An Evaluation of the Child Development Homelessness Project,

ABC Start Right Limerick (PAUL Partnership CLG)

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Executive Summary

This evaluation considered both quantitative and qualitative data connected with the Child Development Homelessness Project (CDHP) within ABC Start Right Limerick (Paul Partnership CLG). The project has been in operation since 2022 and provides supports to parents and families experiencing homelessness in Limerick, focusing on the range from antenatal through age six. The objectives of the project include identifying and addressing developmental delays for young children experiencing homelessness, facilitating linkage with additional services for children and parents who require them, and enhancing parental confidence, capacities and social connection. The project currently has one full-time coordinator post.

Desk-based research was conducted on data supplied by CDHP, covering referral numbers and sources, group engagement, trainings, and one-to-one sessions provided by the coordinator. The majority of referrals came from the Homeless Action Team (HAT) within the local authority. The most common reasons for referrals were emotional and social supports followed by additional parenting supports and children's speech, language and communication issues.

Qualitative research, including 11 semi-structured interviews and a focus group, was conducted with parents who have engaged with CDHP and additional project stakeholders (professional collaborators and managers and frontline staff from homeless services in Limerick). The following themes were identified and detailed in the tables below:

<u>**Table 1: Parent themes and subthemes identified.**</u>

<u>**Theme identified**</u>	<u>**Subtheme identified**</u>
1). Programme Engagement and Support	**1.1 Relationship with the project coordinator**

	1.2 Signposting and connection with other supports via CDHP
2). Learning and confidence-building as a Parent	2.1 Importance of routine and consistency
	2.2 Play and language skills
3). Coping with Challenges of Parenting in Homeless Accommodation	3.1 Impact of living conditions
	3.2 Coping with trauma, loss and grief in homelessness
	3.3 Cooking and nutrition in homeless accommodation
4). Recommendations for the future of the programme	4.1 Additional staff/expanded service
	4.2 Additional multilingual/multicultural staff
	4.3 Additional facilities/activities
	4.4 Anticipated need for future support as children grow

Table 2: Stakeholder themes identified.

Stakeholder themes identified:	Stakeholder subthemes identified
1). Impact of homelessness on child development	1.1 Instability in living conditions across the homeless sector in Limerick
	1.2 Limited physical spaces for children in homeless accommodation in Limerick
	1.3 Disrupted sense of security/lack of routine

2). Impact of homelessness on parents	2.1 Chaos and trauma for parents entering homelessness
	2.2 Stigma and fear for parents in homeless services
3). Positive outcomes of CDHP	3.1 Positive impact of the CDHP coordinator
	3.2 Positive outcomes in parenting confidence and capacity
	3.3 Positive impacts on standardised professional practices and upskilling services
Theme 4: Challenges in the Homeless Sector	n/a
Theme 5: Recommendations for the future of the project	1). Extend/expand CDHP services, including age range of children and referral sources
	2). Expand the project team to include additional staff and expand supports for the coordinator
	3). Additional CDHP team members should be from a migrant background to support families from different cultures or those whose first language is not English
	4). Create common multipurpose areas in all accommodation sites in Limerick to allow for groups/trainings/safe indoor play areas for younger children + dedicated space to older children/teenagers

	5). Expand collaboration with other organisations that support children in Limerick. **6). Need for frontline homeless support staff to be seen to collaborate with CDHP coordinator so that the parents build trust with the project staff**
	7). Widen the referral pathway to CDHP; increase formal linkage with maternity hospital in particular, also migrant accommodation, general family support projects, hidden homeless etc. for earlier intervention

It is clear there are overlapping experiences and recommendations from both parent and stakeholder participants.

Positive outcomes from both groups included:

- attainment of progress in identified developmental delays in children including speech, language, emotional regulation, large motor skills, and sleep routines.
- a greater sense of confidence for parent participants.
- increased knowledge about aspects of parenting young children for parent participants.
- improved ability to deal with the stressors associated with parenting while homeless.
- enhanced sense of social connection and support for parents.
- better understanding of child development for frontline staff.
- benefits of training connected with child development and parenting for staff, including reflective practice sessions.

A prominent theme throughout for both groups was the extremely positive relationship with the project coordinator, and the flexible manner in which the project engages with parents and professional colleagues.

Several recommendations have emerged regarding the future development of CDHP, based on the evaluation process and recommendations offered by participants. These include:

- The fulltime coordinator post should be made permanent.
- A standardised service data collection approach for CDHP should be developed, implemented and evaluated on a regular basis to fully capture the entirety of the project's work and impact.
- This data should include the inclusion of an ethnic identifier for parents and families who engage with CDHP.
- ABC Start Right and Paul Partnership CLG should explore, in collaboration and integration with other funding sources, the provision of additional project staff who reflect the growing cultural, racial and language diversity in Ireland.
- CDHP should have a dedicated budget to access additional multipurpose spaces, materials, and training for parents and frontline practitioners in the homeless services.
- The project should be expanded to go beyond the chronological zero to six age group due to the effects of homelessness on child development.
- The referral pathway for the project should be expanded to allow for earlier interventions and to provide engagement with the larger population of families experiencing homelessness in Limerick.
- The project should be extended to provide ongoing supports for families and parents who emerge from homelessness in an effort to prevent cycling in and out of homelessness.
- CDHP should engage with partner agencies to provide greater access to multipurpose communal spaces for play, social events, trainings etc., especially for families living in hotel accommodation.
- A clearer identity for CDHP, as part of the suite of services of ABC Start Right Limerick, should be established, so that the professionals and the general public are aware of the supports offered and the impact of homelessness on child development and parenting. Tools for identity awareness can include presentations, advertising, infographics, social media and interagency communications.

Background

Initiated in 2022, the Child Development Homelessness Project (CDHP) provides support to children and families experiencing homelessness in the Limerick city area. Focused primarily on the critical developmental stages from antenatal to six years, the project operates with the overarching goal of fostering development for homeless children across social, emotional, educational, and physical domains. Employing a strengths-based approach, the CDHP actively identifies the unique needs of these children and their parents in collaboration with statutory bodies and community agencies.

The objectives of the CDHP are to:

▪ Identify the specific needs of children as they present as homeless;

▪ Devise and implement integrated and timely plans to meet the identified needs, thereby ensuring that children are supported to reach developmental milestones;

▪ Work with parents to increase parental confidence in meeting the needs of their children;

▪ Support parents and children to retain a positive and nurturing parent-child relationship in very challenging circumstances;

▪ Work in partnership with other agencies to identify gaps in service provision;

▪ Develop tailored, integrated and measurable interventions for the children with clearly identified needs;

▪ Promote understanding and awareness within the homelessness support sector of the importance to support and improve a child's developmental progress in the early years;

▪ Improve understanding of supporting families through proper signposting to relevant services.

Funded by the Health Service Executive (HSE) and TUSLA, the Child and Family Agency, the CDHP is an integral component of the ABC Start Right Limerick Programme, managed by PAUL Partnership Limerick CLG. The collaborative implementation involves the active participation of the HSE, Tusla, Limerick City and County Council, and the ABC Start Right programme, exemplifying a unified effort to address the kaleidoscope of challenges faced by children and families affected by homelessness.

Homelessness & Child Health, Welfare & Development

This section provides a brief background to recent published material related to the topics of homelessness and its impact on global child health and development. It includes a review of current international and Irish literature on homelessness and how it can shape parenting and trajectories for child development.

Homelessness: Definition and Current Numbers

As of October 2023, 13,179 people were accessing emergency accommodation in Ireland (Peter McVerry Trust, 2023). According to Department of Housing, Local Government and Heritage statistics in the last week of October 2023 80 families were accessing emergency accommodation in the Mid-West. This included 122 child dependents and 104 adults in total.

There were significant problems with homelessness and housing in Ireland long before the Russian invasion of the Ukraine in 2022 (Morrin & O'Donoghue Hynes, 2018; Lambert et al., 2018). However, this event has significantly exacerbated underlying structural problems. As of October 2023, it is estimated that 96,338 Ukrainians have been granted temporary protection in Ireland.

Analysis suggests that there is little prospect of homelessness in Ireland being adequately addressed in the short term (Hearne & Murphy, 2017; Maher & Allen, 2014).

The Negative Impacts of Homelessness on Children

Historically, with few exceptions (O'Brien et al., 2000, Houghton, 2000; Houghton et al., 2001; Smith et al., 2001), there has been only limited information on the negative impacts of homelessness on Irish adults and children. However, in recent years the

Irish evidence base on this issue has increased dramatically. It is well known that homelessness can have a profound impact on the mental, developmental, educational and physical health and well-being of children. We are now in the fortunate position of often being able to draw on specifically Irish research to back up the international literature on the adverse impacts of homelessness. This is important as national research is more focussed on the particular circumstances experienced here, and as such is harder to dismiss. It should be noted that as well as advocacy groups and homeless parents being extremely negative about the environments and impacts that homeless children are subjected to, homeless children themselves are often very critical of the accommodation provided (Ombudsman for Children's Office, 2019).

Strong evidence suggests that homeless children do not progress developmentally at the same rate as the general population. Their physical, mental, social and emotional development is often adversely impacted (The Faculties of Public Health Medicine and Paediatrics, 2019). The causal pathways are complex, and a host of factors are acknowledged as contributing to this problem. Stress, anxiety, loss and trauma all negatively impact normal development. Homeless children may also receive less stimulation as they are often disconnected from wider kinship networks and local supports and interactions. The loss of familiar environments and personal possessions may also impede normal development. Such development has also been noted to be negatively influenced by such factors as a lack of space to learn to walk and similarly a lack of space to play. Poor sleep patterns have also been noted amongst homeless children (Keogh et al., 2006). Sleep is increasingly recognised as an important factor in both mental health and learning.

Educational disadvantage (Carroll, 2022) and school attendance have been noted to be particular issues among homeless children (Scanlon & McKenna, 2018; Halpenny et al., 2002; Semanchin Jones et al., 2018;), with a specific challenge being the distance between emergency accommodation and the schools. Additional barriers have been noted in the form of the financial pressures of long commutes to school, as well associated uniform and book costs (Keogh et al., 2006; Murran and Brady, 2023). Homeless children also have lower attendance, and poorer achievement scores, as well as higher rates of suspension and expulsion from school than their housed peers (Moore & McArthur, 2011). Homeless children may also experience

learning difficulties, cognitive delays, and special educational needs, in part due to their unstable and stressful living conditions (D'Sa et al., 2021). Early school leaving is a particular risk among homeless populations (Moore & McArthur, 2011), which is a factor in intergenerational homelessness. In response to the adverse impacts of homelessness and, in an attempt to break cycles of intergenerational homelessness and disadvantage, some homeless agencies such as Focus Ireland have developed specific educational interventions, such as the Education Matters Programme (Loftus, 2017).

Although some homeless children see school as a 'safe space' (Moore & McArthur, 2011), for others their intermittent and erratic attendance and associated failure to succeed in this environment can make it a highly aversive environment. Homeless children may be embarrassed about their housing situation and not seek out mitigating supports, thus unwittingly perpetuating their disadvantage (Moore & McArthur, 2011). Repeated moves can adversely impact school related social networks which in turn can negatively impact school performance. Relocation can also obviously impact wider social networks leading to social isolation (Halpenny et al., 2002). This isolation can be exacerbated by a lack of places to play in homeless environments (Halpenny et al., 2001; Halpenny et al., 2002), as well as by embarrassment and a reluctance amongst some children and adolescents to engage in play whereby their stigmatised homeless situation may be 'revealed'.

Homeless children are more likely to have experienced trauma in the form of abuse, neglect, violence, and family separation (Houghton et al., 2012). These factors in turn can lead to increased levels of psychological distress, anxiety, depression, post-traumatic stress disorder, and suicidal ideation (D'Sa et al., 2021; Keogh et al., 2006). Homeless children are also more likely to exhibit lower self-esteem and may have reduced coping skills. This vulnerable group are more likely to consequentially develop higher levels of behavioural and emotional problems, including heightened aggression, impulsivity, and hyperactivity, as well as higher rates of alcohol and substance abuse (D'Sa et al., 2021). Homelessness itself may be described as an Adverse Childhood Experience, and there is an established international literature on

the associated negative long-term outcomes of ACES (National Health Care for the Homeless Council, 2019).

