%.³

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health to educational achievement and economic status.

Marmot, 2010³¹

Impact of inadequate housing on the physical health of pregnant women and children

Homelessness or living in temporary accommodation during pregnancy is associated with an increased risk of preterm birth and low birth weight.^{32,33,34} Low birth weight is particularly associated with poorer long-term health and educational outcomes for children.^{1,35}

Overcrowding and living in cold and damp conditions is associated with an increase in asthma and respiratory illness.^{10,33,36,37} A study in Sweden found that children living in homes where there were three or more signs of dampness were nearly three times more likely to experience recurrent wheezing compared to those living in dry conditions.³⁸ In some instances, these effects persisted into adulthood.³⁹

Overcrowding is also associated with an increase in infectious disease, including bacterial meningitis and tuberculosis.^{33,40,41} A recent outbreak of meningococcal disease in Ireland identified overcrowding as the most likely risk factor for the outbreak.⁴²

Poor accommodation is more likely to contain hazards that create an unsafe environment for children.⁴³ Poor quality housing and living in overcrowded conditions is associated with an increased incidence of injuries in children.^{32,44} Families living in poor physical conditions are more likely to experience a domestic fire.³

Homeless infants are more likely to suffer developmental delays that are apparent at 18 months.⁴⁵

Children living in temporary accommodation have less access to good nutrition.^{4,33} A recent study carried out by Focus Ireland outlined the daily struggle of parents living in emergency accommodation to provide healthy meals for their children and themselves.⁴⁶ Regimented meal times and the constrained food provision conditions in homeless accommodation negatively influence children's dietary intake. Lack of access to cooking and storage facilities led to families supplementing their diets with nutritionally-poor instant food and take-aways. Obesity is the commonest nutritional problem in repeated samples of homeless children.³³ Lack of access to a healthy diet impacts on school attendance and learning.⁴

“It’s completely unhygienic – you would never think of putting your clean dishes on top of the toilet.”

*Mother living in temporary accommodation*⁴⁶

Impact of inadequate housing on emotional, mental health and behavioural difficulties

Children thrive in stable and nurturing relationships where they have a routine and know what to expect.^{1,2,10} Homeless children are more likely to have higher rates of developmental, emotional and behavioural problems, with as many as 38% of children having disorders of clinical significance.^{47,48,49,50} Behavioural problems are often a reflection of the stresses that children and their parents are going through.⁵¹ A study of children aged 4-8 years living in family emergency shelters found they were three times more likely to experience emotional disturbance than similar-aged low-income children.⁵²

“Some days I don’t even want to wake up because I don’t want to face this day... I am tired in school. Some days I would just sit there and not even smile.”

Girl aged 10 living in family hub⁸

An Australian study of families living in emergency accommodation found that 50% of families noted negative changes in their children’s behaviour on moving into emergency accommodation.⁵³ More than a third of homeless children had behavioural symptoms which placed them on the clinical range for behavioural difficulties.⁵⁴

“My son was assessed as having ADHD when we were homeless. It got much worse; he was hyper.”

Parent living in homeless accommodation⁵

Children who have been in temporary accommodation for more than a year are over three times more likely to have mental health problems, such as anxiety and depression, than non-homeless children and children who moved more than once in the previous year have higher levels of behaviour problems than those who only move once.^{54,55} There is evidence to suggest that the impact on children’s emotional health continues after their housing situation has been resolved. A longitudinal study found that two-thirds of homeless children were still suffering mental health and developmental problems one year after being re-housed.⁵⁰

“It’s a lot on their mental health ...Us as grown up people feel like that, what are our kids feeling like?”

Mother of child aged 17 months⁸

There is evidence of a significant relationship between overcrowded housing and psychological health in children, including in very young children.^{56,57} Children living in cold, overcrowded or unsafe housing are more likely to be bullied and less likely to see their friends.³²

“I work with a teenage boy who shares a room with his father, both say they have no private space. Another teenager, a girl who shares a room with her mother and younger brother, tells me she feels different from her friends and has no space to call her own, impacting on her emotionally.”

