Family Homelessness Prevention Pilot

Final Evaluation Report

February 2005

RPR CONSULTING

Acknowledgments

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Key Terms, Definitions and Abbreviations

Action Research

A method used by human service agencies to improve service quality. It is a systematic review of work practices where action and reflection inform each other. It is also the application of the review to a continuous process of change.

Adult

For the purposes of this report, a person aged 16 years or over. This definition is used for consistency with the SAAP data collection.

Brokerage

Funding used by community providers to purchase services and products for clients.

Case plan

A set of goals set in consultation with a client. Community provider workers and clients work toward achieving these goals during the support period.

Centrelink social worker

A part-time social worker employed by Centrelink, but who works exclusively with community providers to support FHPP clients.

Child

For the purposes of this report, a person aged 15 years or under.

Client

Any adult or child belonging to a family that receives support from a community provider funded under the Family Homelessness Prevention Pilot.

Community provider

A non-government community organisation that has been funded as the primary service provider for clients.

Disability Support Pension

A Centrelink payment to eligible people over 16 years with a physical, intellectual or psychiatric impairment.

Early intervention

Identifying and delivering services to clients before a crisis situation develops.

FHPP service/pilot

The combined resources of the community provider and the Centrelink social worker for a particular site. There is a total of eight FHPP services.

Family/case

A group of two or more people who usually live in the same household and who are related to each other by blood, de facto or *de jure* marriage, or adoption. *Family* and *case* are used interchangeably in this report.

FHPP Database

Collation of information from the Minimum Data Set (MDS), managed by the Department of Family and Community Services (FaCS).

Homelessness

This evaluation adopted the three-segment definition used by the Australian Bureau of Statistics for the 1996 Census:

- *Primary homelessness:* people without conventional accommodation—living on the streets, sleeping in deserted buildings, in cars, under bridges, in impoverished dwellings
- *Secondary homelessness:* people moving between various forms of temporary shelter, including emergency accommodation, hostels, friends, relatives
- *Tertiary homelessness:* people living in single rooms in private boarding houses on a long-term basis—without their own bathroom, kitchen or security of tenure.

Housing authority

A state or territory government agency responsible for providing public housing.

Minimum Data Set (MDS)

A set of data items about FHPP client circumstances, service delivery and outcomes for FHPP clients. It is designed to help in program monitoring and evaluation.

Newstart Allowance

A Centrelink payment for eligible job seekers aged over 21 years who are unemployed.

Parenting Payment

A Centrelink payment to an eligible parent who has a child aged under 16 years.

Site

A site is the geographic area in which an FHPP service operates.

Supported Assistance Accommodation Program (SAAP)

The major supported accommodation program in Australia. Most services provide accommodation for homeless people in crisis.

Support period

The length of time for which a family receives support from a community provider.

Workshop

A policy and practice meeting of people from the Department of Family and Community Services (FaCS), Centrelink and community providers involved in the FHPP.

Youth Allowance

A Centrelink payment for eligible jobseekers who are under 21 and unemployed, and for full-time students aged 16–24 years.

Executive summary

This evaluation report outlines findings emerging from the Family Homelessness Prevention Pilot (FHPP). The FHPP was established under the 2001 Australian Government budget as an early intervention initiative to develop approaches to reduce family homelessness. The program was piloted in eight sites (one in each state and territory) over a two-year period from July 2002 to June 2004. The sites operated on a service partnership model, with Centrelink and community service providers funded to work collaboratively.

As a result of the interim evaluation report, which indicated the early success of the pilot, the Australian Government announced continued funding of the program in the May 2004 Budget. The program, now named the Household Organisational Management Expenses (HOME) Advice Program, has continued to fund the eight pilot sites.

Family homelessness has recently emerged as an issue in Australia, as it did in the USA and European countries a decade earlier.[1] During 2002–03, one-quarter of all support periods provided by the Supported Accommodation and Assistance Program (SAAP) were provided to families with children; in numerical terms this amounted to 37 400 support periods (AIHW 2003, Table 6.2). Research indicates that pathways to family homelessness are a result of a combination of structural factors and individual characteristics; that there are identifiable risk factors and predictors for family homelessness; and that violence plays an insidious role in precipitating family homelessness. The literature also points to hidden family homelessness: many families move in with other family in doubling-up arrangements before becoming fully homeless as these arrangements break down. The research also indicates the social and economic costs of family homelessness, in particular the negative effects on children.

For the families it helped, the FHPP aimed to:

- establish stable family circumstances so that families' economic, housing, health and social participation improved
- develop families' capabilities by strengthening family relationships and increasing their support networks.

The program also aimed to improve the broader service system for families by:

- developing innovative and collaborative partnerships between agencies so that families could be helped more effectively

[1] Families now make up at least one-quarter of the homeless population in the United States, and in some cases comprise up to 75 per cent of homeless people (Fantasia & Isserman 1994). In Europe one-third of the homeless are represented by families (Vostanis and others 1996).

- developing strategies to identify families at risk of homelessness and to engage them more effectively (including strategies to reach Aboriginal and Torres Strait Islander families, who are over-represented in homelessness services).

The starting point for the FHPP service delivery model included:

- a focus on families with young children. While the sites could help all family groupings, they were asked to focus particularly on families with young children.
- a focus on early intervention in homelessness. The pilots used the ABS definition of homelessness which distinguishes between *primary homelessness* (people without any accommodation, who are 'sleeping rough'), *secondary homelessness* (people using temporary accommodation such as crisis services, with no accommodation of their own) and *tertiary homelessness* (people living in accommodation, for example caravan parks or boarding houses, without separate amenities such as kitchen and bathroom facilities and without security of tenure). Early intervention focuses on reaching families before they become homeless, so necessarily excludes families already without accommodation, or being assisted within crisis accommodation services.
- approaches that use flexible, client-centred interventions including practical support, individual counselling, and group programs. The pilots were provided with brokerage funds to assist families as required by individual circumstances.
- a commitment to collaborative approaches to helping families. The service delivery model included a funded part-time social worker position within Centrelink to work with each community provider, so that issues related to income support could be addressed. In addition to this partnership, the service delivery model assumed a strong degree of collaboration between other agencies within the service system.
- use of action research by each of the pilot sites. This helped develop a service delivery model that was responsive to the needs of both individual clients and the broader community.

The evaluation was conducted by RPR Consulting and included the development of an extensive data collection to capture a picture of the circumstances of families before entry to the program, how they were assisted and what change happened as a result of support. In addition, client surveys before and after intervention, focus groups and site visits were used to gain client and community views on the effectiveness of the model.

1.1.1 Key findings

The evaluation found that the majority of families reached by the pilot had not yet become homeless, but were nonetheless at significant risk of homelessness. The profile of families assisted by FHPP indicates that the pilot successfully reached family groups that have been previously identified as vulnerable to homelessness: A&TSI families, families under financial stress and families experiencing violence.

Who were the families?

The cases of 459 families were available for analysis, although over the life of the pilot 874 adults and 1,146 children were assisted. A significant proportion (23%) of the families assisted were identified as Aboriginal and Torres Strait Islander (A&TSI), while 11 per cent had at least one adult member born overseas in a non-English speaking country.

Adult family members were most likely to be: under 35 years old (62%), female (67%), on some form of Centrelink payment (79%) and educated to Year 10 or less (65%). A comparison of the A&TSI and non-A&TSI families showed some key differences, particularly in relation to housing (A&TSI families were more likely to have been previously homeless, to have moved more and to rent in public housing) and family size (A&TSI families had younger and more children).

A complexity measure was developed in order to track factors identified in the literature and by service providers as contributing to risk of homelessness. One-third of families were identified as having high complexity. Not surprisingly, A&TSI families were significantly more likely to be assessed as having high complexity. Common 'complexity factors' included a need for emergency financial assistance, social isolation, family conflict and violence, low literacy, and lack of access to transport and telephones.

What was their risk of homelessness?

On entry to the program, families were clearly at risk of homelessness, although the pilots were largely successful at not assisting families who were on the brink of homelessness or actually homeless. Criteria for early intervention and ways of identifying families at risk were discussed intensely throughout the pilot period. For instance, while families with eviction notices were defined as homeless, some jurisdictions had lengthy eviction processes that could be reversed if issues such as rent arrears were addressed—these families were regarded as being on the brink of homelessness but not actually homeless. Data on program entry indicating the pilot's success at early intervention include:

- The average duration of housing at the current address was 1.8 years, although 42 per cent of non-A&TSI and 69 per cent of A&TSI families had lived for less than one year at their current address.
- The average number of moves in the previous two years was two: 32 per cent moved due to housing affordability or family breakdown; 24 per cent moved due to family violence; and 17 per cent moved because of eviction.
- Almost half the families were in private rental and 78 per cent were in debt (40% owing more than $2,000).
- Thirty-one per cent of adults had experienced homelessness in the previous two years and 18 per cent were previous SAAP clients.

What was the impact of the program?

The evaluation found evidence of significant improvement in the housing and financial circumstances of these families. Families left FHPP services with greater capacity to sustain stability in housing:

- a reduction in the number of families paying a high proportion of their household income on housing (43% of families spent more than 30% of their income on housing prior to support, as opposed to 34% after support)
- an increase in the expectation of future stable housing (74% of families expecting their housing to last one year or more at the end of support)
- overall debt reduction for the majority of families (21% had debt wiped out and 37% had it reduced)
- an increase in the number of families who had buffer funds available in case of emergency (only 4% had such funds before support, compared to 18% after support).

While many families remained vulnerable after support (because of dependence on income support and reliance on the private rental market), their situations had been stabilised, providing much-needed breathing space from daily stressors. Stabilisation gives families an opportunity to address underlying issues that may contribute to housing vulnerability.

Some gains in employment and education participation were also identified, despite the number of young single mothers seen by the pilot services and the low educational levels of families overall. There was a 17 per cent positive change among families in relation to employment status (including an increase in those gaining employment and an increase in the number of adults who were previously out of the labour force and now looking for work). While small, these improvements indicate that further work in this area may be possible if better links are built with education, training and employment services. Better access to affordable child care services may also be necessary to increase participation.