The physical health of homeless children is often below that of the general population (Strashun et al., 2020). Overcrowding can negatively impact health, particularly in relation to infectious disease (Keogh et al., 2006). Homeless children are reported to have higher than normal rates of asthma, nosebleeds, migraine, nerve rash and bed-wetting (Keogh et al., 2006). Homeless children are also often more vulnerable to physical harm, such as accidents and injuries, given limited space and issues such as cooking and food preparation in inappropriate spaces. They may also be subject to increased levels of violence, as they may be living in unsafe and crowded places, or potentially on the streets or in shelters. Homeless children are also more likely to be exposed to sexual exploitation, trafficking, and abuse (D'Sa et al., 2021). Potential impacts include unwanted pregnancies, sexually transmitted infections, and HIV/AIDS. Homeless children may also engage in risky behaviours, such as smoking, drinking, and drug use, which can affect their physical health and well-being.

The high mobility of homeless populations can dislocate families from routine health services and result in poorer dental health and vaccination status (Halpenny et al., 2002). This lack of routine services can also extend to GP access, resulting in increased Emergency Department visits for homeless children (O'Brien et al., 2022).

The UN Convention on the Rights of the Child (UNCRC) recognises that childhood is a distinct phase, and that children from birth to 18 years, while dependent on adults, have special rights and require special protections. Ireland ratified the UNCRC in September 1992. Under the UNCRC the Irish State is obliged to safeguard the rights of all children. Among other issues, this specifically: includes the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development (Article 27); the right of the child to the enjoyment of the highest attainable standard of health (Article 24); and provisions to ensure that children with

additional and special needs can enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (Article 23).

As noted by Frazer et al. (2020) a number of additional international human rights instruments refer to the right to housing. These include Article 25 of the Universal Declaration of Human Rights which states:

> *Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services…*

In addition, Article 11(1) of the UN's International Covenant on Economic, Social and Economic Rights (CESCR) makes a similar statement:

> *The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.*

It is clear from the UNCRC, and similar commitments, that the Irish State is ultimately responsible for the welfare of its children. Special protections are obviously required in order to mitigate the negative impacts of homelessness on children.

Homeless Parents

Having detailed the negative impacts of homelessness on children, it is imperative to also explore, albeit briefly, the health and wellbeing of homeless parents . An understanding of the parents' needs and experiences is vital in order to be able to understand and respond to their needs and those of their children. The two are inextricably linked and both simultaneously impact the other to greater or lesser degrees (The Lancet Public Health, 2017). Parents with mental or physical illnesses,

or in distress themselves, may be less able, or potentially unable to respond adequately to the needs of their children. Therefore, a focus on parental health and well-being as a facilitator of improved child or infant health is important. Similarly, infant and child ill-health and upset often negatively impacts parental wellbeing, which in turn may cycle through to sub-optimal parenting, especially if experienced over prolonged periods.

Homeless adults and parents are an increasingly diverse group. Individual and structural factors both impact homelessness in Ireland. Rising house prices and rents, as well as an accommodation shortage and minimal new house building in recent years have all had a dramatic and negative impact. For example, some people may simply have become homeless due to unemployment, financial issues and subsequent eviction, or through relationship breakdown. Others may have become homeless having had to flee situations of domestic violence and abuse, while an increasing number may have fled war or persecution (Long et al., 2019).

It is no surprise therefore that levels of trauma, Post-Traumatic Stress Disorder (PTSD), anxiety and depression in this population are routinely much higher than observed in the general population (Ayano et al, 2020). A recent systematic review and meta-analysis on homelessness and health outcomes in Ireland noted, in line with international findings, disproportionately high rates of alcohol and drug misuse, including injecting drug use (Ingram et al., 2023). As such the physical health status of homeless populations are significantly worse than the general population. For example, the risks of Venous Thromboembolism (VTE) are reported to be ten times higher among homeless populations compared to the general population (Ewins et al., 2019). The potential impacts of mental health issues and dual diagnosis must also be considered in this group (Prinsloo et al., 2012). Rates of self-harm have also been noted as being significantly higher among homeless populations than the general population (Barrett et al., 2018).

Homeless populations in Ireland experience dramatically higher mortality rates than the general population (Ivers et al., 2019). Homeless people also routinely struggle with health care access (Ingram et al., 2023; Swabri et al., 2019; O'Carroll et al., 2017; McNeill et al., 2022), and analysis of Emergency Department visits by the homeless indicate extremely high rates of ED high usage (Ni Cheallaigh et al., 2017; Uí Bhroin et al., 2019). This is not surprising given difficulties in accessing GP care, particularly for highly mobile populations and those with chaotic lifestyles.

Halpenny et al. (2002) have explored the negative impacts of homelessness on parents, noting in particular its adverse effects including a loss of dignity and supports, as well increased social isolation. This research also noted the loss of space and privacy associated with homelessness, in addition to its negative impacts on both daily routines and parenting. The vast majority of homeless parents are very concerned over the impacts of homelessness on their children's health and development (O' Brien et al., 2022).

Homelessness: Definitions & Disputes

There has been considerable debate for many years over definitions of homelessness, particularly in relation to what are often termed the 'hidden homeless' (Busch-Geertsema, 2008). Section 2 of Ireland's Housing Act, 1988 states that a person should be considered to be homeless if:

> *(a) there is no accommodation available which, in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of,*

> *Or*

> *(b) he is living a hospital, county home, night shelter or other such institution, and is so living because he has no accommodation of the kind referred to in paragraph (a), and*

> *(c) he cannot provide accommodation from his own resources.*

The European Federation of National Organisations Working with the Homeless (FEANTSA) has developed a European Typology of Homelessness and housing exclusion (ETHOS). This helps to provide a comprehensive structure on homelessness that incorporates the wider dimensions of homelessness across Europe:

rooflessness (without a shelter of any kind, sleeping rough)

houselessness (with a place to sleep but temporary in institutions or shelter)

living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence)

living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).

Standard definitions and reports routinely minimise the actual numbers of homeless people, instead often only capturing the most visible homeless populations.

Quantitative Analysis

This section focuses on quantitative analysis of the project and focuses on referral patterns, identified needs and interventions and activity.

Referrals

The majority of referrals came from the Homeless Action Team (HAT). Families can only be referred if they have been placed in accommodation through the HAT. Approximately one-third (33.7%) were solely referred by the HAT. As can be seen from Table One, referrals often involved two agencies. Sole and dual referrals involving HAT accounted for almost half of referrals (45.7%).

Table One: Source of Referrals 2022 & 2023

Referred By	Percentage (Number)
Homeless Action Team (HAT)	33.7% (28)
Public Health Nurse (PHN)	22.9% (19)
Suaimhneas	12.0% (10)
Focus Ireland	8.4% (7)
Mid-West Simon (MWS)	8.4% (7)
HAT/ Self-referred to HAT	6.0% (5)
HAT/ Direct from Dock Road Drop-In	1.2% (1)
PHN/ HAT	3.6% (3)
PHN/ Self	1.2% (1)
Missing Data	2.4% (2)

Most referrals came with two identified needs (42.2%, n=35), although the number ranged from none identified in the referral to four. The average number of identified needs based on referrals was 1.55 (SD= .88). As can be seen from Table Two Emotional and Social Supports were frequently mentioned in referrals (n=40), followed by additional parenting supports (n=18). Speech, Language & Communication issues were also routinely cited (n=15).

Table Two: Referral Issues 2022-23

Issue Noted in Referral	Number of Referrals Mentioning this Issue
Emotional & Social Supports (including social isolation)	40
Parenting Supports/ Mastery	18
Speech, Language & Communication	15
Sensory Needs	10
Parental Mental Health	8
Gross Motor Skills	7
Routines	6
Behaviour	5

Toileting	2
Fussy Eating	5
Weaning	5
Toileting	2
No Information Given	7

Interventions & Activity

As can be seen from Figure One the number of families on the caseload has risen from the beginning of 2022. During 2022 the average was 26.2 (SD=8.3).

Figure One: Monthly Total Number of Families on Caseload for 2022
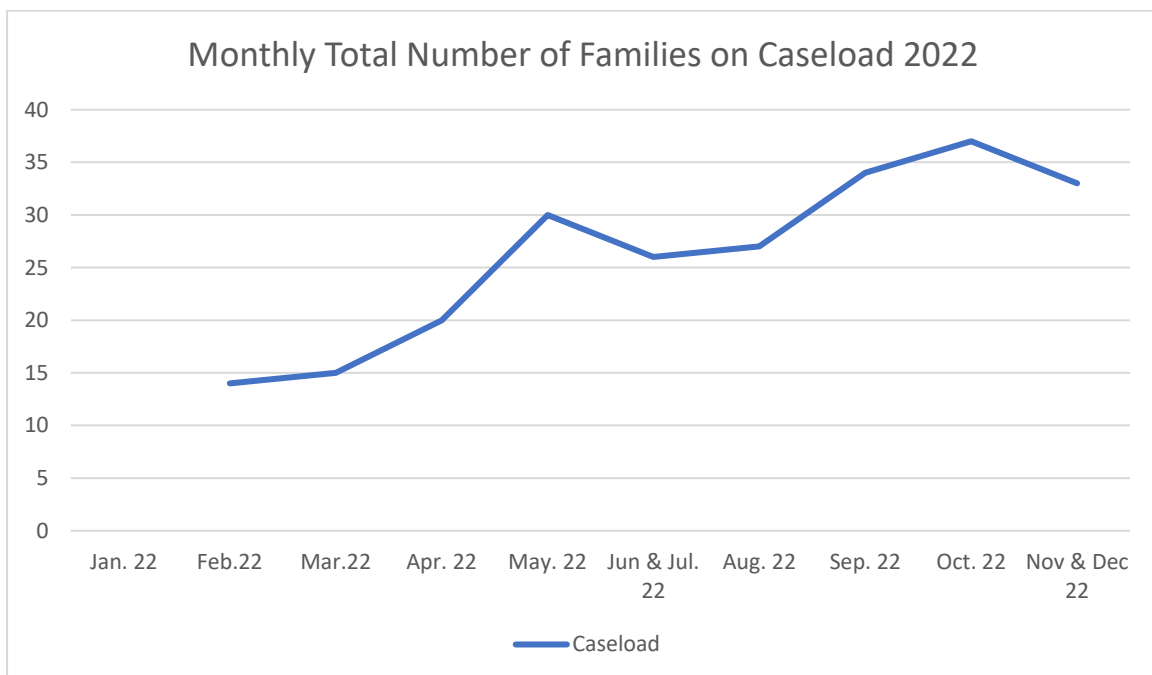
The number of families on the caseload has been more stable in 2023 (See Figure Two) averaging 25.7 (SD=2.3) in most months.