Barnardos project worker²²

38%

of homeless children have mental health or behavioural disorders of clinical significance

Impact of inadequate housing on access to social and recreational facilities

Living in temporary accommodation has negative impacts on the social functioning of children. These include having nowhere to play within the accommodation for both babies and older children, being unable to invite friends around or having to move schools and away from their friends which is a particular issue for older children.⁷

Poor housing conditions affect children's recreational opportunities, with four out of five families living in overcrowded conditions saying that there was not enough room for their children to play.⁵⁸ Older children in temporary accommodation have difficulty accessing after-school activities⁷.

“Everyone in my class knows where I live. They know because they can't come here.... Sometimes we would be doing Irish and the teacher would ask me to say where I live but I am not able to answer that because I live in a hotel, not a house or anything. I just hate living here...”.

Girl age 10 living in family hub⁸

4 in 5

families living in overcrowded conditions say there is not enough room for their children to play

Impact of homelessness on access to health services

Homeless families are mobile, sometimes moving accommodation a number of times, often at a distance from their original area of residence, and the health services associated with that area.

Studies have found that families in temporary accommodation have less access to preventative and primary health care, and medical assistance is often sought on an acute needs basis.^{45,51,54,59}

Pregnant women who are homeless can have problems accessing antenatal care.⁶⁰ Children who are homeless are more likely to miss out on their vaccinations, with reported levels of under-immunisation of such children up to four times that of children from similar low-income backgrounds who were housed.^{33,47,51,59} Primary care service providers, such as public health nurses, have difficulty tracing and re-establishing connections with families of small children as they cross administrative boundaries (L Piggott, personal communication, 22 August 2019). Children can lose their place on waiting lists and have to start the process of referral a number of times.

A recent study from Temple Street in Dublin found a 29% increase in Emergency Department usage by children living in emergency accommodation from 2017 to 2018, with 23% of these attendances due to trauma, such as lacerations, burns and limb injuries.⁵⁹ Some homeless families who are given accommodation outside Dublin have difficulty attending their children's appointments at the hospital's out-patients department. Children experiencing homelessness have twice as many emergency hospitalisations compared to non-homeless families.³

Twice

as many emergency hospitalisations
in homeless children

Impact of homelessness on school experience

Homeless children have lower levels of academic achievement that cannot be explained by differences in their levels of ability.³

“Not having a permanent home has a massive impact on children’s ability to participate in school successfully in terms of participating in lessons and social participation...in terms of building their friendships...it can hold them back as they feel different to everybody.”

Teacher⁶¹

Homeless children are more likely to have behavioural problems such as aggression, hyperactivity and impulsivity, factors that compromise academic achievement and relationships with peers and teachers.³

A recent survey by the Irish Primary Principals Network identified that the daily reality of families living in homeless accommodation often results in poor physical and mental wellbeing among children, low self-esteem, exhaustion and feelings of isolation.⁶² Being housed at a distance from school or moving school, poor attendance, inability to complete homework and difficulty sustaining relationships with friends and teachers are further challenges.⁴

“The noise keeps me awake. I feel tired when I go to school. I feel like my eyes feel like they are about to go to sleep.”

Girl aged 7 living in family hub⁸

Impact of homelessness on relationships with parents

It is essential that young babies form a secure attachment to their primary caregivers so that they can develop the capacity for emotional regulation and empathy with other people.¹ This parent/child relationship lays the foundation for future relationships, the ability to deal with future life events and provides a strong foundation for emerging cognitive abilities. When a parent is under stress themselves or has mental health difficulties, this can impede the development of this relationship.^{63,64}

Parents have identified feelings of stress, depression, anxiety and anger due to being homeless.^{3,51,65} Some have revealed increased levels of family conflict or the use of alcohol and drugs as a way of dealing with the mental health issues that they face. Traveller women have spoken about the impact of poor quality accommodation on their mental health.²⁶

“I really feel my mental health is suffering....my state of mind is deteriorating, my child is seeing that and it is causing anxiety.”