The pilot was effective in improving families' resilience to stress and sense of ability to direct their lives—this is a significant finding and indicates the success of the holistic and strengths-based approaches adopted in the FHPP model.

While the pilot appears to have been unsuccessful in linking parents to programs to designed improve parenting skills, it is evident that overall improvements in families' lives helped family functioning. Children's regular attendance at school improved for those who were most marginalised, while case goals on building better contact between parents and children were for the most part met.

Most significant are the findings in relation to A&TSI families: not only was the FHPP successful in reaching and engaging A&TSI families, it also managed to effect real improvements that largely mirror those for non-A&TSI families.

The evaluation identified factors that may account for these successful outcomes. Different approaches by the pilot sites seem to have contributed to specific improvements, particularly: identifying and reaching families at high risk of homelessness but not actually homeless; providing intensive support over a longer period; providing coordinated support by a number of agencies (in relation to improvements in labour-force participation); using brokerage funds to stabilise circumstances; engaging families in multiple ways to help build connections to other families, community and services.

The evaluation confirmed that while significant improvements were achieved in the situation of families, there are longer-term and broader structural issues that are outside the direct influence of a single agency or program. A&TSI families are vulnerable to broader discrimination and exclusion: they were more likely to have been evicted at least once; to have poorer education; to lack access to transport or telephones; to have low literacy, and poor budgeting and financial skills; to have a history of homelessness; to have larger and younger families and experience overcrowding.

Similarly, across all families assisted by the program, the lack of affordable housing in many areas placed families at risk of homelessness. The issue is linked to overall dependence on income support and a lack of employment opportunity, which in turn are linked to limitations in employment when educational levels are low. The extent to which family violence contributes to risk of homelessness also points to the need for policy responses.

1 George and Jenny: one family's story

Each of the 459 families helped by the Family Homelessness Prevention Pilot (FHPP) had its own situation, struggles and achievements. One story cannot represent everyone, but it may help paint a vivid picture. So before proceeding to a detailed discussion of the data collected from the eight pilot sites over two years, this report begins with one family's story.

George and Jenny's story

George was 39 when Centrelink referred him to the FHPP service. He had been recently released from prison, after serving the most recent of a number of terms in jail, this one related to a heroin addiction. George's two children—Simon aged 13 and Jenny aged 15—had been living with an aunt while George was in jail, as their mother also had a heroin addiction. On his release, George was provided with temporary housing through a community housing program. Jenny returned to live with him; Simon stayed on with his aunt, although he had weekend contact with George.

When George was referred to the FHPP, the family was at clear risk of homelessness. George was listed on the state tenancy database as a poor tenant. This meant that he was rejected by the state housing authority for priority housing, and also made it difficult to access private rental accommodation. He had accumulated significant debt from outstanding parking fines, and as a result of those fines he had lost his driver's licence. He was on a methadone program but his history of heroin addiction had left him with poor health. While he and the children cared strongly about each other, he had not been a consistent presence in their lives and was struggling with the challenges of parenting. He found himself very irritable and kept flying off the handle at Jenny. He was unemployed, socially isolated and at serious risk of re-offending.

The FHPP Centrelink social worker talked with George and persuaded him to take up the referral to the FHPP caseworker, mainly on the grounds that she would be able to help him with his housing problem. The FHPP service is located in an organisation that runs a range of other family programs including child care, parent groups and general support services. Its office has been designed to be welcoming to men, with images of fathers around the walls. However, the FHPP caseworker made a point of not requiring George to come to the office, and during the course of providing support mainly met with him and Jenny at their home, at the school and in other venues.

The FHPP caseworker found that George was initially reluctant to talk about the broader issues in his life. She initially concentrated on addressing the housing and debt issues as a way to build trust and make an immediate impact on the family's stress levels. She helped George lodge an appeal against the rejection decision by the Department of Housing. When the appeal was unsuccessful, she approached the community housing provider on George's behalf and negotiated an agreement for the

family's stay to be extended so that George could build a better tenancy record by paying rent on time and keeping the property in good condition.

At the same time she began working with George on a budget. The Centrelink social worker looked at his payments and found he was being paid less than his entitlement—this was corrected. The caseworker approached St Vincent de Paul for immediate financial aid to help pay for food and electricity bills. Together, George, the FHPP caseworker and the Centrelink social worker worked out an approach to address the debts resulting from the parking fines. The state debt recovery authority was found to have overcharged and so the debt was reduced, and a long-term payment plan was put in place to pay off the remainder.

Meanwhile, George was gradually coming to trust the caseworker. In formal counselling sessions with her, he began to address the issues that had led him to offend in the first place. He started talking about his relationship with Jenny and her difficulties at school: she was getting into conflict with teachers and wagging school often. George's own school experience had not been positive, so he was at a loss to know how to deal with the school without also getting into conflict. He talked about his isolation, health issues and depression. Encouraged by the caseworker, he also talked about his achievements—what had helped him survive to this point, his positive relationship with his children and what he wanted for the future.

Over time, George started attending a family focus group, which provided contact with other parents and helped him to recognise his strengths as a parent. It normalised some of the conflict he was having with Jenny, much of which he came to see as typical parent-adolescent conflict. Jenny also started talking to the caseworker about her school difficulties. The caseworker supported George and Jenny to build a better relationship with the school through meetings with the teachers involved. FHPP flexible brokerage funds enabled Jenny to attend a dance camp and go to some dance classes. She was also linked up with a local youth service, where she started attending programs after school. Her school behaviour began improving and she was soon attending every day.

Meanwhile, the caseworker helped George get better medical care. He was diagnosed with hepatitis C and put on a new medication trial that meant he had access to improved medicines at no extra cost. Following a gradual improvement to his health, he started playing in a local soccer team and then became the coach of a children's soccer team.

George's depression began to lift as he became less isolated and his confidence increased. The caseworker helped him get into a TAFE literacy course, which enabled him to attend the health care certificate course in pathology assistance. He made friends through the TAFE courses and has now undertaken a placement with a pathology service that is likely to lead to employment.

George and Jenny were supported by the FHPP service for 18 months. Due to the overall improvement in George's circumstances, his tenancy listing also improved, eventually giving him a record of 12 months as a good tenant. This record allowed him to be accepted for long-term housing with the community housing provider. George is

now working on his relationship with his son and hopes that Simon will return to live with them in the near future.

George and Jenny's story highlights the value of a consistent and skilled caseworker, one who can recognise and work to the client's strengths, and provide practical support as well as in-depth counselling. It also shows the importance of working on a number of issues at the same time and dealing with new issues as they arise. George and Jenny were helped by more than eight agencies during their period of FHPP support, the caseworker coordinating and facilitating access to the right services at the right time. Finally, in order to make sustainable changes that gave George and Jenny the prospect of a better future, support was needed over a long period.

George and Jenny's story demonstrates the cost-effectiveness of early intervention. Not only was George in danger of being homeless, it is likely that if he had not gained stable housing, reduced his debt, been linked to an employment pathway and learned parenting skills, he would have re-offended. The research evidence indicates that the impact on the children might well have led to their repeating George's own history. If intervention had not occurred, the likelihood of a poor outcome for this family is clear; with the right kind of intervention, the prospects are good.

2 Introduction

This evaluation report outlines findings emerging from the Family Homelessness Prevention Pilot (FHPP). The FHPP was established under the 2001 Australian Government budget as an early intervention initiative to develop approaches to reduce family homelessness. It was piloted in eight sites (one in each state and territory) over a two-year period from July 2002 to June 2004. The sites operated on a service partnership model, with Centrelink and community service providers funded to work collaboratively.

Subsequent to the interim evaluation report, which indicated the early success of the pilot, the Australian Government announced continued funding of the program in the May 2004 Budget. The program, now named the Household Organisational Management Expenses (HOME) Advice Program, has continued to fund the eight pilot sites. The program is located under the National Homelessness Strategy, within the Department of Family and Community Services (FaCS).

The evaluation found that the pilot helped a significant number of families from Aboriginal and Torres Strait Islander backgrounds—almost one-quarter of all families helped by the program to date have had at least one adult family member who is an Aboriginal or Torres Strait Islander. The report explores this aspect of the program's findings at length, using the abbreviation A&TSI. This abbreviation was adopted reluctantly, but sections of the report became difficult to read when the full term was used. It was felt that the use of the abbreviation A&TSI was preferable to the term Indigenous, which is increasingly being replaced by Aboriginal and Torres Strait Islander. We ask readers of the report to understand that no disrespect is intended in adopting this approach.

2.1 Family homelessness: an emerging issue

The impact of homelessness

The development of the Supported Assistance and Accommodation Program (SAAP) over the past two decades and the increasing adoption of a whole-of-government approach to homelessness reflect a growing concern about the impact of homelessness on individuals, families and communities. This concern has been driven by the recognition on the one hand of the need to address social inequalities highlighted by homelessness, and on the other of the economic cost of allowing homelessness to grow. Social disadvantage and economic inequality result in poorer access to jobs, education, health care, housing and participation in community life. For individuals, continued social disadvantage increases the risk of homelessness, which in turn compounds the effects of disadvantage. Not having a stable home can exclude a person from services

that can maintain health, help in gaining employment or income support, and decrease the likelihood of moving out of homelessness.

Two overseas studies have indicated the substantially increased costs of homelessness to the service system. A recent Canadian study (Eberle and others 2001) found that providing government health care, criminal justice and social housing services (excluding housing) to homeless individuals cost, on average, 33 per cent more than to people who were housed; when the cost of providing supported housing (as opposed to crisis services) to homeless people was investigated, it was found that providing subsidised housing actually saved the government money. Similarly, a University of Pennsylvania study of 4,679 homeless people with psychiatric disabilities compared, over a seven-year period, the costs of providing subsidised supported housing with the costs of providing services to those who remained homeless. This study found that the cost of providing services to a homeless person was more than three times that of a person housed in appropriate supported accommodation (Culhane and others 2001).

In addition to the impacts of homelessness already noted, there are a number of effects specific to families. Parents in homeless families face increased risk of intervention by child protection agencies due to a lack of stable housing and inability to send children to school regularly; their parenting may be undermined due to their perceived failure to provide a stable environment; the process of moving means that families shed possessions, further affecting their ability to stabilise housing. A review of the literature on homelessness by Walsh and others (2003) found consistent patterns of behavioural problems, health problems and adverse educational impacts reported in children affected by homelessness.