Figure Two: Monthly Total Number of Families on Caseload for 2023

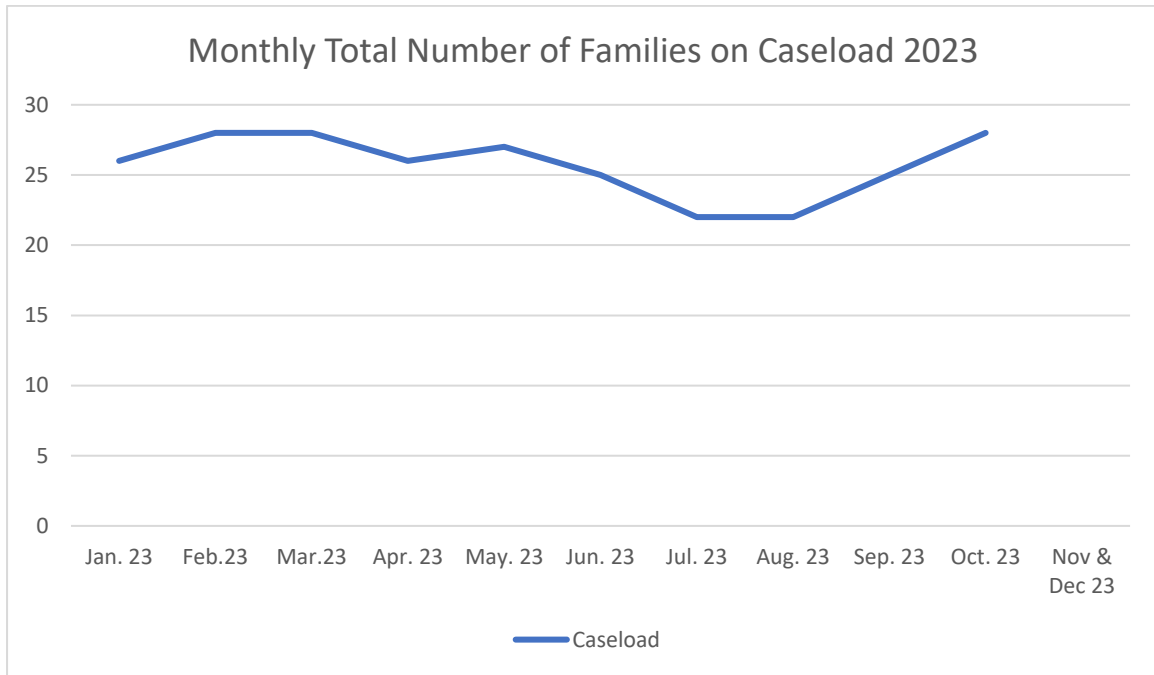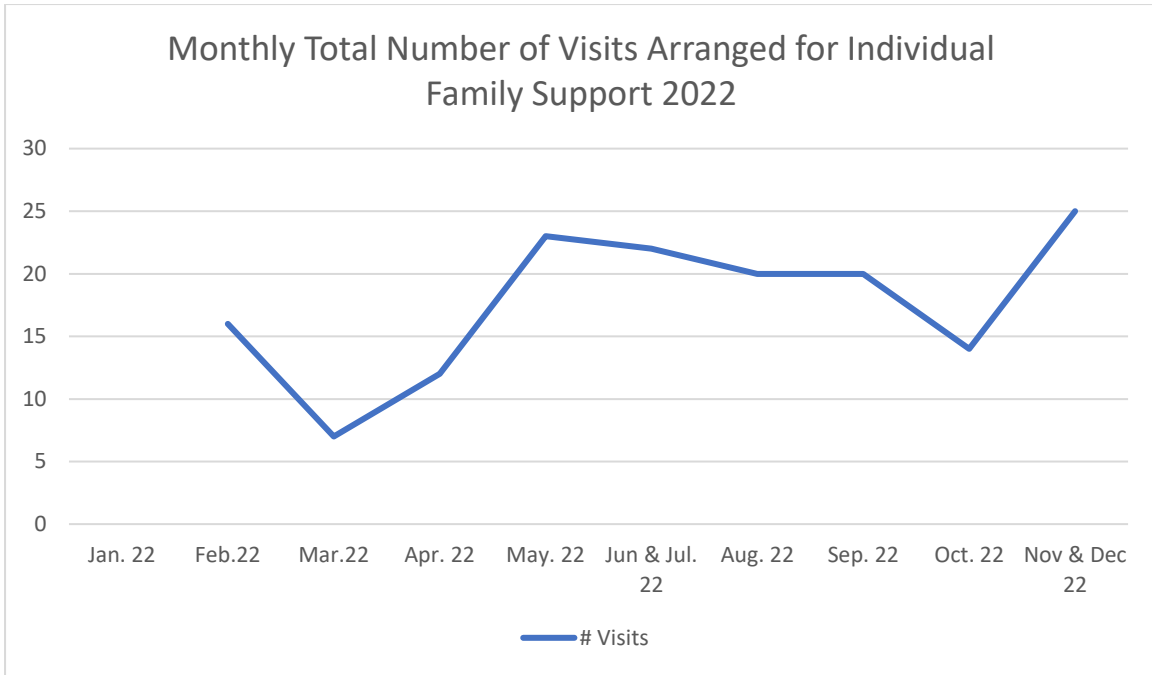Monthly Total Number of Families on Caseload 2023

Figure Three details the number of visits arranged for individual supports in 2022.

Figure Three: Number of Visits Arranged for Individual Supports by Month (2022)

Monthly Total Number of Visits Arranged for Individual Family Support 2022

The number of these visits on a monthly basis was generally lower.

Figure Four: Number of Visits Arranged for Individual Supports by Month (2023)

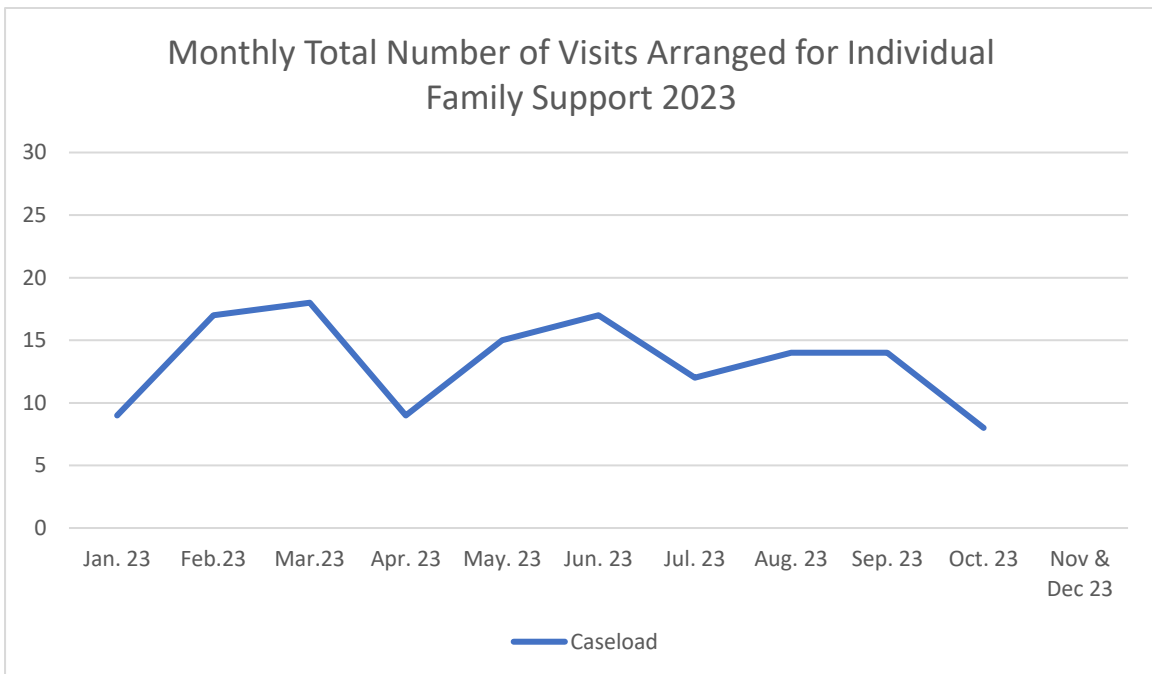Monthly Total Number of Visits Arranged for Individual Family Support 2023

Table Three the Project Coordinator has been extensively engaged both training and intervention activities over the last two years.

Table Three: Example Training & Intervention Activities Conducted

Capacity Building Workshop: Child Development & Health
Capacity Building Workshop: Infant Mental Health
Capacity Building Workshop: Language & Communication Development
Capacity Building Workshop: Marte Meo; Positive Interactions
Capacity Building Workshop: Child Directed Responses
Capacity Building Workshop: Working With Parents to Support Child Development
Capacity Building Workshop: Child Development Induction
Reflective Practice Sessions
One-to-one Mentoring Sessions
Baby/ Toddler Story & Rhyme Time Sessions
Sensory Story Walks
Messy Play (Sensory Integration Sessions)
Infant Massage
My Place to Play Briefings
Play Friendly Environments at Hubs Facilitation
Outdoor Play Area & Sensory Room Facilitation
Social Service Council Parent/ Toddler Attendance Facilitation
Incredible Years School Readiness Programme
'Buy Well, Eat Well, Be Well'

It is clear that a wide variety of interventions and supports have been offered to date.

2.0 QUALITATIVE EVALUATION METHODOLOGY

The purpose of this evaluation is to:

1) provide an overall assessment of the efficacy of CDHP and the supports offered to parents affected by homelessness in the Limerick city area.

2) include the views of parents experiencing homelessness as a means of informing and potentially shaping the future work of CDHP and its work with other partners and relevant organisations.

3) determine the resources and needs of front-line practitioners in the homelessness sector to support their work with children and parents affected by homelessness in Limerick.

4) identify what works in CDHP and what needs attention.

5) obtain recommendations for future management, development and implementation of the CDHP.

While quantitative approaches were used to examine data collected by the project since 2022, the main approach in this report was qualitative, through interviews and focus groups with participants and stakeholders. This approach was requested by Paul Partnership CLG to provide a detailed exploration of the lived experiences of participants and stakeholders and to gain information around their recommendations for future CDHP work.

Qualitative methods are useful for programme evaluation as they can go beyond the limits of quantitative assessment and provide colour, description, and more practical recommendations directly from participants (Balmer et al 2016; Furlong & McGilloway, 2012). This approach allowed for a deeper exploration of sensitive issues and personal experiences of parents who have engaged with CDHP and the stakeholders and partners of the project, thus facilitating the design of interventions that might better meet the needs of homeless parents and families.

2.1 PARTICIPANT RECRUITMENT

Participants for the evaluation process were sourced using purposive sampling. The collective populations of parents engaging with CDHP, stakeholders and practitioners in the Limerick area is small, and the parents in particular could be viewed as an elusive population that would not be readily accessed through a public recruitment process. As such, representatives from Paul Partnership and ABC Start Right identified potential participants and provided their contact details, which allowed the research team to reach out. The CDHP coordinator assisted the research team in connecting with parents and arranging safe, private and comfortable venues for the parent interviews to take place, including the individual hotel rooms of participants. At all times, the location and mode of the interview (online or in-person) was determined by the preference of the participant concerned.

2.2 DATA COLLECTION AND ANALYSIS

All data collection, analysis and reporting were completed by the report authors from October 2023 through December 2023.

Qualitative research was based around individual semi-structured interviews and focus groups. A focus group with frontline practitioners in a homeless service was conducted in November 2023. Semi structured interviews with parents who participated in CDHP and relevant partners and stakeholders were conducted across October through December 2023 in person and online via Microsoft Teams. The tables below provide the pseudonymised list of participants in the research.

Table Four – Focus group.

Participants	Location of focus group
Focus group (4 participants, employed as frontline practitioners in a	Administrative offices of a homeless service - Limerick, Ireland

homeless service in Limerick)	
TOTAL	**4 participants**

Table Five – Interviews with Parents.

Participant pseudonym	**Location of interview**
Kathy	Homeless accommodation
Gretta	Residence
Beth	Limerick Social Services Centre
Sarah	Homeless accommodation
Julie	Limerick Social Services Centre
Sophie	Moyross Community Centre
TOTAL	**6 participants**

Table Six – Interviews with Stakeholders.

Participant pseudonym	**Professional role**	**Location of interview**
Mags	Public health nurse	Microsoft Teams
Barbara	Child development professional	Microsoft Teams
Terri	Manager	In person – admin office of homeless service
Nancy	Child development professional	Microsoft Teams

Malina	Early childhood professional	Microsoft Teams
Pat	Manager	Microsoft Teams
Jenny	Child support professional	Microsoft Teams
Geraldine	Manager	Microsoft Teams
Kirsten	Public health nurse	Microsoft Teams
Roberta	Allied health professional	Microsoft Teams
Eve	Early childhood professional	Microsoft Teams
TOTAL		**11 participants**

A focus group guide (see Appendices) was developed to promote discussion among the participants and gather information around their experiences of supporting parents and families within their service and of working in collaboration with CDHP. Separate interview schedules were created to be used with professional stakeholders and parents (see Appendices).

