



Summary Report: INTERNATIONAL BEST PRACTICES IN THE INTERVENTION OF LIVES OF HOMELESS MOTHERS: A SYSTEMATIC REVIEW

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The research for this report was conducted as a Research paper for the ***Law and Society in Africa*** course, towards a Masters in Criminology; it was based on a request for such research by the Cape Town Central City Improvement District.

The UCT Knowledge Co-op facilitated this collaborative project between CCID and UCT.

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Introduction

Home is a rich concept that embodies comfort, belonging, identity and security. Living on the streets of the Cape Town central business district (CBD) does not embody the concept of home and is under no circumstances in the best interests of a child.

There is an estimate of 14 357 homeless people in Cape Town. Among these homeless people are mothers and children, who often struggle with mental health issues and substance abuse. Needless to say, the environment is extremely unfavourable for children as they are often malnourished and exposed to substance abuse, gangs, and violence.

This research paper considered the international best practices for intervening in the lives of homeless mothers in order to provide the Cape Town Central City Improvement District (hereinafter referred to as the CCID) with a framework of the most effective intervention models worldwide.

Method

This study was conducted by way of a systematic review, i.e a scholarly synthesis (combination) of the evidence on a presented topic using critical methods to identify, define and assess research on the topic.

Strict eligibility criteria were used to identify and select the included studies.

The outcomes of the included studies were synthesised narratively and are clearly set out in the table below.

Findings

This study found the most effective intervention models worldwide, to be:

Intervention	Intervention defined	Outcome
Collaborative Care Intervention in shelters	A team of mental health professionals work together on diagnosing and treating mentally ill mothers.	Improved mental health.
Cognitive Behaviour Therapy (CBT)	A psycho-social intervention. Scientific principles that research has shown to be effective for a wide variety of psychological problems.	Improved mental health. An improvement of the assertive skills, functional emotion regulation, and s subjective well-being.
Family Critical Time Intervention (FCTI)	Housing and structured time-limited case management to connect shelter leaving families with community services.	Improved mental health. Improved behaviour of children. housing and structured time-limited case management to connect shelter leaving families with community services.
Ecologically-Based Treatment (EBT)	Rental and utility assistance; case management services; substance abuse counselling.	A decline in the frequency of alcohol use and an increase in housing stability. Reduction in: <ul style="list-style-type: none"> • children's behavioural problems • mothers' mental health problems • intimate partner violence.
An evidence-based parenting program.	Triple P: Positive Parenting Program. <ul style="list-style-type: none"> • Prevention services. • Intensive parenting interventions for high-risk parents. • Discussion groups. • Training. 	Improvement in mother-reported parenting practices and child behaviour. Decreased maltreatment of children.
A Summer Programme for homeless children. Within a South African context perhaps during a school holiday.	<ul style="list-style-type: none"> • Classroom activities. • Recreational activities. • Mental health promotion activities. 	Improved classroom behaviour of homeless children. Improved behavioural and emotional functioning.

<p>An environmental Behavioural Modification Programme.</p>	<p>Main units of education:</p> <ul style="list-style-type: none"> • Outdoors and recreational • Heritage and museum • Moral and religious • Human rights and peace • Economic and civic • Future and sustainable <p>Programme elements include Camping; Fieldtrips; Theatre; Storytelling; Gardening; Life-skill activities; and Animal care</p>	<p>Improved behaviour of homeless children.</p>
<p>Mental health intervention.</p>	<p>Mental health outreach service (MHOS).</p>	<p>The improved mental health of parents and children.</p>
<p>A substance abuse treatment programme.</p>	<ul style="list-style-type: none"> • Grace Hill's settlement house philosophy of strengthening neighbours so that neighbours help each other. • Traditional recovery services drawing on the 12-step approach in the context of group therapy. • Yablonsky's theory of a therapeutic community in which addicts act as co-therapists. 	<p>A decline in substance abuse and improved housing stability.</p>
<p>Community Reinforcement Approach (CRA) & Motivational Enhancement Therapy (MET).</p>	<p>CRA is a comprehensive behavioural treatment package that focuses on the management of substance-related behaviours and other disrupted areas of the homeless person's life.</p> <p>MET is a counselling approach that helps homeless individuals resolve their unsureness about engaging in treatment and stopping their substance abuse.</p>	<p>Decreased substance use and increased social stability.</p>

It is important to note that the studies included in this research paper were conducted internationally. Implementing these studies will have to be tailormade to meet the specific needs of homeless persons in South Africa. However, since they have proved to be successful internationally, it is worth giving them a try.

Recommendation

In conducting the research for this research paper, it became clear that there is a knowledge gap when it comes to intervention models to assist and end homelessness not only for mothers, children, and families but for all homeless persons **in Africa**. In order to gain ground on homelessness, **evidence-based research** must be done to develop effective interventions to assist homeless people in Africa. A good starting point is the implementation of international best practices through **pilot-intervention studies**, as it will determine the needs of the most vulnerable amongst us and allow us to design tailormade homeless interventions that meet the specific needs of homeless people within an African context.

As a result of the fact that the CCID is already implementing intervention programmes (and may already be implementing some of the international best practices mentioned above), they can perhaps consider recording the results by means of pilot-intervention studies. Such evidence-based research will be invaluable, not only for South Africa but for the African continent as well.



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