Family homelessness: the Australian situation

Family homelessness has emerged as an issue in Australia, a trend already identified in the USA and European countries a decade earlier.[2] During 2002–03, 37 400 support periods were provided by the Supported Accommodation and Assistance Program (SAAP) to families with children, representing one-quarter of all support periods to people using SAAP (AIHW 2003, Table 6.2). Families included women with children, men with children, and couples with children. Almost half (45%) of the 74 100 support periods provided to children were to children less than four years of age (AIHW 2003: Table 9.1). Six per cent of support periods were provided to families without children (4,400 support periods).

Despite families' use of SAAP services, the growing significance of family homelessness has only recently been recognised. Research on family homelessness in the Australian context has been growing since the early 1990s, beginning with a partnership between Hanover Welfare Services and the Australian Institute of Family

[2] Families now make up at least one-quarter of the homeless population in the United States, and in some localities comprise up to 75 per cent of homeless people (Fantasia & Isserman 1994); in Europe one-third of the homeless are represented by families (Vostanis *et al.* 1996).

Studies (AIFS) to explore the rise in family homelessness, resulting in a report, *Where Now? Homeless Families in the 1990s* (McCaughey 1992). Since this time the most significant Australian studies have also been undertaken by Hanover[3], investigating: the health status of homeless children (Efron and others 1996); the characteristics of families using Hanover services (Horn 1996; Horn & Cooke 2001); and most recently, a longitudinal study of outcomes for families who have experienced homelessness (Kolar 2004).

The recent study by Walsh and others (2003) on family homelessness in Queensland found three common themes in the research literature: that pathways to family homelessness are a result of a combination of structural factors **and** individual characteristics; that there are identifiable risk factors and predictors for family homelessness; and that violence plays an insidious role as a mechanism for precipitating family homelessness. The literature also pointed to hidden family homelessness: many families move in with other families in doubling up arrangements before becoming primarily homeless as these arrangements break down.

Another key research project has been investigation of the impact of homelessness on parenting capacity and on children. Walsh and others (2003) cite a range of primarily USA research that highlights the erosion of parents' capacity to provide support and respond to children's needs when facing homelessness. Child removal becomes a fear as isolation due to homelessness increases; as a family shifts around, possessions are lost, making it harder to re-establish a home and keep continuity in the markers of childhood. The work on the impact on children has highlighted behavioural problems: Efron and others (1996) found that over one-third of parents in homeless families rated their children as having significant behaviour problems. The same study found higher than average occurrence of asthma, ear infections, skin problems and developmental delay—health problems also found in other overseas studies (cited in Walsh and others 2003). Finally, a significant impact of family homelessness on children is the lack of continuity in education, with a resulting negative impact on educational development.

The most recent Hanover Welfare Services study (Kolar 2004) identified barriers to accessing and retaining stable housing as a mix of structural issues such as lack of access to affordable housing and employment, and individual vulnerabilities including family or relationship breakdowns, physical and emotional abuse, substance abuse, financial problems and health issues. The report notes:

> This suggests that these areas of life and housing are not mutually exclusive; they are, instead, closely interlinked. Put another way, housing is crucial, but so too are these other areas of life, which need to be addressed if stable housing is to be maintained. (Kolar, 2004: 87)

[3] Hanover is a large non-government agency delivering services to homeless people in Melbourne. It has a strong focus on research.

The study followed families that had experienced homelessness in the previous two years. At the end of the two-year study, none of the remaining 30 families (out of 42 at the beginning) had had to use SAAP crisis services. However, the use of non-housing support services had increased over time, especially financial assistance to pay for daily necessities such as food and health-care services. The study also found that parents saw employment as their way out of poverty but that a lack of education was a significant barrier to finding work. Nonetheless, one-third had undertaken some type of study or training by the end of the study (Kolar, 2004: 99).

2.2 The Family Homelessness Prevention Pilot (FHPP)

The FHPP sought to intervene early to prevent families drifting into homelessness, thus reducing the cost to individuals, families and the community while also helping families to gain the resources they need to remain housed for the long term. This required a service intervention model that was responsive to the circumstances of particular families as well as providing access to a broader service system that could more effectively help them. As a result, the pilot sites were designed to be partnerships between a non-government service provider and Centrelink.

The FHPP therefore aimed to increase families' capacity to prevent homelessness **as well as** to build community capacity within the service system to respond more effectively to families.

For the families involved, the pilot aimed to:

Establish stable family circumstances

- stabilise families' economic circumstances
- stabilise families' employment, education and training circumstances
- stabilise families' accommodation circumstances
- stabilise families' health circumstances
- stabilise families' community participation and social engagement.

Develop the capability of families

- strengthen family relationships
- re-establish and strengthen family and community support networks.

In order to achieve these outcomes for families, the FHPP had a range of other objectives aimed at the broader service system level, including:

Develop innovative and collaborative partnerships

- strong partnerships between key service delivery agencies (Centrelink, FHPP community providers and other human service organisations)
- enhanced local capacity building to respond more effectively to families.

Engage families at risk of homelessness

- develop strategies to identify families at risk of homelessness
- develop strategies to link families at risk of homelessness to relevant service providers
- develop supportive and professional relationships with families at risk of homelessness
- facilitate the participation of diverse family groups including A&TSI and culturally diverse families.

2.2.1 Location and establishment of the pilot sites

The eight pilot sites were chosen through a tender process. The successful community agencies were selected by a panel of representatives from FaCS, Centrelink and the Australian Federation of Homelessness Organisations. The chosen sites were:

- South Australia: Centacare, Salisbury (targeting A&TSI families)
- Victoria: Hanover Welfare Services, Dandenong
- New South Wales: UnitingCare Burnside, Wyong
- Queensland: Beenleigh Area Youth Service, Beenleigh
- Western Australia: Anglicare, Mandurah
- Northern Territory: Centacare, Darwin
- Tasmania: Anglicare, Launceston
- Australian Capital Territory: Belconnen Community Service, Belconnen

The time taken to establish the sites varied: two sites were accepting clients by September 2002, and all but one of the others within a few months after that. The A&TSI-specific service in Salisbury (SA) did not begin accepting clients until July 2003, primarily because of the need for a longer consultation period before selecting the site, and the need to recruit A&TSI staff.

2.2.2 Pilot service delivery model

The FHPP service delivery model built on the early intervention approaches used by the Reconnect program[4] as well as on approaches trialled by some SAAP and other community agencies working intensively with families. Features of the model were:

- a focus on families with young children. While all family groupings could be helped by the sites, services were asked to focus particularly on families with young children.
- a focus on early intervention in homelessness. The pilot used the cultural definition of homelessness which encompasses *primary homelessness* (people without any accommodation who are sleeping rough), *secondary homelessness* (people using temporary accommodation such as crisis services, with no accommodation of their own) and *tertiary homelessness* (people living in accommodation, for example caravan parks or boarding houses, without separate amenities such as kitchen and bathroom facilities and without security of tenure). Early intervention focuses on reaching families before they become homeless, so necessarily excludes families already without accommodation, or being helped within a crisis accommodation service.
- approaches that use flexible, client-centred interventions including practical support, individual counselling, and group programs. The sites were provided with brokerage funds to help families according to their circumstances.
- a commitment to collaborative approaches to helping families. The service delivery model included a funded part-time Centrelink social worker to work with the community provider, so that issues related to income support could be readily addressed. In addition to this partnership, the service delivery model assumed a strong degree of collaboration among other agencies in the service system.
- use of action research by each of the pilot sites to help develop a service delivery practice that was responsive to the needs of clients and the broader community.

2.3 Evaluation of the FHPP

In 2002, FaCS contracted RPR Consulting (RPR) to undertake the evaluation of the pilot. An interim evaluation report was published in September 2003, based on six months of client data from the five services operating at that time.

The evaluation used three main data sources:

[4] Reconnect is a national program funded by the Department of Family and Community Services, using early intervention approaches to reduce youth homelessness.

- an ongoing FHPP Database (the FHPP DB). Designed by RPR in consultation with community providers, this is a collection of data on client circumstances, service delivery and client outcomes, recorded by community providers on paper forms and centrally processed and managed by FaCS.
- a before and after client survey to measure changes in client circumstances at the conclusion of intervention. Staff of the pilot sites administered the client survey when clients gave consent for their involvement.
- qualitative review of program processes, including: documenting good practice approaches emerging at the pilot sites; eliciting clients' and other service providers' views on the program; documenting issues arising from the partnership approach between Centrelink and the community providers; studying the learnings that grew from action research at each of the pilot sites; and documenting program support provided to the sites and other program management issues.

2.3.1 FHPP Database

The FHPP DB was developed in pilot form by September 2002, although because of the gradual take-up of clients, the bulk of information dates back only as far as January 2003. The FHPP DB collects data on:

- the situation of families and service delivery to them (referral sources, brokerage funds used, intensity and duration of support, issues that affected case management, case plan goals, services provided to families, other services' involvement with families, reason for ending support, and assessment of overall change)
- family characteristics (family structure, housing history, housing costs, income, debt levels and financial situation, homelessness during support)
- adult family members (age, sex, relationship to other adults, A&TSI status, country of birth, English proficiency, educational level and current education participation, labour-force participation, income source, experience of homelessness in the last two years, previous use of SAAP)
- child family members (age, sex, country of birth, primary residence, use of child care, school attendance and number of schools attended, child protection issues).

This report uses data from 459 closed and 95 active cases extracted from the database on 30 June 2004.

2.3.2 Client Survey

The Client Entry Survey was administered by agencies from April 2003 to February 2004; the Client Exit Survey was administered from April 2003 to May 2004. Both surveys included a number of measures of family and social functioning as recommended by a FaCS-commissioned report (Zubrick and others 2000), as well as validated psychometric scales on Family Hardiness (McCubbin and others 1991), Mastery (Pearlin and others 1981) and Well-being (Goldberg 1972). Following testing,

the surveys were revised to seek clients' perspectives on their strengths and difficulties at the two points of time, and to ask what goals they had and whether they had been met.