2.3 QUALITATIVE ANALYSIS

The data collected from written/taped recordings of both focus groups, along with notes and observations made by the author were analysed using thematic analysis (Braun & Clarke, 2006). The goal of thematic analysis is to identify patterns in the data that are important or interesting and use these patterns to address the research question.

In this report, the consolidated information will provide feedback from CDHP participants and stakeholders around the strengths and weaknesses of the project and the supports it offers, and recommendations for future management, development and implementation.

2.4 ETHICS AND LIMITATIONS

Best practice ethical guidelines were adhered to as outlined by the Sociological Association of Ireland in consultation with representatives of Paul Partnership and additional members of the steering group from TUSLA and the HSE. Focus group and interview participants were informed as to the purpose of the activity and the fact that it was being audio-recorded/video-recorded; all offered verbal and written consent (see participant information sheets and consent forms in Appendix). Participants were made aware that additional notes were taken by the researcher Jennifer Moran Stritch while conducting the focus group and interviews. These will be destroyed after the report submission.

All audio and video files have been stored in encrypted password-protected files and will be destroyed after the final report is submitted. Transcriptions of each recording have been used to complete the thematic analysis. The transcriptions were completed by the research team for confidentiality and to aid analysis. These have been anonymised so that identifiable details have been removed and will be deleted following the submission of the report.

The research team wishes to acknowledge a limited pre-existing professional relationship with certain project staff and collaborators involved in this evaluation. In addition, some stakeholder participants and all parent participants would have ongoing relationships with the project coordinator and partners. Efforts were made to address the subsequent bias that might arise, including constructing interview schedules that inquired about all aspects of the project, assuring anonymity and confidentiality of participants, peer research debriefing, peer research coding of transcripts and transparent reporting. This disclosure underscores the transparency and integrity of this report.

2.5 VULNERABILITY OF PARTICIPANTS

It should be noted that the purpose of CDHP is to identify and address potential developmental delays among young children in homeless services, and to offer supports to these parents and families affected by homelessness in the Limerick city area. Some of the parents who were interviewed are also recent migrants to Ireland, for whom English is not their primary language. Several had also experienced domestic violence, trauma, substance misuse and addiction and poor mental health

prior to becoming homeless and as a result of their experiences within homelessness. As such, the parent participants in this research would be considered vulnerable persons.

Best practice beneficence and ethical protocols in research were adhered to throughout the field work, and participant wellbeing was paramount for the research team. Every effort was made to communicate clearly, using simple language to encourage participant engagement. In addition, participants were made aware of resources that they could access following the interviews should they need to for additional information and emotional support if any topic was distressing. All participants were informed that they could withdraw from the research at any time during the focus groups/interviews or withdraw any contributions made up to one week after the conclusion of the focus group/interview. Written consent was provided by all participants and verbal consent was sought repeatedly throughout the conversations (see Appendix). For parents, a token of appreciation was provided by Paul Partnership as a way of acknowledging their time and inputs in this evaluation. A short debrief session was held at the conclusion of all interviews and the focus group session to allow participants to ask questions, review their contributions and the support contact details included in the participant information forms if needed.

2.5 LIMITATIONS

Qualitative methodologies were the dominant approach in this evaluation; while valued for its depth and richness, qualitative research has inherent limitations. A primary concern is subjectivity, as the gathering and analysis of qualitative data rests on an interpretivist approach which is influenced by the researcher's perspective. This subjectivity introduces bias, affecting generalisability of findings. Small sample sizes, which are common in qualitative research including this project, limits the transferability of results to broader populations.

It should be noted that all parent participants were mothers. Of this group, half were single parents with primary custody of their children, while the remainder were co-parenting with a spouse or partner in shared homeless accommodation. No participants identified as male. As a result, the perspective of fathers/male parents is not included in this report.

This project had a relatively short timeframe for completion, and therefore the work had to be targeted to parents and certain stakeholders. Every attempt was made to include a variety of practitioners and professionals who work with CDHP. However, others who work within the child development space and would have contact with children and families experiencing homelessness (GPs, practice nurses, primary school teachers, early childhood care and education professionals) were not included in this evaluation due to time constraints.

Using thematic analysis as a way of examining the interview/focus group transcripts, lines were coded and then examined collectively to allow for the development of themes. They are presented here in order of prominence, first from the parent interview transcripts and then from the stakeholder interview/focus group transcripts. Exact quotes have been anonymised here and are represented as italicised text.

NB: As the emphasis in this report was on qualitative analysis, a greater number of quotes than would normally be listed in an evaluation text have been included here in order to portray the nuance and emphasis within the interviews with parents and stakeholders.

PARENT THEMES

Theme 1: Programme Engagement and Support:

Discussion of the benefits of engaging with the CDHP from the perspective of parent participants dominated the interviews. The responses were overwhelmingly positive about the experiences they had with CDHP and the evidence of its benefits on their child's development and their capacity to parent proactively and with minimal conflict. The subthemes connected to their experience of the programme included: a positive and beneficial relationship with the project coordinator, and the parents' subsequent connection to other services and supports in the community outside of homeless services as a result of their relationship with the project coordinator. Subtheme 1.1 is evidenced by the quotes below.

Subtheme 1.1 Relationship with the project coordinator

All participants were extremely complimentary when discussing their relationship with the project coordinator. The comments also underscore the open and flexible approach taken by the coordinator, which is particularly useful given the vulnerability

of the parents and families and the multiple stressors they encounter due to being homeless.

- o *"I didn't feel like I had to hold anything back with [project coordinator]. I just loved learning from her. I feel very confident in talking to her even now."*

- o *"She just listened to me and then gave me her advice."*

- o *"I was nervous to come down but she was friendly and we had a cup of tea. She's just very easy to be with and I never feel like she judges me".*

- o *"Honestly, myself, if I ask her something I know she will help me. I ask her to think about this because this is my main problem and she came back to me with help."*

- o *"She called. She checked. She was the lifesaver for me. She's still, like, encouraging me."*

- o *She's always there, like, to help. She encouraged me to attend [groups].*

- o *"She was a lifesaver to me because by that time I was really, really going through a hard time."*

- o *"So if I can't ever contact my key worker, I can always contact [CDHP coordinator] and that's very reassuring."*

All parent interviewees identified the relationship between themselves and the coordinator as the most significant factor for them in their ongoing engagement with CDHP.

Subtheme 1.2 : Signposting and connection with other supports via CDHP

One of the identified objectives for CDHP is signposting homeless parents and families to additional supports if needed and promoting the families' connections to community services and activities. This linkage is essential to enhance opportunities for social inclusion, which are fragile due to the insecurity of housing and the exposure to poverty, social stigma and other disruptions which are secondary to homelessness. The parent participants were clear that by engaging with the CDHP

and in particular because of the positive relationship with the coordinator, they have been able to connect with other professionals and to access new and different social supports, both formal and informal.

It is interesting to note that some participant quotes listed below describe accessing what might be called essential services, such as health and mental health care, while others are about finding activities and education opportunities that promote a child's development, social and cultural capital and quality of life for both parent and child. Some quotes that evidence this:

- *She [coordinator] done the baby massage and then I started going to other groups at [community organisations] because I enjoyed the baby massage so much.*
- *I met a girl at the group and then I saw her again at the first aid. When I moved here we recognised each other and now she's my neighbour and our girls go to the same school.*
- *She introduced me to so many groups.*
- *Definitely I feel…so I feel like I can ask for help like if I'm struggling with parenting or even my mental health, because I don't want to let my child down if I'm struggling.*
- *She [child] has a problem with eating honestly. So there's something around that sensory and mouth feel for her, and I was able to ask [CDHP coordinator] and the nurse about that and they helped me.*
- *My next thing I'm going to do is find a dance class for my daughter because she wants to learn to dance and I want her to have that opportunity.*
- *She [coordinator] introduced me to many support organizations.*

THEME 2: Learning and confidence-building as a Parent.

A prominent theme among the parents was an increased feeling of competence and confidence in their parenting as a result of their engagement with the CDHP coordinator and the programmes provided. Parents frequently mentioned attending

groups, one-to-one sessions, and parent and child sessions. Those mentioned most often included: weaning, messy play, storytelling and nursery rhymes, infant massage, outdoor and sensory room play and stories in the park/story walks. Discussion of these activities in the interviews was universally positive, and participants reported feeling better informed and more capable as parents in terms of playing and interacting with their children, helping them to manage emotions and supporting their transition of bottle-feeding to solids, etc. The quotes below evidence this:

- o *She [coordinator] is always sharing tips on parenting. She showed me what I was doing [with my children], but it wasn't OK. Now I know the right way.*
- o *I used to call my child 'bold' but I don't now because that's not good.*
- o *And they have come up and do a few exercises with them [children] and they do it right, which I couldn't get a hold of on my own. [The project coordinator] showed me how to do it with him again and to do it and she showed me what I was doing a few times until I could do it on my own with them.*
- o *Now I get down and play with him on the floor and I didn't know to do that before.*
- o *She taught me and I was like, yeah, maybe that's why [child] was crying all the time and I can't do that.*
- o *Even the first aid classes really gave me confidence.*
- o *I'm feeling more confident about putting him in a place that is away from me like the creche.*
- o *Because I knocked myself after my family died and I didn't think I'd be able to do it [parenting]. But I know that I can now.*
- o *And I wouldn't feel like I can't say this or I can't say that now, you know, I feel very confident in talking to them [GP/Public Health Nurse].*
- o *It was the last three classes when I kind of got confidence in how to do the storytelling.*

- *I didn't know that my baby was behind in crawling and how that could affect him. Now I know he needs to be on his tummy on the floor to get stronger every day and that's all part of it.*

Subtheme 2.1:   Importance of routine and consistency

This subtheme was a strong presence in the parent interviews. It highlights the parents' focus on creating consistency and stability in their families' lives, especially in light of the often chaotic and unpredictable experience of homelessness. This emphasis on routine for their children in order to help manage sleep hygiene, bedtimes, access to screens and television, homework, play time, meals etc. is clearly important to the participants. They attribute their ability to provide routine and stability for their children directly to their engagement with CDHP. This also suggests that incorporating structure into their family life has been strengthened by their involved with CDHP and in particular from guidance provided by the coordinator.

- *I have a home now and I do everything for my daughter.*
- *I love the stability for my kids.*
- *Routine is everything.*
- *I had to learn to be the leader for my daughter, to be in charge.*
- *Keeping a routine allows the children to get their sleep.*
- *We have a routine now. My daughter knows when she does her homework from school when she gets in and then we read and have playtime before bed, just the two of us.*
- *Because she gave me that confidence to be able to do this, to get them in bed and have their evening routine by half seven at night, I can get my housework done and I have time to myself.*
- *I know about the importance of stable relationships for my son. I can't have my house be in chaos with people coming in and out all the time.*

Interviewees emphasised the need for routine, boundaries, and stability for their children as part of their parenting practices and identified their role as the person who takes the lead in providing a regular schedule within their family. In particular, parents who had spent time in family hub accommodation where the presence of homeless services staff is more consistent mentioned the benefits of routine most frequently, in comparison to those who lived in hotels.

Subtheme 2.2: Play and Language Skills

A major intervention provided by CDHP are activities that encourage age-appropriate forms of play for children that will enhance opportunities for global child development. Participants frequently mentioned not only their enjoyment of these activities provided by CDHP and the child support workers in the homeless services, but commented on their value for relationship-building with their children and as an enhancement to their parenting repertoire. The quotes below evidence this:

- *I love doing arts and crafts with [my daughter] and it's good for her. We started that in [the family hub] with [coordinator and frontline practitioner]*
- *You know, she [coordinator] brings, like sometimes…like a puppet and to know if she [child] knows the songs so she sings with her.*
- *She [coordinator] brings the flour and oil and we make the dough and my daughter play with it and make things. My daughter loves that and asks to do it all the time now.*
- *My son was having trouble with his speech but we did the exercises and we help him with his words and now he is better. His teacher in school says his talking has improved a lot and they understand him better.*
- *[Child] knows "The Wheels on the Bus" and he can sing that now which we learned at the group. He sings it all the time which is great. I was worried about his talking but it's good now.*
- *The messy play we did in the summer was good, my child loved that.*

The interview quotes also suggest that the skills learned by parents in terms of creative and language-enhancing play have been incorporated into their family life and are not solely reliant on provision from the CDHP or the coordinator.