Mother experiencing homelessness¹⁰

Effective parenting is a critical protective process predictive of resilience in children who are suffering adversity.⁶⁵ Within the context of a supportive relationship, parents can act as ‘buffers’ against the negative effects on children of instability in their lives.^{2,10} Even when homeless, children can thrive when their basic needs are met in environments which foster safety, belonging, achievement, personal power, a sense of purpose and adventure. However when parents are themselves under pressure, it can impact on their ability to parent successfully.⁶⁵ One study showed that parents in overcrowded homes were less responsive to their children compared with parents in uncrowded homes, even when socio-economic status was taken into account.⁵⁶ International literature suggests that strict rules in shelters can undermine parents’ self-respect, especially when they cannot set and maintain rules for their children and have to parent in public.¹⁰

“I feel my parenting is checked all the time ...I got a warning, it feels like an institution instead of a home ...we don’t need our authority taken from us in front of our children....they are taking the parenting off the parent...when someone speaks down to you like this you feel you are on the bottom.”

Parent living in family hub¹⁰

The McMahon report identified that living conditions of families with children in Direct Provision centres were a substantial impediment to normal family life, child development and parenting.²¹ The report also identified that the cumulative effects of these circumstances can impact on the mental and emotional well-being of parents.

Stress

Depression

Anxiety

Anger

The emotions reported by parents
due to being homeless

Discussion

The issue of family homelessness and inadequate housing is essentially one of disadvantage – the most disadvantaged live in the most inadequate housing or in the most unstable tenancies.⁴³ Its impact is greatest on the most vulnerable – infants, children and adolescents.

While the recent housing market failure has pushed some families into homelessness who would never have envisaged falling into this situation, in general family homelessness is a feature of living on a low income – whether this is due to a dependence on social welfare or living on a low wage. The recent rise in rental prices relative to income has exacerbated the problem, especially in Dublin. This is seen in the family homelessness figures. Factors which increase the risk of homelessness include family breakdown, including that caused by overcrowding; families headed by a lone parent (usually a mother) or a young parent; migrant families; families with more than three children and those which include a disabled parent or child.

We know that there are certain groups who are at higher risk of living in unhealthy and unsafe housing (such as Travellers and Roma) because these groups have been studied. While this problem is not confined to such groups, it is more difficult to identify in the wider population. Hidden homelessness, which includes overcrowding, is a problem that has largely gone unnoticed.

There has been a steady rise in family homelessness in the last decade. As of 28 July 2019, there were 1,721 homeless families in Ireland, including 3,778 dependent children. These figures show the situation at a point in time. The homeless situation is a dynamic process, with families exiting homelessness and other families entering homelessness. The number of people who become homeless is not predicted to fall for at least the next number of years. This means that the total number of families impacted, that is those impacted in the past, those currently impacted and those who will be impacted in the future, is a multiple of that identified in the current homeless figures. This problem is not going away any time soon.

In addition to the lack of social and affordable housing, 8.8% children in Ireland lived in consistent poverty in 2017. This rate remains stubbornly high and is over 40% higher than the 6.2% rate in 2008. Children from low-income families face an array of chronic stresses and acute negative life events that stem from the broader conditions of poverty. Homelessness or inadequate housing is yet an additional adversity with which they have to cope.