The primary client in each family was to be asked to complete a four-page entry survey shortly after commencing support under FHPP. Community providers were instructed to distribute the exit survey shortly before (if possible) or after case closure. A small incentive payment was made to clients who completed each survey. The Client Entry Survey asked clients to record three goals they would like to reach by the time they had finished being supported by the agency. Service providers were asked to help clients record progress towards these goals on the Client Exit Survey; if the client did not complete the form, service providers were asked to complete this section themselves. The Client Exit Survey (which contained more questions than the Client Entry Survey) is at Appendix B.

Client survey sample

Evaluation surveys were returned from 231 families. Of these, 79 returned both an entry and an exit survey, and 124 returned only an entry survey. Of closed cases helped by the pilot services, 37 per cent completed both surveys. The calculation of this response rate excludes 43 surveys that were returned but could not be matched to exiting records in the FaCS DB.

2.3.3 Qualitative data

Qualitative data were collected throughout the evaluation, through workshops with site staff, phone interviews and two-day visits to each pilot site.

National workshops

The pilot sites were brought together for four two-day workshops over the two years of the pilot's operation. In addition, two workshops were also held with three services that helped significant numbers of A&TSI families. These workshops had a range of purposes but each of them included significant time spent comparing the approaches of different sites, identifying what was common, what was different, and arriving at collective views of what constituted good practice in working with families to prevent homelessness. This allowed some distilling of 'good practice principles' that could help other services to implement early intervention approaches to family homelessness.

Phone interviews and the collection of case studies

During the course of the evaluation, the consultants carried out phone interviews with Centrelink staff involved in the pilot, including the Centrelink social workers and the Centrelink staff members who supervised them. These interviews aimed to capture some of the perspectives of Centrelink staff to inform the Interim Evaluation Report.

Sites were also asked to identify case studies that, in their opinion, best illustrated both the issues facing families in relation to homelessness and positive outcomes for families as a result of intervention. Case studies were provided by services on two occasions and in some cases were also used in the workshops to explore good practice approaches.

Site visits

In February–March 2004, RPR organised the following at each site visit:

- a meeting with community provider staff and with the community provider project manager
- a meeting with the Centrelink social worker, the social worker's supervisor and in some cases the Centrelink manager (in addition to meetings or interviews with other Centrelink staff)
- a client focus group or individual interviews with families helped by the FHPP services (63 clients participated in the focus groups)
- interviews with staff from other agencies that worked with FHPP services
- a meeting with the reference group and/or action research committee (where applicable).

The interviews and meetings used a semi-structured approach and sought to gain respondents' views on the emerging practice model, the achievements of each site to date, the challenges faced both in service delivery and in partnership issues, and where they would like to strengthen work in the future should the program continue.

2.3.4 Limitations of the evaluation

Although the present evaluation has the advantage of drawing on both qualitative and quantitative data sources, the limitations of its design should be noted.

First, like many evaluations of government-funded community service programs, the present evaluation lacks a suitable control group. Thus, it is not possible to conclude statistically whether any changes in the circumstances of clients were a direct result of the FHPP intervention. Nonetheless, it is reasonable to assume that FHPP intervention was responsible for much of the change families experienced over the course of their support given that, in the majority of cases, support was provided for a period of four months or less—this relatively small timeframe reduces the likelihood of confounding impact from extraneous factors.

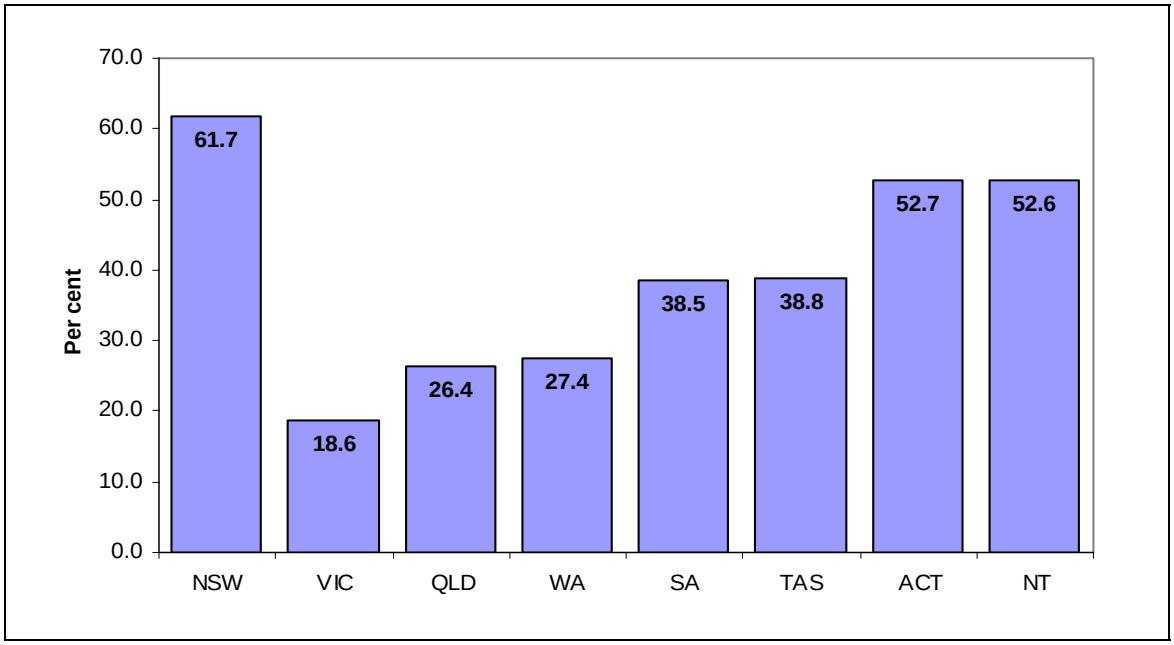
Second, the client surveys yielded a poor response (37% of closed cases over all, and much less from some sites). However, this rate of response, while not ideal, is becoming typical in social surveys (Mearns & Braithwaite 2001), and the survey was affected by a number of factors:

- Two sites—with response rates of around one-quarter—initially saw a larger number of clients who were in, or on the brink of, housing crisis, and supported

these clients for a short period in order to stabilise their housing. These sites later changed their approach to allow a greater focus on early intervention, which enabled them to engage families on other issues that contributed to the risk of homelessness and provide support over a longer period. Families that were seen in the early period of the pilot were less likely to complete a survey form, as they had less contact and less support from the service.

- There was considerable variation between the sites in the take-up of the surveys, indicating differences in how service providers presented the surveys to families (see Figure 1). One site had a response rate of 62 per cent, while another had a low of 19 per cent. Three sites had at least half of their clients participating; two had a response rate of 39 per cent; and the remaining sites had 27 per cent or less.
- Due to the late start of the A&TSI-specific service and the longer support provided to this service's clients, only one of this service's cases was complete by 30 June 2004 and was therefore the only one to be included in the survey results.

Figure 1: Evaluation survey response rates by jurisdiction.



Key statistically significant differences between the survey sample and the FHPP DB are highlighted below, survey respondents being more likely to:

- have been helped by pilot sites in NSW, ACT, and Northern Territory
- have received 25 weeks or more of support (41% compared with 15% of non-respondents), and to have received more intensive support (an average of 52 contacts compared with 38 for non-respondents)

- have moved house because of housing affordability issues (41% compared with 31% of non-respondents) and be more likely to have been in stable accommodation before support (70% compared with 60% of non-respondents)
- own or be buying their own home (10% compared with 6% of non-respondents), have housing costs more than $200 per week (15% compared with 7% of non-respondents), and have sought emergency financial assistance before support (72% compared with 53% of non-respondents)
- have an Apprehended Violence Order (20% compared with 12% of total cases).

No differences were found in response rates between A&TSI and non-A&TSI clients.

From the discussion of sample bias above, it is reasonable to conclude that responses obtained from the client survey may be more favourable than would have been expected, had survey responses been received from all FHPP clients. For this reason, analysis in this report relies disproportionately on data from the FHPP DB in order to examine changes in client circumstances.

Although response bias has been minimised by this approach, reliance on the FHPP DB means that reports of change in client circumstances are recorded, and often assessed, by FHPP caseworkers. Such assessment many not be consistent across sites and may not necessarily reflect the views of FHPP families.

A further limitation of this evaluation is the lack of information relating to outcome sustainability. Changes in client circumstances are assessed only at program exit—no follow-up survey of clients was possible within the budget and timeframe for this evaluation.

2.4 This report

The remainder of this report is divided into the following sections:

Section 3: About the families seeking help outlines the characteristics and circumstances of the families seen by the pilot services.

Section 4: How families were helped—the FHPP service model explores how the pilot services reached, engaged and worked with families.

Section 5: Outcomes for families using FHPP services reports on the situation of individuals and families when they finished being supported by the pilot sites.

Section 6: Program management and policy issues provides an overview of the management of the program and some of the broader policy issues raised by the pilot in relation to the families it was helping.

Section 7: Conclusion provides a summary of the findings and future policy and program implications arising from the pilot.

3 About the families seeking help

This section of the report provides a picture of the families using FHPP services—their backgrounds and circumstances.

The profile of families and their circumstances helps to shed light on early intervention—that is, to what extent have the FHPP services succeeded in reaching families before they became homeless; and to what extent were the families helped at risk of homelessness?

3.1 Overview of the families using FHPP

By 30 June 2004, the program had helped 554 families, including 874 adults[5] and 1,146 children. Of these families, 95 were still being helped in July 2004, so data on outcomes for families helped by the program is available for 459 families.[6]

The program reached a significant number of A&TSI people: 23 per cent of all families helped had at least one A&TSI adult member (including both active and closed cases). This is a higher proportion of A&TSI people than use SAAP services (18% in 2002–03). Interestingly, all of the pilot services helped a higher proportion of A&TSI people than exist within the communities they serve, as can be seen from Table 1.