THEME 3: Coping with Challenges of Parenting in Homeless Accommodation

SUBTHEME 3.1 Impact of living conditions

This subtheme has a significant presence in the transcripts. Clearly, the interviewees are very positive and grateful regarding the supports from CDHP and the homeless services, but the effects of living in homelessness are traumatic and pervasive, affecting virtually every aspect of family life. In particular, the living conditions in hotels with little privacy or room, no safe place for indoor/outdoor play, and the transient nature of the homeless population are identified in the quotes below:

- *It (engaging with CDHP) made life easier but being homeless is still hard. It was very hard to be in a hotel room all the time. When I got to [family hub] that was better but still this is not what you want for your kids*

- *Honestly, there's only [local city park] nearby, so I take her when the weather is good but there is no place for her to play here.*

- *I don't want any temporary place, but it is very hard because you could be moved at any time, so my children and I don't bother making friends because they leave.*

- *Imagine staying in a hotel...it's not good. Yeah, it still is hard to be here and I have been here for over a year. My child couldn't crawl here on the floor because there's no room.*

- *I was worried that because we became homeless I would lose my family and that the kids would go into care because we have no space here. You can't rear children in a hotel room.*

Lack of space has a clear impact on parents experiencing homelessness, and this subtheme is intertwined with the next two themes below.

Subtheme 3.2: Coping with trauma, loss and grief in homelessness.

As noted throughout the academic literature, homelessness is a multifactorial condition, often preceded and exacerbated by trauma, addiction, family rupture and the effects of poverty, underemployment and social marginalisation. Across the parent interviews, the participants reflected on the losses they experienced prior to becoming homeless which they identify as contributing factors to their current situation. They also spoke about the bereavements and other non-death related traumas they have encountered during their time in homeless services. The quotes below describe the subtheme:

- *I felt stronger and better now with the help I get [from CDHP]. I was in a very bad place before. I came back to me, the bubbly person I was before I was homeless.*
- *I just didn't trust no one, not interested in anyone…really didn't care.*
- *I became a very dark, deep person.*
- *My father-in-law passed away this year. We couldn't go to the funeral which was very hard because it cost too much.*
- *When you're grieving, especially when you're very early in grieving, you can't…it's hard to find the energy to take care of your kids.*
- *My sister died. She did it by suicide. It was hard and being homeless had an impact. Very hard to be a parent when that's happening.*
- *Grief was everywhere.*
- *I wouldn't be close with my family and that's hard when you're homeless.*
- *I lost my mother just after reconnecting with her.*
- *I'm always fighting with family.*
- *I've broken up with my child's father since we became homeless.*
- *The negativity of grief was bringing me down. I had no energy.*

Interviewees made clear references to the trauma and loss that is incumbent in the experience of homelessness, and to the support they felt from CDHP and homeless services around loss. This is noteworthy, because the purpose of CDHP does not explicitly name this as part of the service but these parents are finding support for these issues from their engagement with the programme. It should also be noted that no questions in the interview schedule asked participants to comment on grief,

mental ill health, trauma or loss experiences; these topics arose spontaneously in the interviews.

SUBTHEME 3.3   Cooking and Nutrition in Homeless Accommodation

Another subtheme within the overall theme of parenting challenges in homeless accommodation is nutrition and cooking for a family, especially in hotel settings. Some parents made connections to possible sensory or developmental difficulties because of the lack of variety in their child's diet. Others commented on the lack of cooking facilities and trying to feed a family over an extended period of time with only a kettle, hotplate or microwave. Another strand of this theme is the desire of some parents to cook foods from their culture of origin, and to avoid the use of processed and convenience foods which are not part of their ethnic background. Evidence for this can be seen below:

- o *Maybe she eat pasta, you know, cold pasta for two months or three months.*
- o *I think my main problem with [child], is he don't eat his food, even if he's so hungry.*
- o *Only if it's that not too dry food you can pick and eat, but if it's like something with a spoon, no...*
- o *I feel that OK, she [my daughter] eats like nuggets or fries.   But I want her to eat food that is nutritious. Too much food is made in the microwave.*
- o *And, you know, Irish food can be…would be different from our own food and I want to cook my food.*
- o *You can't cook here. I have to go to my mother's house and cook the food for a few days and bring it back here [to the hotel].*

Cooking within the family context is integral to the parental role. It imparts not only sustenance and nutrition to children, but also serves as a conduit of social and cultural values and has a very powerful meaning within parenting (Share, 2020). By preparing food for the family, the parent fosters cohesion, emotional bonding, and a shared sense of identity. It is clear that the participants in this research are

struggling around the lack of proper cooking facilities for individual families in homeless accommodation, especially in the hotels.

THEME 4 : Recommendations for the future of the programme

Parents were asked specific questions regarding their suggestions to improve CDHP in future (*What else could the programme do for you as a parent? If you were in charge of the programme, what would you do? What changes would you make (if any?*). Initially responses were focused on their overwhelmingly positive experiences with CDHP and its coordinator. After some discussion and encouragement emphasising their confidentiality and anonymity in the evaluation, the following subthemes were identified under parents' recommendations for future programming.

Subtheme 4.1 Additional staff/expanded service.

Parents recommended an expansion of the service for homeless parents and families, to include other communities or other families receiving accommodation that is not sourced through Limerick Council. They also requested more activities for their children and themselves to support child development. They presented an awareness of the work extending beyond the capacity of what one full time post can provide. The quotes below provide evidence of this recommendation:

- *They should invest more money so they can do more and have more workers.*

- *More frequent visits, with more space for them.*

- *Do more activities for children in the hotels.*

- *Advertise more so that other parents know what's happening.*

- *Expand to other communities. There's homeless parents out there that no one knows about on people's couches.*

The request for service expansion is clear, and the next subtheme is linked to additional staff to meet the particular needs of "new Irish" parents from migrant communities.

Subtheme 4.2: Hire additional multilingual/multicultural staff.

Across the interviews, participants spoke highly of the CDHP coordinator, but also noted the high number of families in homelessness who come from cultures outside of Ireland and who have very little ability to communicate through English. Half of the participants were recent migrants from Eastern Europe, the Middle East and the Global South, and noted the social, cultural and language barriers for the migrant homeless population. Interestingly all participants, whether native Irish or new Irish, identified the need for additional CDHP staff who can represent and connect with these groups while working in concert with the current coordinator. The quotes below describe this subtheme:

- o *I had no English when I came here and it was very hard…very hard to speak to people or know how to get help.*
- o *I don't know how they do it. It's hard enough when you do speak the language. I think having someone like a mother who comes from their culture would be good.*
- o *I'd like to see a Muslim woman who could work with [the coordinator] and do translation and things like that.*
- o *It's hard because when you grow up someplace else you have different ways of doing things, of disciplining your kids like…and now they have to learn to do things the Irish way and they may not understand.*
- o *You learn better from someone who looks like you and talks like you and can speak your language so another worker who could team up with [coordinator] and work with her would be good.*

Parent participants identified a need for the programme to be expanded, for additional staff to join the CDHP, and that new staff should optimally represent greater diversity in order to successfully engage with parents and families experiencing homelessness in Limerick.

Subtheme 4.3 Additional facilities/activities

All parents were enthusiastic about the current services provided through CDHP but saw room for expansion in offerings, including additional activities for parents and children. Many of these suggestions are aligned with social isolation and lack of

peer contact. Facilities for children to be able to play, especially in the hotels, is a strong element, as evidenced by these excerpts:

- o *Maybe have like food for the parents in a group where we can cook together.*

- o *I think about it. I don't know if the program is responsible about it or no, but it needs more attention. There has to be more space for kids to play safely. There is no space in a hotel room.*

- o *So some kind of indoor play space where groups of children can meet, have birthday parties, or do something if they are living in the hotel.*

- o *Somewhere for mothers to go and meet, have a coffee and a chat, connect with each other. That could prevent people from being homeless in future because they'll be more stable and they'll feel connected with each other. It's so hard to make friends with other mothers.*

It is noteworthy that one participant links stability, social connection and friendship for parents with prevention of homelessness, and also describes the risk of homelessness becoming a cycle across an individual's life.

Subtheme 4.4 - Anticipated need for future support as children grow.

CDHP's current remit is children ages zero to six, but participants commented that child development does not stop once a child reaches that age. When thinking about what additionality could be provided in future, parents requested ongoing services and support for child development regardless of their chronological age or their housing status. The quotes below provide evidence of this recommendation:

- o *Need support as the kids grow older.*
- o *I would like to have more parenting support even in the future as my daughter gets older so I know what to do.*
- o *Just because we're not homeless anymore doesn't mean this is over. My children are still not right after it. They still don't sleep right.*

- o ***I worry that my child won't develop right after being homeless for two years.***

The parents interviewed here demonstrate a striking intuitive awareness of how even a short period of homelessness can have ongoing negative impacts on a child's life, and the need for additional supports through adolescence and beyond in order to counteract the adverse effects of homelessness.

STAKEHOLDER THEMES

The themes and subthemes below have been retrieved via thematic analysis of a focus group transcript and eleven individual semi-structured interviews with stakeholders in the CDHP. The stakeholders included staff from ABC Start Right, colleagues from collaborating agencies and practitioners (child support workers, support workers, social care workers and managers) from homeless services in Limerick. There is significant overlap with the themes gleaned from the interviews with parent participants, and they are again presented in descending order of prominence.

THEME 1: Impact of homelessness on child development

The deleterious effects of homelessness on global child development were highlighted throughout the interviews and focus group. It is clear that CDHP stakeholders are very aware of, and extremely concerned about, the impacts of:

Stakeholder narratives consistently highlight the effects of prolonged housing insecurity on global cognitive, emotional, and behavioural domains in child development, and their own desire to try to ameliorate these effects. The overall theme of impact of homelessness on child development can be separated into three subthemes in these transcripts.

- **Subtheme 1.1: Instability in living conditions across the homeless sector in Limerick**

The transient nature and frequent moves between different accommodation settings is a prevailing topic for stakeholder participants, as evidenced by the quotes below:

- *Look, accommodation is so precarious. You could be working with a family and they begin to trust you after a few months and you come to work one morning and they've been moved to someplace else. And that place may be far from their schools so attendance is affected. They're uprooted and the whole process starts all over again.*
- *We have families coming in, and families that we could take from wider referral pathways, that have been temporarily homeless or near-homeless for a while. Or they're dealing with…lots of chaos and trauma from addiction or abuse or just problems at home, or they've just moved to Limerick. It's a client population that's so hard to track, so hard to get them to trust you and build up a relationship. And I find the hardest thing sometimes is they are just exhausted, the parents are exhausted, you know.*

Subtheme 1.2: Limited physical spaces for children in homeless accommodation

A second subtheme from the interviews/focus group relevant to the impacts of homelessness on child development is connected to the extremely limited space accessible to children living in homelessness in Limerick. Restricted physical space of family hubs and the hotel accommodation sites is a common factor for both family hubs and hotel accommodation sites, although it is arguably worse in the hotels. Hotel accommodations for the homeless, because of the original intention of design, would be generally smaller than an average house or apartment in Ireland, with few separate rooms and a dearth of floor space.