Studies on people who have suffered adverse childhood experiences have shown that in later adult life such children are more likely to suffer from:

- mental health problems, such as depression, anxiety or relationship difficulties
- greater susceptibility to stress-related physical illness, such as cardiovascular disease, stroke, cancer, diabetes or obesity
- impaired immune and inflammatory systems

They are also more predisposed to health-damaging behaviours, such as poor diet and substance misuse.¹

While it is difficult to untangle the effects of homelessness and inadequate housing from those of poverty *per se*, this paper has identified that there are specific impacts of homelessness and inadequate housing on children's health and wellbeing. These include:

- Higher risk of preterm pregnancy and low birth weight
- Higher rates of asthma, respiratory illness and infectious diseases
- Poor nutrition and obesity
- Less access to developmental opportunities, play and recreation and social activities
- Poorer emotional and mental health and increased behavioural difficulties
- Less access to preventive health care and lower rate of childhood immunisation
- Poorer educational opportunities
- Difficulties in the relationship between parents and their children

Housing instability, especially multiple moves or an extended period of time in temporary accommodation, has a particular impact on emotional and mental health and on behavioural outcomes.²

“I think that we have moved about eight times or something, because I was on rent allowance. Then I had to give that house up because the rent went up, and then the next one was being sold and then the rent went up again in the next one. Since he was born, it has been like that, back and forth to me ma's like a yoyo, he's never had a home.”

Mother in emergency accommodation⁴

While a number of studies have been able to describe and quantify the impact of homelessness and inadequate housing on older children’s emotional, behavioural and social wellbeing, some parents, speaking on behalf of their younger children, report that the experience of homelessness on their younger children was limited.⁵ However, we know that early childhood is a crucial time for a child’s future development. Adverse experiences which occur in this critical developmental period impact negatively on the developing brain.¹ While such impacts may be seen in childhood, possibly as behavioural and mental health problems, they often only manifest in later adult life, as mentioned earlier. Young children are particularly impacted if the attachment with their primary caregiver, usually their mother, is disrupted. Because of the difficulty in identifying the impact of such events on infants and very young children, their voices are often missing in the debate on homelessness.

“It is not ideal for kids, but at least she is young, she’s still only a baby and won’t remember it.”

Mother of two-year-old, living in a family hub⁵

In summary, the evidence shows that not only is there an immediate impact on children’s health and wellbeing of homelessness and inadequate housing but that it is likely that this impact will also manifest as difficulties for these children when they reach adulthood. These difficulties will be evident in their physical and mental health, on their behaviour and on future relationships. Their educational achievements and future job prospects are likely to be reduced. The costs of such difficulties will be borne mainly by the children and their families, but will also be borne by society in increased costs in health, social and justice services, and will result in reduced income to the state from taxation.

The long-term solution to inadequate housing for families with children is to provide sufficient affordable, quality housing with stable tenancies, through:

- investment in social and affordable housing
- upgrading of housing stock
- re-housing of those who are in unsuitable and unsafe accommodation
- changes in tenancy laws and in rental housing provision to allow for secure tenancies

In parallel, however, we need to protect the children who are currently suffering. We know that prevention and early interventions are more effective, and more cost-effective, than later interventions, so we are calling for immediate action now.¹

Conclusions

This paper has outlined the serious impact of inadequate housing on children's health and wellbeing. It advocates for a long-term solution to the housing situation.

In parallel, it recommends the full implementation of national policies that aim to improve the health and wellbeing of children by means of a whole of government approach. Integrated, child-centred services must be provided as a matter of urgency in order to protect these children and to mitigate against the most severe effects of the adversities that they face. Each child has but one childhood and it passes all too quickly.

These children are the future of our society – not just some of these children, all of them. We must listen to them, but where they have no voice and no understanding of their situation, we must speak for them. Investing in children's services is not only the right thing to do, it is also cost effective in the long term.

And we must do it now, not next year or in a few years' time. For these children, their childhood is now. In five years, many will be past this most precious time of life, a time of rapid development, when experiences shape the adults that they will become.

Mura gcuirfidh tú san earrach ní bhainfidh tú san fhómhar.

If you don't sow in the spring, you can't reap in the autumn

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