Table 1: A&TSI representation among FHPP clients

	Families with at least one A&TSI adult family member (ALL cases)		Families with at least one A&TSI adult family member (Closed cases)		A&TSI Australians within the service catchment area[(a)]
Site	**N**	**%**	**N**	**%**	**%**
Wyong NSW	12	20.7	8	20.5	2.0
Dandenong Vic	8	9.4	7	9.5	0.4
Beenleigh Qld	13	15.5	12	15.6	2.4
Mandurah WA	35	39.3	32	41.0	1.7
Launceston Tas	4	5.2	4	5.8	2.8
Belconnen ACT	4	4.9	4	5.5	1.0
Darwin NT	41	59.4	28	58.3	8.5
Salisbury SA	10	100.0	1	100.1	2.9

[(a)] Data are compiled for A&TSIC A&TSI areas/localities, so may not correspond exactly to FHPP catchments. In some cases there is a substantial number of people who have not stated A&TSI status, probably resulting in an underestimate.

Source: FaCS DB; ABS Population Distribution Aboriginal and Torres Strait Islander Australians 2001 Cat No 4705.0

[5] For the purposes of this report, an adult is a person aged 16 years or over. This definition is used for consistency with the SAAP data collection.

[6] Except where stated, figures are for closed cases entered in the FaCS DB up to 30 June 2004.

The significant proportion of families with A&TSI members helped by the program means that the findings of the pilot may help in the development of more effective strategies to reduce A&TSI homelessness. While many of the experiences and circumstances of families using the pilot services are similar, A&TSI families differ in many respects. Where these differences are significant they are highlighted in the following discussion.

Of the 459 closed cases analysed, the profile of families that emerges is illustrated in Box 1.

Box 1: Comparison of characteristics of A&TSI and non-A&TSI families helped under FHPP, closed cases as at 30 June 2004

At the start of support, **non-A&TSI families** were most likely to:	At the start of support, **A&TSI families** were most likely to:
• be single parents (66%) • be living in **private** rental housing before receiving support (49%) • have **two or fewer** children (71%) • have children under the age of 10 (82%), 72% of children in non-A&TSI families being under the age of 10 and 41% being four years of age or under • be living on a total household income of $449 per week or less (66%), with 14% living on less than $300 per week • have moved **twice or more** in last two years (47%).	• be single parents (63%) • be living in **public or community** rental housing before receiving support (43%) • have **two or more** children (63%) • have children under the age of 10 (85%), with 69% children in A&TSI families being under the age of 10 and 40% being four years of age or under • be living on a total household income of $449 per week or less (64%), with 20% living on less than $300 per week • have moved **three times or more** in the last two years (55%).

Adult family members helped by FHPP sites were most likely to be:

- female (67%)
- aged under 35 years (62%)
- Australian born (85%)
- non-A&TSI (82%)
- on some form of Centrelink payment (79%) at the start of support, mostly the Parenting Payment (52%)
- educated to Year 10 or less (65%) at program entry.

The data were also analysed in relation to family structure. A comparison between single-parent and two-parent families is provided in Box 2.

Box 2: Comparison of characteristics of single-parent and two-parent families helped under FHPP, closed cases as at 30 June 2004

Single-parent families:	*Single-parent families*	*Two-parent families*
• were more likely to be A&TSI families	20%	12%
• were less likely to have young (0–4 yr old) children	36%	50%
• experienced less stable housing before support:		
▪ fewer were at their current address for 2+ years	27%	42%
▪ more moved house at least 5 times in the past 2 years	12%	7%
• were more likely to be in poorer financial circumstances at the start of support:		
▪ lower median weekly household income	$400	$500
▪ more with no access to 'buffer' funds	85%	72%
▪ fewer in paid employment	13%	26%
• were more likely to have experienced family violence, with greater incidence of:		
▪ family-violence-related moves	30%	12%
▪ AVO, restraining or intervention orders in place	18%	8%
▪ history of family violence	46%	25%
• were more likely to have:		
▪ experienced homelessness in the past 2 years	37%	25%
▪ been a previous SAAP client	21%	15%
• received on average shorter durations of support (in weeks):	16.5	19.6
• achieved on average a smaller proportion of case plan goals:	40.6%	47.5%

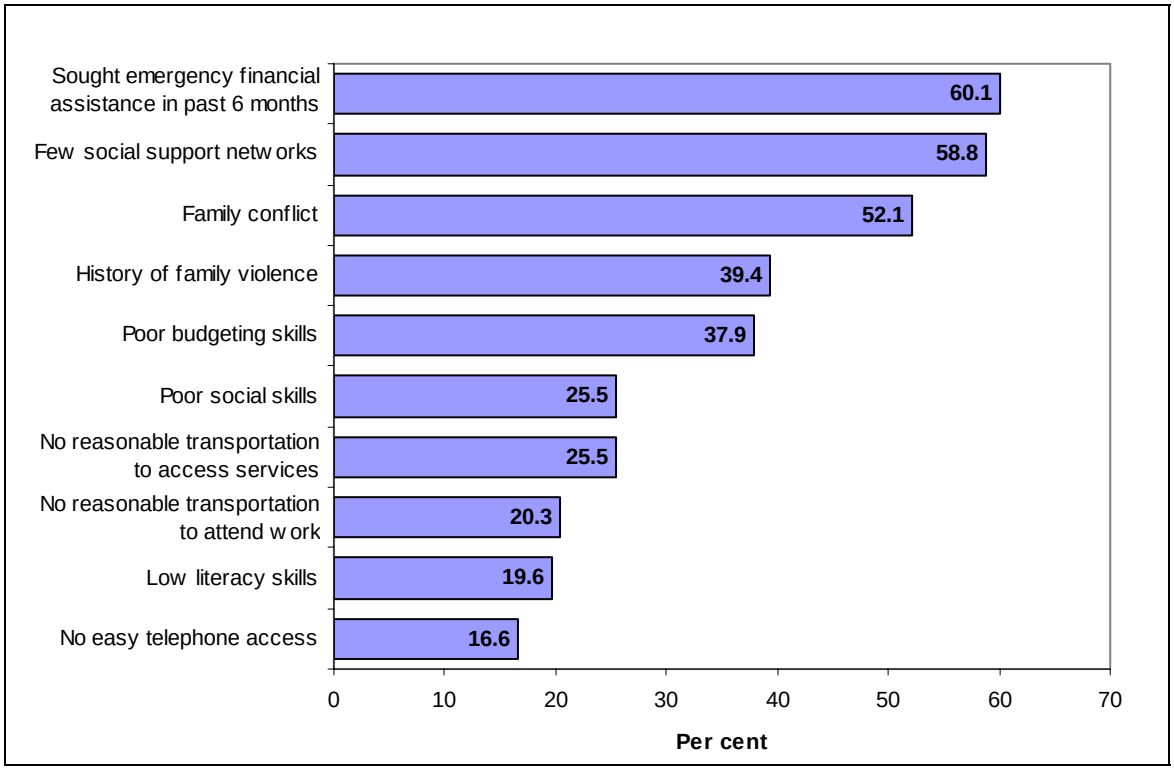
Finally, data were analysed by whether at least one member of the family was born in a non-English speaking country. Families that had this characteristic were largely from one site (Dandenong, Vic). Consequently, the resulting analysis was not valid across the sites and is not presented in this report.

3.2 Complexity of circumstances affecting families

Not surprisingly, families being helped by the program have multiple and complex issues, which reflect individual vulnerabilities (such as health problems or disabilities), and broader structural issues (such as lack of access to transport or telephone) linked to poverty or geographic isolation. In order to rate complexity of circumstances that might affect the outcomes of the pilot, caseworkers were asked to identify whether any of 41 specified factors significantly affected how the family was worked with over the course

of support[7]. The ten most commonly reported factors are presented in Figure 2. All 41 factors are listed in Question 45 of the FHPP DB form at Appendix A.

Figure 2: Most common case complexity *factors* identified.

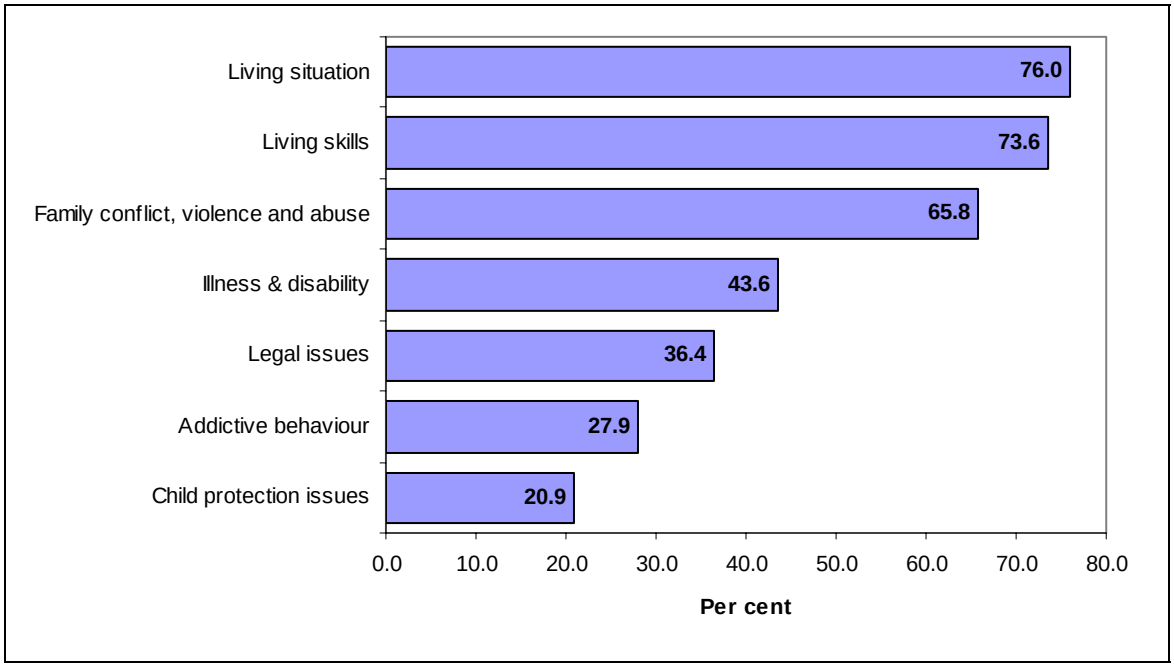


The 41 case complexity **factors** were divided into seven higher-order **categories**. For example, the category *legal issues* includes: AVO restraining order in place; current family court involvement; current other court involvement; current incarceration of a family member; and legal issues around immigration status.[8] The seven case complexity categories are: legal issues; child protection issues; family conflict, violence and abuse; illness and disability; addictive behaviour; living situation; and living skills. Most cases were affected by at least one factor from each of three categories: living skills, living situation, and family conflict, violence and abuse (see Figure 3).