This means that children who live for a period of time in homeless accommodation in Limerick do not have opportunities to safely and freely practice crawling, walking, running, skipping, etc. all of which are essential for large motor skills to develop. Adding to this restriction is the lack of access to places for playdates, to have friends and extended family visit, or to partake in family celebrations at home such as birthday parties and other milestone events in a child's life. The following quotes characterise this subtheme:

- *There is simply no place to play, especially in the hotels. It's much better in the family hubs but I am very conscious of the problems we are facing with families in the hotel, and especially in the [accommodation] units. Saying they can play at school or in creche and run around and jump and sing there just isn't enough. These kids are behind and will stay behind if something doesn't change.*
- *For families, it's about trying to get them a safe space that baby can crawl around and develop their gross motor skills and not be pulling out things in the hotel that can come on top of them.*
- *The kids can't bring friends home to play or have birthday parties etc. so they are going to be stigmatised at school. That shouldn't be happening in Ireland.*

Subtheme 1.3: Disrupted sense of security/lack of routine

Another subtheme within the impacts of homelessness on child development is the sense of disruption in the family schedule because of the precarious nature of homelessness. Stakeholders noted their perceptions of inconsistent routines in feeding, weaning, sleep schedules, toileting and daily activities for families experiencing homelessness, and the deleterious effects of child development as a result. The transcript quotes below underscore this:

- *I see speech delays especially in younger children and more of… what I believe are attention deficit problems and I have to think it has to do with the constant crisis and instability these kids are in.*
- *Families here [in accommodation] are struggling to do something as a family together, like regular families do. But there's no privacy, there's no space, there's few resources, and this will affect their children's development even after they get permanent housing.*

A need for routine and the benefits of implementing one for family structure was also identified by parent participants, as were the issues of lack of personal and common purpose space and the lack of surety and security as intrinsic to homelessness.

THEME 2: Impact of homelessness on parents

Following on from the previous theme, stakeholders highlighted the impact of homelessness on parents, their confidence in taking on the parental role with their children and their capacity to support their child's development and to access external supports as needed. As highlighted in the literature, homelessness is often the result of multiple factors including decrements in emotional and mental health, situations of abuse, addiction and family rupture, along with exposure to poverty, under- and unemployment, forced migration and social marginalisation. Parents enter homelessness with significant life stressors and these are amplified by the experience of being homeless.

Subtheme 2.1: Chaos and trauma for parents experiencing homelessness.

Two significant subthemes are located within this theme. The first considers the level of chaos and trauma that parents and families bring with them as they enter homeless services. Stakeholders' perceptions are evidenced in the quotes below:

o *You can never overestimate the trauma and stigmatisation of homelessness on parents, and what a knock that is to their confidence in their ability to care for and feel connected to their children.*

o *You might say why wouldn't a parent accept a referral to CDHP to get help with parenting when they initially present as homeless? They actually can't even process that at the time, there's so much thrown at them. Overwhelmed doesn't even begin to cover it. They're just trying to process how to get to the [hotel accommodation]*

o *The people we work with have histories. They're affected by domestic abuse, addiction, mental health, poverty, chaotic lives. It's very hard for them to let their guard down or to be like: I wonder if my child is walking*

when they should walk, or how many words they have, or should I read
to them more?

Stakeholders, whether working as practitioners within the homeless services or as part of collaborative agencies providing assessment and services to homeless clients, demonstrate a strong awareness of the detrimental effects of homelessness on parental confidence and capacity. The next theme highlights their perceptions of the beneficial effects of CDHP in addressing these serious concerns.

Subtheme 2.2: Stigma and fear for parents in homeless services

A second subtheme derived from the transcripts is the stakeholders' sense of stigma and fear as inhibitors to homeless parents' confidence in parenting and in their engagement with parenting support. The quotes below indicate this as a subtheme:

- *I find the parents that are in education or are working are the ones who don't engage with us [child support professional/CDHP] as much. They are literally trying to keep body and soul together. And a lot of times if they are working or in education there is a double stigma around being homeless. They don't want people to know on the outside so they engage a lot less and keep themselves to themselves so can be very hard to reach.*
- *Unfortunately, homelessness in Ireland at this stage is not temporary. This isn't ending anytime soon. The average length of stay [in accommodation] is at least 12 months minimum with several moves within that. All of that adds up so that the parent is just trying to figure out, where are we sleeping tonight? They don't actually have the headspace to think, how am I doing as a parent?*
- *Oh a big thing is, and I've had mums say this to me after a while, if I have trouble or difficulty rearing my kids in here [family hub], like if they act up or whatever will they be taken off me? So they're really in a very fearful place of being monitored [by staff] which isn't is very different from supporting a parent and a family. And I think that keeps them from engaging sometimes and is a real barrier to trust. Building that trust with homeless mums is so essential.*

Stakeholders in this research demonstrate a nuanced understanding of the impact of homelessness on parents, and that these impacts can limit their confidence and willingness to engage with supports. The next theme discusses the benefits of engagement with CDHP for parents experiencing homelessness and their children, as well as the benefits for frontline practitioners and collaborative partners in working with and learning from the CDHP coordinator and the project trainings.

THEME 3: Positive outcomes of CDHP

All participants expressed strong positive feelings about the beneficial impact of CDHP on parents and children who have engaged with the service. Most noted that the programme has only been in existence for a relatively short period of time but has managed to create positive pathways not only for parents and children who participate but also for the frontline staff in the homeless services. This theme includes three subthemes detailed below.

Subtheme 3.1 – Positive impact of the CDHP coordinator

Participants were extremely complimentary of the CDHP coordinator and her way of working directly with parents and children and also as a collaborative partner with ABC Start Right Limerick colleagues and those from other services. Significantly they commented on her flexibility and reflexivity in delivery of the programme and her ability to connect with parents at a time when they can be extremely overwhelmed.

Most participants demonstrated a basic awareness of the CDHP's objectives and were able to name activities and supports provided by the coordinator. Activities specifically mentioned by stakeholders included:

- A series of capacity building trainings with practitioners in the homeless services
- Infant mental health awareness
- Monthly key messaging for parents
- Trainings on attachment and trauma
- Reflective practice sessions

- Infant massage
- Messy play and Story Walk sessions
- Parent and toddler sessions/Rhyme Time
- Brain development and mirror play
- Weaning
- Sensory room facilitation

Many framed their conversations around the possibility of future developments and partnering opportunities now that the foundation of the project has been established over the last 18 months. The quotes below underscore the collective positive perceptions around the impact of CDHP and the work of the coordinator:

- *She's [coordinator] brought a lot of that kind of focus around attachments for the parents to be kind of balanced, that kind of, you know, being kind, being in charge, predictable routines, tuning into and respecting toddlers, reframing tantrums, soothing children who are experiencing, you know, the trauma of maybe multiple moves, transitions.*
- *She's so very diligent and she really meets the family, meets that Mam, just where she is.*
- *She's very committed to the work and she's got huge expertise; that just shines through. She does a lot of modelling for parents, always from a place of how good a job they are already doing.*
- *She's a real team kind of person. She's just amazing. Her role fills the gaps that other services just can't get to and the parents and kids love her.*
- *She [the CDHP coordinator] would often say the relationship is the client. Relationship, relationship, relationship, that's the key to her work.*
- *[Coordinator] is now completely skilled up in the way we work, so she takes that out to services for the service users and also the providers.*
- *Her understanding of play is so significant in terms of how children develop that it's, you know, through playing and interaction and relationship.*
- *She's run some great workshops. We've seen her come back into the office covered in flour, you know? Obviously for families living in close*

quarters or living in a hotel room, you don't have space or scope for messy play. I know during the summer she took a lot of families to the park and there was, you know, lovely opportunities. She does a lot of creative and innovative things that really benefit the parents and children across the board, in child development and relationship-building.

o *There could be nobody better doing the job. She [coordinator] just has such empathy and such ability to talk, to hold them, to mind them. She sees such vulnerability and she sees their need, which makes her able to bring the child and the parent along with her, whether that's about parenting, or whether that's about something else. She just has this amazing ability to be able to do that and we're very lucky to have her.*

o *[Coordinator] is excellent at getting what her families need. Here's an example: just say there's a mother that needs a breast pump. So [coordinator] maybe doesn't have the money to buy that in her project, which she knows [colleague] does in hers, so she'll say to [colleague] 'I need a breast pump' and [colleague} says 'no problem'.*

Sub theme 3.2 – Examples of positive development in parenting

When asked to name examples of improved parental confidence, increased parental knowledge and capacity or progression in child development as a result of engagement with CDHP, some interviewees could not provide this information.

This is due directly to the nature of their roles. Some stakeholders interviewed for this evaluation do not come in contact with homeless parents or families on a day-to-day basis, or may not have a sustained relationship with them as they only provide one-off assessments or checkups. For frontline practitioners in the homeless services, a family may be relocated so they may not have the opportunity to track changes in parental capacities or a child's growth and development.

However, some participants were able to provide concrete examples of the benefits of engagement with CDHP for parents, which are evidenced in the quotes below:

o *I certainly saw through the story sessions, you know, the engagement, but I've heard back from the frontline staff about the different impacts that it's having for our parents.*

- *One example I have is the fact that parents who've been referred for additional services with me, say – well, there's a link person now and she [coordinator] can follow up and link back on them keeping appointments especially if they've moved on to new accommodation. Having worked in primary care, this has been a huge issue and the link with coordinator helps to keep track of that.*
- *Any parent that I continue to link in with has said how good the programme is and how much it has helped them and how good it is for their children and not just their younger children in the 0 to 6 range but the whole family.*
- *I see benefits in the social connections, in socialising and confidence in sharing with other mothers, newer mothers. Especially around weaning. You'll see a mother who's worked with [coordinator] around weaning encouraging a new mother, look, this works, you make the puree and freeze it. This is so important. Lots of new Irish won't buy processed baby foods, lots of Irish will only buy the jars which are expensive. So having peers encourage each other is a good outcome.*
- *I know one parent shared with me that she had been anxious about parent-teacher meetings at her child's school but that she'd had advice from [coordinator] on what to ask and what to listen for, and that the meeting had a great outcome and everything is going well.*
- *She's [CDHP coordinator] often the first person that some mothers will truly connect with. She wants them to feel that they can come back at any time, when they're ready, on their terms. She never says, "You're doing that wrong." She has a great phrase, "I wonder if"…and that gets the parent to think about the situation differently, to try something different with their children. She is so strengths-based and that's key for these parents to build their confidence.*

The detailed vignette below provides a clear description of the positive effects of engagement with CDHP from the stakeholder perspective:

This example sticks with me.

I was out in one of the hubs with [coordinator].

I know she has been going in there for quite a while, doing lots of pieces on singing and language promotion, and I was going out with her to talk about parents needing good social networks. So we were trying to promote services and other agencies and other supports that are out there to parents in the homeless hub. And we were just doing that in a very kind of, you know, sit down, have a cup of tea. So there's Mam and baby, still in their pyjamas. They were sitting down and we joined them.

There were having breakfast and then we just started chatting and - you know babies, they have a way of grabbing our attention. And she was fussing, demanding our attention and demanding Mum's attention.

And Mam just started singing a nursery rhyme to her.

And then Mam started doing the actions.
And then the baby started copying her.
And then she was engaged with Mam. Then [coordinator] always has a bag of tricks with her. She pulled out the puppets and then they ended up doing an impromptu kind of nursery rhyme/story time thing where they use the puppets as the props and Mam was singing the songs and I just thought, "Oh my God, that was absolutely [coordinator's] influence." She had obviously spent so much time with her and that mother, in that situation with someone she didn't know – like she had never met me before - she felt so comfortable to be able to do this, and you could really see the connection between them, the Mam and child, now.

You could also see in the same situation without the intervention of CDHP she might have had difficulty connecting with her child. She could have disconnected, gotten cross. There's so much going on for her, and from what she shared you, you just knew there was difficulties there, in her life. But you could really see her doing what she had been doing with [coordinator], you could see it come out in that moment.
What [coordinator] had been trying to teach her over the last while, the parenting skill… I was blown away. I just thought that this one on one stuff is definitely - this is working.

She's got it, you know. This Mam has got it.

Subtheme 3.3 - Positive impacts on standardised professional practices and upskilling services

Stakeholder participants spoke consistently of the positive impact of engaging with the CDHP in terms of their own professional practice and upskilling. This subtheme denotes positive perceptions of collaborating with the CDHP coordinator in and in attending trainings on language and play skills, trauma-informed practice, reflective practice and other professional development opportunities that have been offered to practitioners in homeless services. The quotes below evidence these perceptions:

- o *I've seen the changes from the capacity building workshops through to the story time sessions that we ran, and the enthusiasm about them. I suppose because it's so accessible for them [frontline practitioners] that we are now making sure that all the services have their own story bags with their own story props.*

- o *It's been great to see [frontline practitioners] are upskilled, totally not afraid to pull out the puppets or the story bag if there happens to be a couple of children in the kitchen with their parents at one time.*

- o *It's obvious that her relationship with the families is strong and they see her as a resource. She's also fantastic in terms of, I suppose, education for the rest of us in terms of what services are where and who needs what. The flexibility is that [coordinator] is there, she knows about the situations in the hubs, when parents are likely to be there, the workers to connect with, all that.*

- o *I love working with her and co-facilitating. We aren't duplicating services, we are working very well together and she takes on the transfer of skills so easily and then is also the conduit for the parents and the staff. And she transfers skills back to me when we collaborate because she is so trauma-informed, so that has made me a better clinician. Because really – who am I to these parents? Unless somebody needs to speak specifically to a [professional] they would never need to speak to me. She [coordinator] is from the discipline of social care and that, you know, the ability to kind of take on the information and the guidance and the training from other disciplines like*

speech and language therapists or a public health nurse or an early
years professional and enrich that and feed it forward.

It is clear that even though the project has only been running for approximately 18 months, the stakeholder participants in this evaluation have seen first hand evidence of its positive impacts on their work with parents and families experiencing homelessness. They also see potential in future offerings provided by CDHP.

Theme 4: Challenges in the Homeless sector

Stakeholder participants highlighted the stressors and internal and external factors that can be challenging when trying to support parents and families experiencing homelessness. Many of the topics mentioned mirror what parent participants identified as difficulties which affect them within the homeless system. The quotes below evidence a variety of stressors encountered by frontline practitioners, collaborative partners and service providers:

- o *The demands on staff in homeless services are huge. And the number of homeless families seeking accommodation through HAT is growing all the time, it isn't getting smaller. So there is massive pressure on the system.*
- o *The client turnover is a huge thing. A relationship will just be established, you just start working and the family leaves.*
- o *Genuinely in any shift you are so busy, and crises can come up and take over. There's often a lack of time in the day-to-day to allow for sufficient interaction with children.*
- o *The needs of families in homeless services are so many. Some of them are coming in from domestic abuse, drugs, they're trying to recover, their families or partners put demands on them. This means staff have to respond to everything in their lives and the needs are very, very complex, which is stressful.*

- *The accommodation design with private entrances [hotels] means it is difficult to have contact with families. You might not see them at all for a few days which makes connection difficult.*
- *I suppose it was often the nature of the services that families can be transient within them. They are moved around so much, and there's a lot of cycling in and out of homeless accommodation. Follow up can be difficult, you know, to find out where they are and also sometimes how they are doing. That is up and down.*
- *There's no common area or space to meet people or just be there, like a drop-in, in a relaxed way.*
- *It was also hard to access the staff and there was, you know, high staff turnover because the job is so tough. In terms of who to contact to do follow up with a family, you might try to call a staff member that you spoke with six weeks ago and they have a new post now.*
- *It's very hard in homeless accommodation to facilitate a lot of people who don't speak your language to understand a culture that they know nothing about. If you're from another country, another culture, you have no friends here.*
- *I know that we've tried to arrange trainings for staff and there is a genuine desire for the trainings but if something happens and there's a problem it can affect their ability to attend. Same for parents. We schedule a group or an activity and get a good response; we might have ten parents sign up to come, but then if a child is sick or something goes wrong they won't come, and we've lost that opportunity.*
- *I know CDHP is geared towards children age zero to six and that is so important, to catch things early in terms of development. But I see a big problem with our teens, the older siblings living here. They have no space, no privacy, no place to hang out. Space is a big problem. That's not good for their development either.*

It is clear that the stakeholders have a good awareness of where the CDHP programme can, if expanded and with built-in additionality, could help to address some of the stressors encountered by staff and clients in the homeless organisations in Limerick.

THEME 5: Recommendations for future of the programme

All stakeholders were asked specific questions regarding their suggestions to improve CDHP in future. The following recommendations were made by stakeholder participants regarding improvements and potential expansion of the project, with transcript quotes underneath to support them:

1). Extend/expand CDHP services, including age range of children and referral sources.

- o *[Coordinator] needs more staff, for sure. The project should expand. I know it is geared toward ages zero to six but we need to realise that when a child spends any time in homeless, their developmental age probably does not match their chronological age. We know this from ACEs and trauma-informed practice.*
- o *I worry about the older kids we have here. Now I do think the older kids in families benefit from the confidence and capacity-building that their parents get from CDHP engagement; any positive change in a family system has ripples, you know? But so many families have been homeless or near-homeless for a long time and we know that slows down developmental milestones. There is nothing for teens or pre-teens, or even the older primary school kids.*
- o *It is hard when the project is only one person; you can't do it all. But I would love to see some expansion to follow up after families exit homelessness. I know [coordinator] doesn't cut anyone off of course but if the project was expanded so that follow up was provided for there could be some really nice peer learning and mentoring opportunities, and more social connection.*

2). Expand the project team to include additional members and expand supports for the coordinator.

- o *Sometimes I think that a lone post, even though she's based within the team, can be challenging I suppose. And just trying to get to*

everybody and ensure that you can offer that kind of consistency and depth of work. So you know, maybe to have that kind of smaller team within a team would be something for the future just you know to additional capacity for gathering data and supporting some of the work.

o *I think it would be very important that within each homelessness service there would be a staff member who's assigned to child development within the service and they be trauma-informed so that they're informing everybody of the impact of this trauma.*

o *I'd like to comment on the need for clinical supervision and additional support for the coordinator role. It's very hard to be the coordinator and the only person in the programme and to take on the caseload she has. Adequate supervision is really important for this role.*

3). Additional CDHP team members should be from a migrant background to assist in support of families from different cultures or those whose first language is not English.

o *[Coordinator] needs at least one or two other team members so that she can concentrate on coordination. I really think new staff should be from a migrant background or one of the "new Irish" to assist in supports for families from different cultures.*

o *That's a big issue trying to ensure that people have access to the information and the languages that they need.*

o *That's something we need to try and help with, so whether that's trying to teach you a little bit more about the services we have available through language skills through having more materials translated support in the language you do speak. Even just to start off with like, we have a huge number of people in the accommodation who speak Arabic and Urdu but very little translation ability. Sometimes the father in the family will be the translator but that can be challenging around parenting, weaning, toileting, things like that.*

4). Create common multipurpose areas in all accommodation sites in Limerick to allow for groups/trainings/safe indoor play areas for younger children + dedicated space to older children/teenagers.

- o *We need space in the hotels for sure. We are using the boardroom which – well we're trying to make sure we use it fully. But there is no space for children to play here, inside or outside so the are limited to playing in their hotel room. I feel like the family hubs have done a good job addressing the space problem because they have common areas, and they have sensory rooms and outdoor space. There is no space for birthday parties, they can't have friends over and they can't meet their extended family. Space is my goal for next year.*
- o *A common space that parents could use for indoor play is essential. Every child deserves to have friends over or have a birthday party or something and there is no place to do that.*
- o *I think if [coordinator] could drop by and just be here she could casually meet parents and families and be seen with our child support worker and other frontline staff. Like if there was a place for her to "hang out" but there isn't. You have to go directly to the family's apartment because of private entrances. There's no place to sit or just be unless we put a table and chairs in the security area entrance but that doesn't feel natural. Kids can't play in the hallways. Noise can be an issue too which I understand.*

5). Expand collaboration with other organisations that support children in Limerick.

- o *We can work with wider teams as well as some other services like Barnardos and Community Mothers and family support projects. I suppose you know, we do kind of work in a collaborative way but just to hear what others are doing with their families that are*

experiencing homelessness so that there's a city-wide network for communication and review.

6). Need for frontline homeless support staff to be seen to collaborate with CDHP coordinator so that the parents build trust with the project staff.

- o *I'd like to see homeless service staff do more co-facilitation with [coordinator]. It's important that the families see us working together because we are the staff that they see all the time, and there's a trust built there. And just because of the nature of the role they may not see [coordinator] as often but if we're there working with her we are the face they know.*
- o *I think the management of our organisation should do an audit of training needs for frontline practitioners to allow for co-facilitation of groups for parents/families so we can work alongside [coordinator]. Like, if she's coming in to do infant massage for example and I have the training done in that we can do it on a day when I'm scheduled so we are working together. Sometimes there isn't the overlap in training so [coordinator] is just doing it on her own, which limits the number of parents who can attend depending on what you're doing.*

7). Widen the referral pathway to CDHP; increase formal linkage with maternity hospital in particular, also migrant accommodation, general family support projects, hidden homeless etc. for earlier intervention.

- o *There is quite a clear pathway referral from HAT which I understand, and I suppose sometimes we were aware of the need for support for families that maybe isn't captured that way.*
- o *You know, in homeless accommodation this is so important, that really early preventative piece. So what we're not getting is you know, phone calls that we're just discharging from the maternity, maybe a young parent back to hotel accommodation or direct provision you know if CDHP had the scope – if it could be*

extended that that could be kind of an early intervention preventative case. I think that would be really valuable.

- o *So I think for me they would be very much the kind of the earliest intervention as possible. Almost pre-birth connection and service. Linking with the maternity is something that should happen so we get the supports in early.*

8). Enhanced clarity and public messaging on CDHP, its objectives and what it offers to parents, family and staff in homeless services in Limerick.

- o *I don't know if its leaflets or posters or presentations at staff trainings or interagency networks or how you would do it but I think, now that the programme is up and running it would be great to have it re-introduced to social services in Limerick, so that people know what it is and the great work it does.*

- o *Even from doing this interview I find that I'm not totally clear on the programme or what its objectives are, how referrals come in, what trainings they offer, and I work in a service so really I should know.*

- o *The project is great. When parents see how happy their children are here and how many services are available for their children and for them to support their kids, that's really when they start to settle and say, OK, I can trust these people because they actually want the best for me. This should be a public message. We shouldn't be hiding this work, we should be shouting about it in Limerick and across the local authorities in Ireland.*

- o *Overall, I think the project is absolutely amazing. It's so needed and I really have seen the difference it makes for parents and families and staff in the services. I think the message needs to be broadcast across the city that we have this project, what it does and how good it is.*

SUMMARY OF RESULTS

As can be seen from the tables below, four main themes from the parent interviews were identified in this evaluation, and five main themes were extracted from the stakeholder transcripts. There is considerable overlap between both sets.

Parent Interview Themes

The first theme revolved around how parents experienced their own engagement with the project and the support they derived from it. The sub-theme elements included their relationship with the CDHP coordinator and the signposting and connections to other services and to social groups they have received.

The second theme focused on perceptions of increased confidence and capacity as parents as a result of taking part in CDHP activities, groups and 1:1 sessions. Additional sub-themes included the significance of routine and consistency and increased language and play skills as part of their parenting repertoire.

The third theme centred around how parents cope with the challenges of living in homeless accommodation. In this theme, the impact of the physical conditions of homeless accommodation, the ongoing experiences of trauma, loss and grief and the effects of living in homelessness on parents' ability to cook for their children were the subthemes.