[7] The complexity measure was developed from previous work undertaken to measure complexity of cases as part of the evaluation of Reconnect (Ryan 2003) and as a result of a data modelling workshop help with some FHPP providers. The measure was integrated into the FHPP data collection form. The issues identified to measure complexity are consistent with the literature on factors contributing to family homelessness and with the subsequent work by Goodall and others (2003) in developing measures for the SAAP service system. This work was not published when the FHPP complexity measure was being developed.

[8] For full description of all issues see Question 45 of the FHPP DB form at Appendix A.

Figure 3: Case complexity *categories*—percentage of families identified as having at least one relevant complexity factor within each category.



In only 4 per cent of families were no complexity factors identified; the maximum number of factors identified in any one family was 18; the average number of complexity factors was 5.9. To aid subsequent analyses, families were grouped into low (one to three factors), medium (four to six factors) and high (more than seven factors) complexity; the resulting distribution classified 32 per cent of cases as low complexity, 34 per cent as medium complexity and 34 per cent as high complexity.[9] A&TSI families were significantly more likely to have high complexity (51% compared with just 30% of non-A&TSI families).

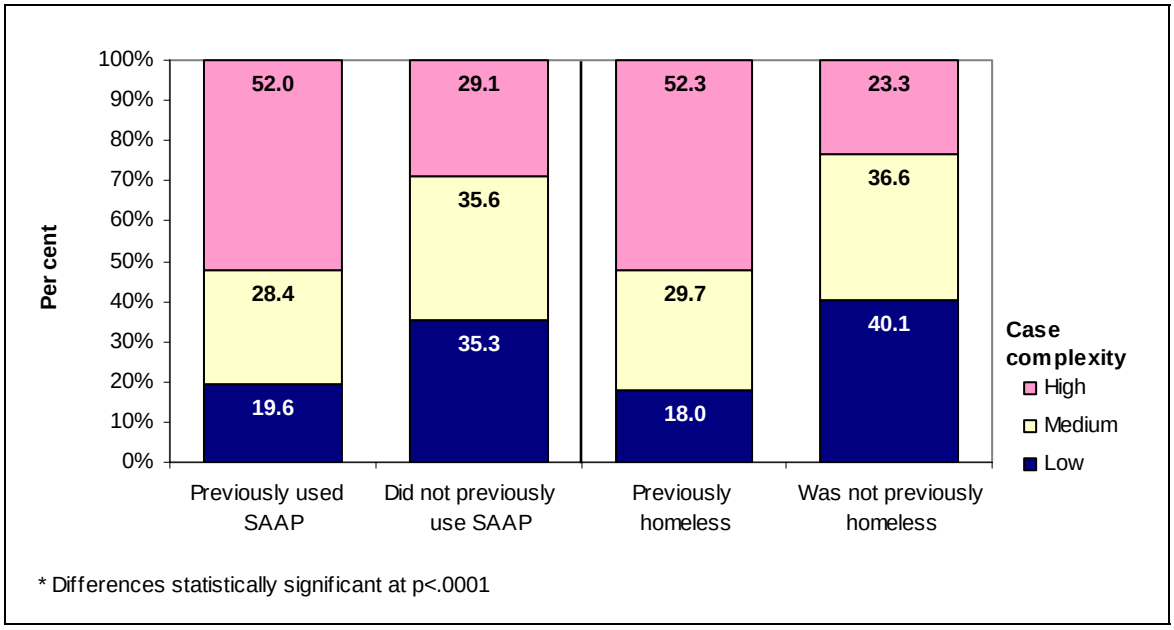
Experience of previous homelessness

More than a quarter of adult family members helped under FHPP had experienced homelessness in the previous two years (31%), while 18 per cent had used a SAAP agency in the past. A small number of families (10%) also experienced homelessness during the course of support. A&TSI families were more likely than non-A&TSI families to experience homelessness during support (15% compared with 8%). Not surprisingly, case complexity was linked to previous experience of homelessness and prior use of SAAP (Figure 4). More than half (52%) of families containing at least one previous SAAP client were of high case complexity compared with just 29 per cent of

[9] It was assumed that greater numbers of issues identified as 'significantly affecting the management of the case' indicated higher levels of complexity. The classification of complexity into 'low', 'medium' and 'high' was made on the basis of relative criteria—that is, the distribution of complexity was divided into three roughly equal quantiles so that case complexity is relative to other FHPP clients, rather than being arbitrarily imposed.

families whose members had never used SAAP. Similarly, families in which at least one member had experienced homelessness in the previous two years were more likely than those whose members had not been homeless to be of high complexity (52% compared with 23%).

Figure 4: Case complexity by previous homelessness and previous use of SAAP.



Instability in housing

For a significant proportion of families (10%), it was one year or more since they last experienced stable housing, while for a further 7 per cent it was six months since they had housing stability (Table 2). A&TSI families were significantly more likely to have had less stability: almost three-quarters of A&TSI families (69%) had lived at their current address for less than 12 months, in contrast to 42 per cent of non-A&TSI families. A&TSI people were also more likely to report that they weren't in stable housing when they first contacted the FHPP service (49% in contrast to 33% of non-A&TSI families).

Only 23 per cent of families had not moved in the previous two years; 53 per cent had moved up to four times; and 11 per cent had moved five times or more (Table 2). The number of moves was also related to A&TSI status: 27 per cent of closed cases with at least one A&TSI family member reported moving five times or more in contrast to 6 per cent of families with no A&TSI members.

Table 2: Housing instability before support by A&TSI status (%)

	Non-A&TSI	A&TSI	Total
Length of time at current address[1]			
Less than 6 months	17.6	34.4	21.1
6–11 months	24.0	34.4	26.1
12–23 months	23.7	15.6	22.0
2 years or more	34.7	15.6	30.7
Total	*100.0*	*100.0*	*100.0*
N	**363**	**96**	**459**
Time since last stable housing[1]			
Less than 1 month	4.7	7.3	5.3
1–3 months	7.7	8.3	7.9
3–6 months	5.8	3.1	5.2
6–12 months	6.6	11.5	7.6
12 months or more	8.3	18.8	10.5
In stable housing at start of support	66.9	51.0	63.5
Total	*100.0*	*100.0*	*100.0*
N	**362**	**96**	**458**
Number of moves in past two years[2]			
None	26.8	10.4	23.4
1	25.7	15.6	23.6
2	21.8	18.8	21.2
3	12.9	21.9	14.8
4	6.2	6.3	6.2
5 or more	6.2	27.0	11.0
Total	*100.0*	*100.0*	*100.0*
N	**358**	**96**	**454**

Notes:

[1] Differences are statistically significant at $p<0.01$.

[2] Differences are statistically significant at $p<0.0001$.

Again, instability of housing was related to case complexity—families with high levels of complexity had a history of less stable housing before support. However, even after controlling for case complexity, A&TSI families moved house more often and were more likely to have been living at their current address for a shorter period than non-A&TSI families.

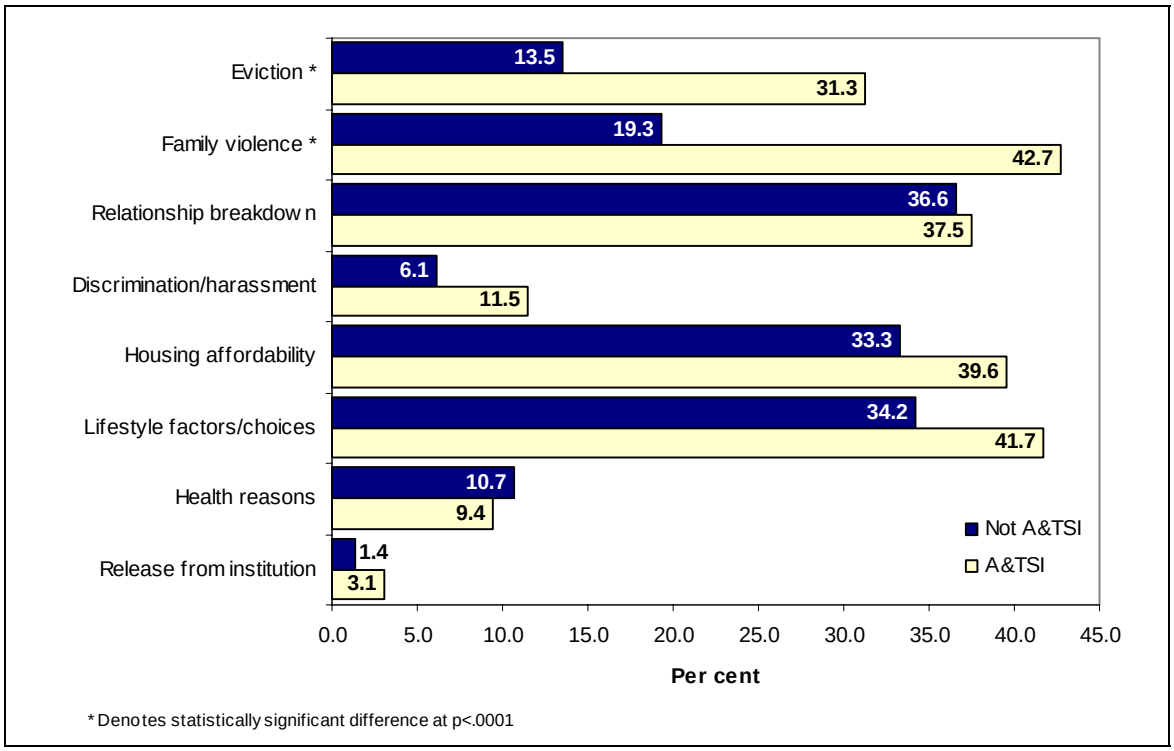
Other indicators of unstable housing relate to children: 8 per cent of children of school age were reported as not regularly attending school at the start of FHPP support and 26 per cent as having changed schools twice or more in the previous two years.