Following on from this, the fourth theme incorporated the participants' recommendations for improvements in the project. Recommendations included calls for additional services in CDHP and an expansion of employee numbers in the project, especially team members who come from the 'new Irish' population and who would have language translation skills to work closely with people from Eastern Europe, the global south and migrants from Muslim countries. Other recommendations highlighted the need for additional physical space especially in hotel accommodation as well as an expansion of activities specifically for parents as well as children. The final recommendation shed light on parents' concerns that they will continue to need supports for the growth and development of their children and the enhancement of their own parenting capacities, even when they are no longer in homeless services or their children have aged out of the zero to six range currently specified. The table below organises these themes:

Table Seven: Parent themes and subthemes

Theme identified	Sub-theme identified
1). Programme Engagement and Support	1.1 Relationship with the project coordinator
	1.2 Signposting and connection with other supports via CDHP
2). Learning and confidence-building as a Parent	2.1 Importance of routine and consistency
	2.2 Play and language skills
3). Coping with Challenges of Parenting in Homeless Accommodation	3.1 Impact of living conditions
	3.2 Coping with trauma, loss and grief in homelessness
	3.3 Cooking and nutrition in homeless accommodation
4). Recommendations for the future of the project	4.1 Additional staff/expanded service
	4.2 Hire additional multilingual/multicultural staff
	4.3 Additional facilities/activities
	4.4 Anticipated need for future support as children grow

Stakeholder themes

The table below shows the themes gathered from the stakeholder interviews and focus group:

Table Eight: Stakeholder Themes and Subthemes

Stakeholder themes identified:	Stake holder subthemes identified
1). Impact of homelessness on child development	1.1 Instability in living conditions across the homeless sector in Limerick
	1.2 Limited physical spaces for children in homeless accommodation in Limerick
	1.3 Disrupted sense of security/lack of routine
2). Impact of homelessness on parents	2.1 Chaos and trauma for parents entering homelessness
	2.2 Stigma and fear for parents in homeless services
3). Positive outcomes of CDHP	3.1 Positive impact of the CDHP coordinator
	3.2 Positive outcomes in parenting confidence and capacity
	3.3 Positive impacts on standardised professional practices and upskilling services
Theme 4: Challenges in the Homeless Sector	n/a
Theme 5: Recommendations for the future of the project	1). Extend/expand CDHP services, including age range of children and referral sources
	2). Expand the project team to include additional staff and expand supports for the coordinator

	3). Additional CDHP team members should be from a migrant background to assist in support of families from different cultures or those whose first language is not English
	4). Create common multipurpose areas in all accommodation sites in Limerick to allow for groups/trainings/safe indoor play areas for younger children + dedicated space to older children/teenagers
	5). Expand collaboration with other organisations that support children in Limerick.
	6). Need for frontline homeless support staff to be seen to collaborate with CDHP coordinator so that the parents build trust with the project staff
	7). Widen the referral pathway to CDHP; increase formal linkage with maternity hospital in particular, also migrant accommodation, general family support projects, hidden homeless etc. for earlier intervention
	8). Enhanced clarity and public messaging on CDHP, its objectives and what it offers to parents, family and staff in homeless services in Limerick

Conclusion/Recommendations

To conclude, this report evaluated the activities and impact of the Child Development Homelessness Project, which is part of the ABC Start Right Limerick programme (Paul Partnership Limerick CLG). The project aims to support homeless children from the antenatal stage through age six and their parents. These children may be affected by development delays due to the effects of homelessness, and parents in this population need greater supports in an array of factors connected to parenting. The evaluation provides a comprehensive view of how the project is regarded by both parents who have engaged with it since its inception and its stakeholders in homeless support organisations and collaborating partners.

The insights gathered from homeless parents and practitioners in homeless services offer a nuanced understanding of the service's impact on the target population. The data reviewed suggest that the project has been successful in creating supports for parents and families, enhancing parental confidence and competence, and facilitating signposting and linkages with additional services as needed. Evidence is provided of greater social connection and inclusion for parents who engage with the project. CDHP has also had a positive impact on upskilling frontline practitioners and standardising child-centred practice in homeless accommodation services, with an emphasis on quality, , trauma-informed practice and parental support.

The interviews and focus group with practitioners reveal a dedicated effort to tailor solutions to the specific challenges faced by parents and families within the often chaotic and unpredictable context of homelessness. A dominant theme emanating from the data suggests that the current project coordinator has had an extremely positive impact on the development and implementation of project activities, and has partnered with other professionals to develop a burgeoning, but clearly beneficial, collaborative network. There are clear recommendations to make the coordinator post permanent, with possible development of the project to include wider referral pathways, an expansion of the age group served and additional team members who would reflect the growing ethnic and racial diversity in Ireland, especially in marginalised groups such as homeless families.

Further research should be conducted to track additional developments and should include inputs from other professionals who are involved with children and families in the Limerick area including primary school teachers, GPs and practice nurses, and early childhood and care professionals. Future research should also make an effort to include the voices of homeless fathers which were absent from this evaluation as noted earlier.

Recommendations

- The fulltime coordinator post should be made permanent.
- A standardised service data collection approach for CDHP should be developed, implemented and evaluated on a regular basis to fully capture the entirety of the project's work and impact. Data collection and analysis procedures should be aligned with the national ABC Outcomes Framework.
- This data should include the inclusion of an ethnic identifier for parents and families who engage with CDHP.
- ABC Start Right Limerick and Paul Partnership CLG should explore, in collaboration and integration with other funding sources, the provision of additional project staff who reflect the growing cultural, racial and language diversity in Ireland.
- CDHP should have a dedicated budget to access additional multipurpose spaces, materials, and training for parents and frontline practitioners in the homeless services.
- The project should be expanded to go beyond the chronological zero to six age group due to the effects of homelessness on child development.
- The referral pathway for the project should be expanded to allow for earlier interventions and to provide engagement with the larger population of families experiencing homelessness in Limerick.
- The project should be extended to provide ongoing supports for families and parents who emerge from homelessness in an effort to prevent cycling in and out of homelessness.
- CDHP should engage with partner agencies to provide greater access to multipurpose communal spaces for play, social events, trainings etc., especially for families living in hotel accommodation.

- A clearer identity for CDHP, as an integral part of the suite of services of ABC Start Right, should be established, so that the professionals and the general public are aware of the supports offered and the impact of homelessness on child development and parenting. Tools for identity awareness can include presentations, advertising, infographics, social media and interagency communications.

APPENDICES

Parent Participant Information form

Re: Evaluation of the Child Development Project through Paul Partnership/ABC Start Right

Hello:

My name is Jennifer Moran Stritch and I am a researcher and lecturer at the Technological University of the Shannon TUS.

Paul Partnership Limerick has asked me to speak with people who have taken part in the parenting activities with Paul Partnership and ABC Start Right. I'd like to speak with you about your experiences with the programme, its possible benefits for you as a parent, and any suggestions you have to improve the service.

I would be very grateful if I could meet you for a short interview. It would be audio-recorded and would take about 30 minutes.

It is completely voluntary, and you may withdraw at any time during the interview or up to 2 days after we finish the interview with no consequences. Even if you do not take part in the interview, you can still be a part of the parenting support programme.

All information will be made anonymous and fully confidential; you can pick any name to be used in the research to represent you rather than your actual name to protect your identity. Any details mentioned by you will be changed so that everything is anonymous.

If you would like to take part, please sign the consent form. We hope to use the research to get a better understanding of parents and their needs in Limerick who are experiencing homelessness.

If you would like further information about this project, please contact me on 085 – 726-6830 or email me at Jennifer.stritch@tus.ie.

After our interview, if you feel that you need more information or would like support around any issue, please contact:

PARENTLINE www.parentline.ie or ring them at 018733500 or the HSE Parents Information site at https://www2.hse.ie/babies-children/parenting-advice/.

Kindest Regards,

Jennifer Moran Stritch/Department of Applied Social Sciences, TUS Midwest

Stakeholder Participant Information form

30 October 2023

Re: Programme evaluation for Child Development Homelessness Project

Hello:

My name is Jennifer Moran Stritch and I am a researcher and lecturer at the Technological University of the Shannon TUS. Along with my colleague, Dr. Frank Houghton, I have been retained by Paul Partnership to conduct an evaluation of the Child Development Homelessness Project via ABC Start Right. We would like to speak with people who are stakeholders in the project about their professional experiences of the programme, its strengths, and any barriers or limitations you might see from your perspective.

I would be extremely grateful if you could take part in an interview with me either in person or on Microsoft Teams, which would be audio and video recorded and transcribed. This interview should take between 15 to 30 minutes of your time.

Involvement is completely voluntary, and you may withdraw at any time during the interview or up to 48 hours after its conclusion with no consequences. All information will be made anonymous and fully confidential; you can pick any name to be used in the research to represent you rather than your actual name to protect your identity. Any identifying features or details from your interview will be changed to keep the evaluation report confidential.

If you would like to participate in this study, please sign the attached consent form and return to me by email (Jennifer.stritch@tus.ie).

If you would like further information, please do not hesitate to contact me on 085 – 726-6830 or at the email above. You can also contact Dr. Frank Houghton at frank.houghton@tus.ie if you have any concerns about the research.

Kindest Regards,

Jennifer Moran Stritch/Department of Applied Social Sciences, TUS Midwest

Consent Form for Interviews for Child Development Programme with ABC Start Right

I, _____ have agreed to take part in the research evaluation. By placing a "tick" in each box below I give my consent to take part in interviews with the researcher.

☐   **I understand that I will take part in a short interview conversation with Jennifer Moran Stritch about my experiences of with the Child Development Programme in Limerick. The interview will be audio recorded.**

☐   **My participation is fully voluntary.**

☐   **I understand that I have the right to withdraw from this process at any time during the interview or up to 48 hours after it is finished.**

☐   **If I withdraw from the study there will be no negative consequences.**

☐   **I am aware that I can view all transcripts that have taken place concerning my involvement.**

☐   **All information will be confidential and used for this programme evaluation only.**

☐   **I understand that a pseudonym (alternative name) I choose will be used to protect my anonymity and confidentiality. Any information that might identify myself or other people will be changed.**

☐   **I agree that anonymised quotations from my interview may be used for the purpose of the research and included in the final written report.**

I would like the name used for direct quotations from me to be _____.

Signed: _____

Signature of Interviewing Researcher_____

Date: _____

STAKEHOLDER INTERVIEW SCHEDULE

Can you tell me about your role? How are you connected to CDHP?

From your perspective, who is the target population for CDHP and what services do they need?

How familiar are you with the objectives of the Program? What are they?

What structure or format does the CDHP take?

What resources does CDHP need? What could they use more of?

What are the positive effects of the programme from your perspective?

Are there any negative effects of the programme from your view?

Can you describe any examples of improved parenting confidence/competence for participants in the CDHP programme?

Is the target population of parents adequately reached by CDHP? Can you talk about their engagement with activities?

Do you have frontline practitioners involved in CDHP? If so, can you describe any training or support they have received? What have you noticed about their engagement with the training?

If you have had frontline practitioners involved in CDHP, can you describe any impact in your setting? This could be positive or negative.

Any observations on changes in child development/milestones/parenting with the people you support since you became involved with CDHP? Do you feel the programme is meeting its objectives?

How would you describe interactions with the CDHP programme manager/advisor?

How is the project functioning from administrative, organizational, and/or personnel perspectives?

What is your sense of how the parents you support feel about their participation in CDHP?

What physical spaces do you have available for the CDHP programme? Are there any improvements needed for space/resources in your setting for CDHP work? Are there any resource/ space issues impacting (the optimal functioning of) the program ?

What recommendations would you make for future delivery of supports/activities?

Are there any other populations or groups that CDHP should consider working with?

Is there anything else you'd like to say about any aspect of CDHP?

PARENT INTERVIEW SCHEDULE

1) How did you first get involved in the programme?

2) From your point of view, what's the purpose of the programme?

3) What kind of events have you attended in the programme?

4) What effects has it had on your child? What do you think they get out of it? Have they enjoyed the activities?

5) What effects has it had on you as a parent?

6) What are some of the good points about the programme?

7) What are some negative points about the programme?

8) From your point of view, what could be done to improve the programme?

9) How do you hear about the activities with CDHP? What would be the best way for you to get more information if you needed it?

10) Can you describe anything that you feel you've learned or gotten better at as a parent from being involved with CDHP? Any additional services or groups that your child attends?

11) Where do you normally go to play with your child or to get them to play/relax? Is there anything that could be done to improve those spaces?

12) What else could the programme do for you as a parent?

13) If you were in charge of the programme, what would you do? What changes would you make (if any)?

14) Is there anything else you'd like to say, or is there anything I didn't ask you about that you'd like to share?

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