Reasons given for moving

Families that had experienced a move in the two years before receiving support from FHPP were asked to provide the main reasons why they had moved. Significant

differences were found between A&TSI and non-A&TSI families' reasons for moving (Figure 5). The main reasons cited by non-A&TSI families were relationship breakdown (37%), lifestyle factors/choices[10] (34%), housing affordability (33%), and family violence (19%). In contrast, A&TSI families cited family violence (43%), lifestyle factors/choices (42%), housing affordability (40%), relationship breakdown (38%), and eviction (31%). Importantly, 12 per cent of A&TSI families also cited discrimination/non-family harassment as a reason for moving (in contrast to 6% of non-A&TSI families). After controlling for case complexity, A&TSI families were significantly more likely to have moved house because of eviction and family violence than were non-A&TSI families.

Figure 5: Reasons for moving house in the last two years by A&TSI status.



High levels of financial need

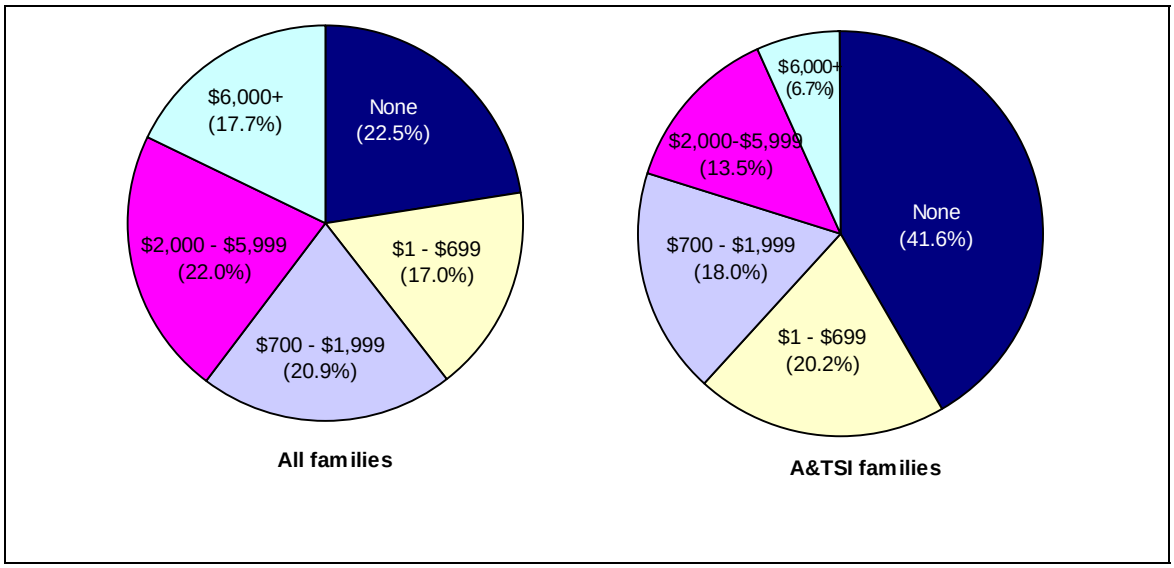
Almost two-thirds of families supported by FHPP had sought emergency financial assistance in the previous six months (60%). This level of hardship is mirrored in the Hanover longitudinal study, which found that 63 per cent of participants had 'accessed non-housing support specifically to obtain food for themselves and their families' (Kolar, 2004:5). This high figure is probably due to the number of adult family

[10] Lifestyle factors/choices mainly included: moving closer to family; and moving to gain possible employment, education or cheaper cost of living or a combination of those factors.

members receiving Centrelink payments, while also being in private rental accommodation.

More than three-quarters of families entering FHPP had debts (78%): only 17 per cent owing less than $700; 21 per cent owing between $700 and $1,999; 22 per cent owing between $2,000 and $5,999; and 18 per cent owing more than $6,000 (Figure 6). A&TSI families had smaller amounts of debt: 42 per cent having no debt and a further 20 per cent having debt of less than $1,999. The lower level of debt among A&TSI families is most likely related to their housing situation: A&TSI families were more likely to be living with family or friends, or in public housing, and therefore to have lower costs than those living in private rental.

Figure 6: Levels of debt before support: All families and A&TSI families.



Even if they had no debts before receiving support from FHPP, most families had no 'buffer' funds available on program entry. Only 4 per cent of families were identified as having sufficient funds for emergencies or payment of bond before receiving FHPP support. This was reflected in the client survey, 41 per cent of respondents stating they were spending more than they made and a further 46 per cent stating they had just enough money to last until their next income or social security payment.

Housing affordability was identified as a key issue, 35 per cent of families having moved in the previous two years for this reason. At the start of support, close to one-half (43%) of families had housing costs that were at least 30 per cent of their income—the traditional marker of housing stress. A further 21 per cent spent 30–39 per cent of their weekly household income on housing and 22 per cent had rent or mortgage payments totalling at least 40 per cent of weekly household income. As expected, private renters were spending considerably more of their income on housing costs than were public renters—two-thirds of private renters were paying at least 30 per cent of their weekly household income in rent compared with just 18 per cent of public renters (Table 3).

Table 3: Housing costs before support as a proportion of household income by tenure (%)

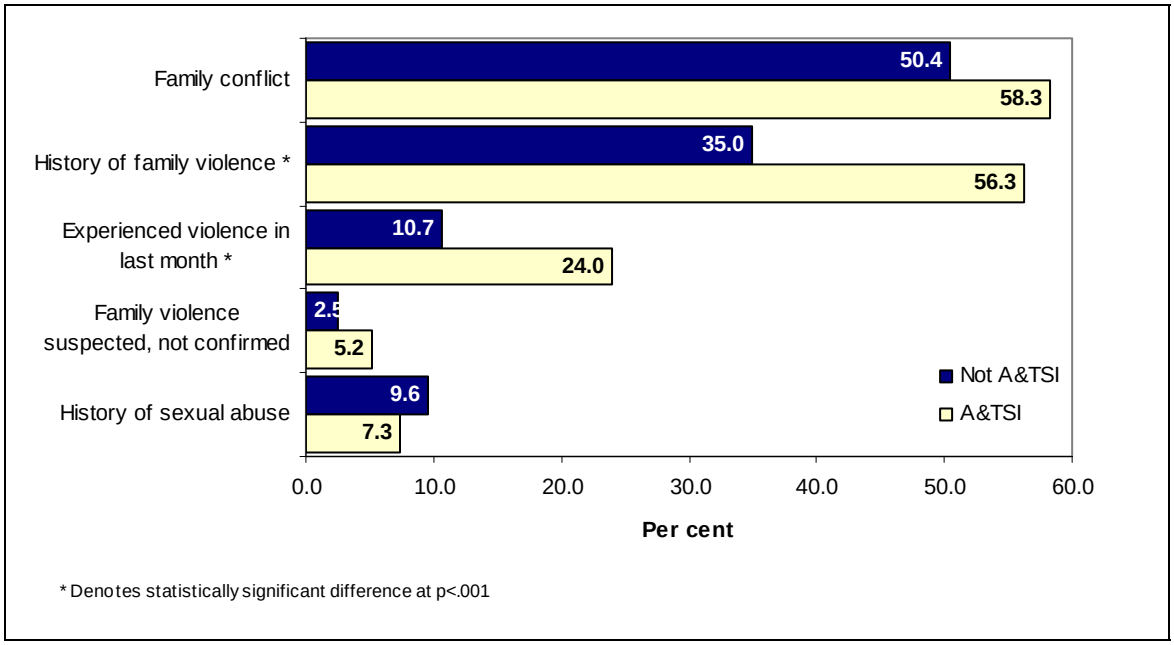
Per cent of weekly household income (net) spent on housing	Own/ buying	Private rental	Public rental	Other	Total
No income or housing cost	17.7	3.0	5.4	30.4	9.7
Under 20%	5.9	9.9	35.7	26.6	20.0
20–29%	23.5	19.8	41.1	26.6	27.5
30–39%	23.5	33.7	8.5	6.3	20.7
40% or more	29.4	33.7	9.3	10.1	22.1
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
N	**34**	**202**	**129**	**79**	**444**

Note: Differences are statistically significant at p<0.0001

High incidence of family violence and family conflict

FHPP caseworkers identified 66 per cent of families supported as having family conflict, violence or abuse issues at levels significant enough to impact on the management of the case (Figure 3). While a high proportion of all families had a history of family violence (41%) or significant levels of family conflict (52%), or had experienced family violence within the previous month (14%), there were significant differences between A&TSI and non-A&TSI families in relation to violence. A&TSI families were more likely to have a history of family violence (56% compared with 35%) and more likely to be currently experiencing violence (24% compared with 11%). (Figure 7)

Figure 7: Family conflict, violence and abuse impacting case management by A&TSI status.



Families that had moved because of violence were more likely to have been previous SAAP clients (38%) and to have been homeless in the previous two years (63%), emphasising the significance of violence as a contributor to family homelessness. Families who had moved for reasons relating to family violence were more likely to be one-parent families (who were also more likely to be A&TSI). Single-parent families were more likely to have:

- moved for violence-related reasons (30% versus 12% of two-parent families)
- an AVO in place (18% versus 8%)
- a history of family violence (46% versus 25%)
- been homeless in the last two years (37% versus 25%)
- previously been a SAAP client (21% versus 15%).

Families that had moved because of violence were less likely to have very young children.

Child protection issues

A small but significant percentage of children in FHPP-assisted families were currently removed (5%) from their families or had previously been removed (6%), and 7 per cent had current child protection issues. Child protection issues were suspected, but not confirmed, in another 5 per cent of cases. The number of cases involved was too small to detect any significant differences between A&TSI and non-A&TSI families in relation to child protection issues. However, child protection issues were significantly more likely to be present in cases that were identified as having high levels of complexity—81 per cent of high-complexity cases had current child protection issues with a case plan in place at service commencement, compared with just 19 per cent of medium-complexity cases and no low-complexity cases.

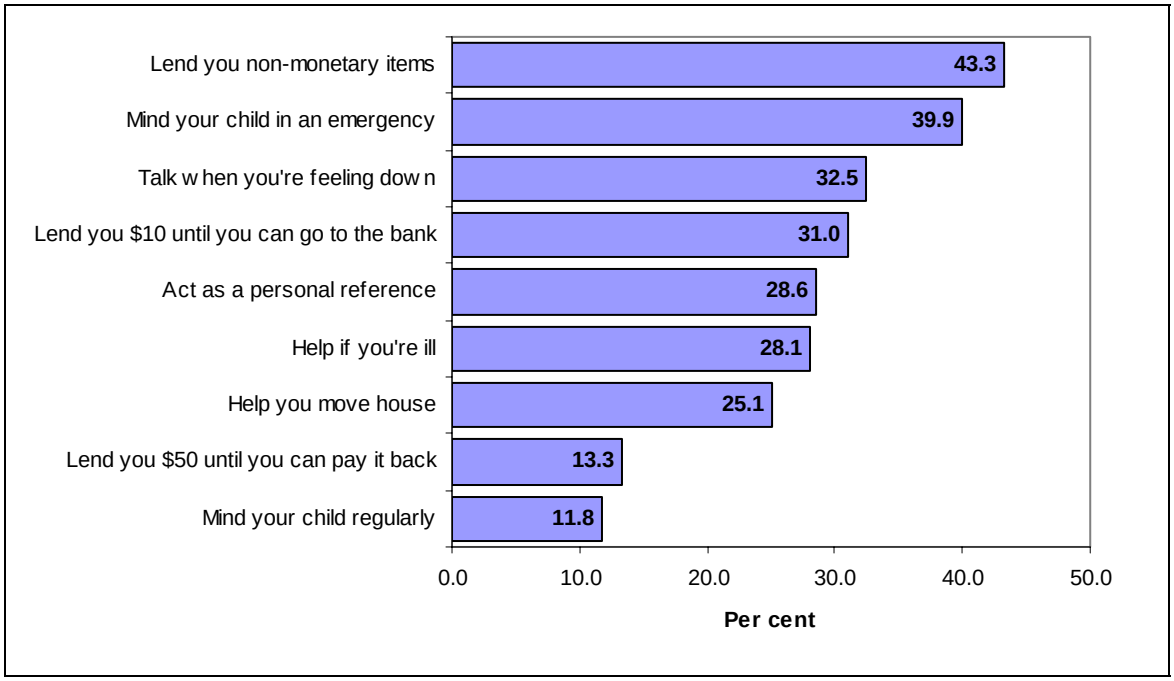
Child protection issues may also be related to poor parenting skills. The high proportion of adults in FHPP-assisted families with a low level of education (65% with schooling to Year 10 or less) is also likely to be linked to poor parenting skills. The WA Child Health Survey found that the prevalence of child mental health problems and low academic competence was significantly associated with the level of parental education (Zubrick and others 1997).

Lack of social support networks and access to resources

The majority of families had few social support networks (59%), as judged by caseworkers. This figure is supported by the client evaluation survey which, drawing on Onyx and Bullen (1997), asked clients whether they knew a neighbour well enough to borrow small amounts of money, have a child minded, gain assistance moving house, get a personal reference, or just have a talk when feeling down. Only 12 per cent of clients had access to a neighbour who could regularly mind a child; 31 per cent knew

someone well enough to borrow $10; only 33 per cent had access to a neighbour who could talk with them when they were down (Figure 8).

Figure 8: Clients knowing their neighbours well enough to ask for specific assistance.



Source: FHPP Evaluation Survey

A&TSI families had additional issues that hampered social participation, as they were significantly less likely to have a phone (32% compared with 12% of non-A&TSI families) or transport to access services (41% compared with 21% of non-A&TSI families).

3.3 Families' perceptions of their situation

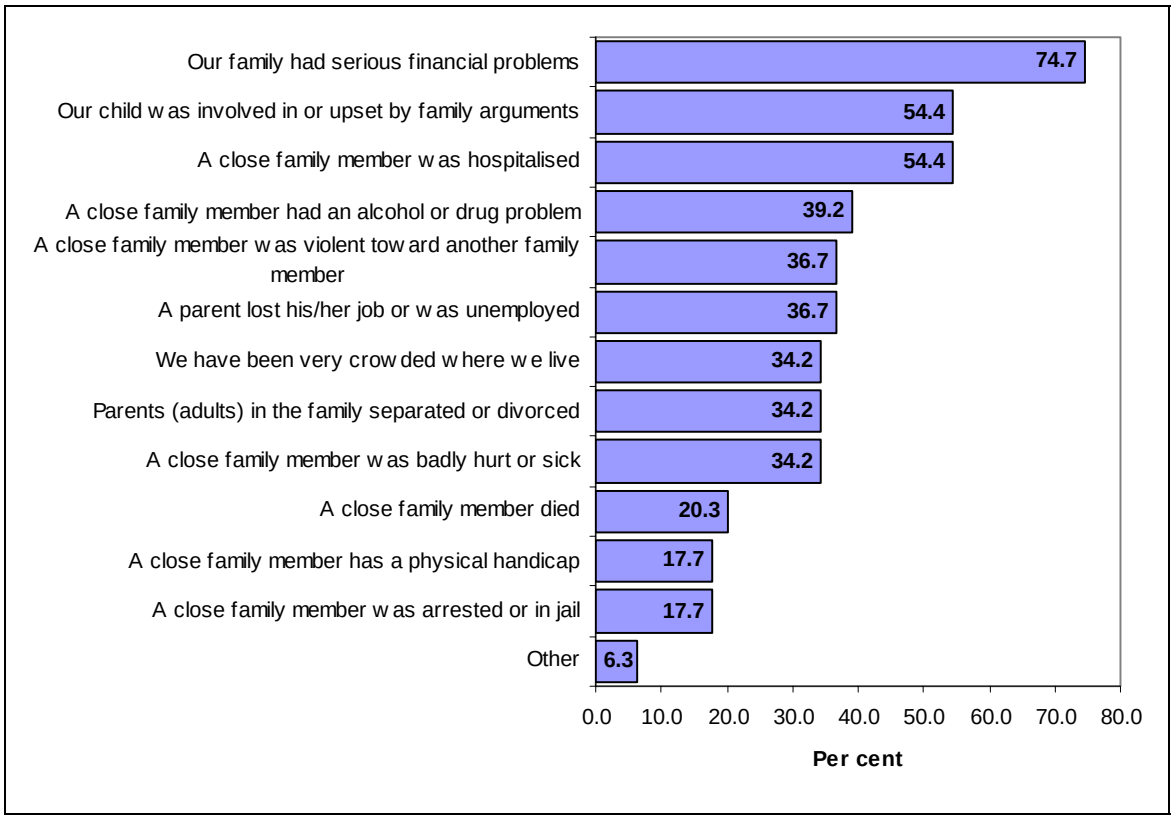
Families were surveyed as well as spoken with as part of the site visits. While the families that were included in these processes were not representative (they were more likely to have been supported for longer periods and to have had more stable housing before receiving support), the information provided about families' own perceptions of their situation is useful.

The main client worked with in the family was asked to complete the evaluation survey. In addition to using validated scales measuring aspects of family functioning, the survey asked clients to rate their current situation and to provide up to three things that were positive about their life as well as three things that were contributing to stress. Many respondents (37%) named as relationships as positive things—with their children (22%), spouse (6%), family and friends (9%). In contrast, health and wellbeing (22%)

was the largest single category as a source of stress, followed by finances for 20 per cent of respondents and relationships with spouse and children for 17 per cent.

Families also reported high levels of stressful events that had occurred in the previous 12 months, as can be seen in Figure 9. Almost three-quarters of the sample reported having had serious financial problems, and more than one in three families experienced family violence and/or substance abuse of a close family member. On average, families responding to the survey reported 4.8 stressful events in the year before receiving FHPP assistance. The number and types of stressful events reported by survey respondents reinforce both the individual and structural factors contributing to vulnerability to homelessness.

Figure 9: Stressful life events occurring in the 12 months before receiving FHPP support—survey respondents (%)



Source: FHPP Evaluation Survey

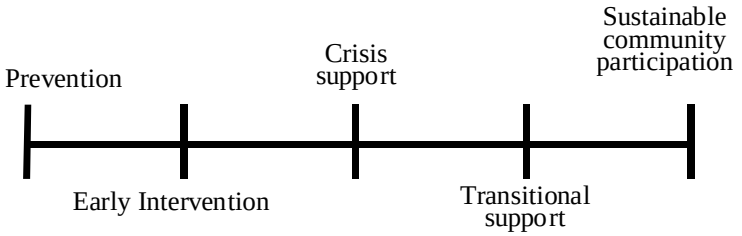
3.4 Early intervention in pathways to homelessness

The FHPP aimed to intervene early in pathways to homelessness, so as to prevent families from becoming homeless. Early intervention approaches are best understood as part of a continuum of service delivery approaches (illustrated in the diagram below)

ranging from prevention at one end to sustainable community participation at the other. In the context of family homelessness, prevention services include affordable housing schemes, relationship education and financial literacy education; crisis and transitional support include crisis accommodation services, domestic violence crisis outreach services and transitional housing services; and sustainable community participation is the desired outcome of service provision.

Early intervention sits between prevention and crisis support: some pilot service interventions, such as courses on budgeting for people in debt, are located more at the prevention end; others, such as helping families to negotiate rent arrears repayments when threatened with eviction, sit closer to crisis support.

Continuum of services to support families



Initially, pilot services struggled with the issue of early intervention in the pathway to homelessness, especially in relation to referrals. Pilot services found that in some communities where few other crisis support services existed, other service providers initially referred clients who were on the brink of[11] homelessness, or already homeless. Examples included families who had been given an eviction notice and families who were seeking entry to an emergency shelter. The issue of early intervention was discussed intensely in the first two workshops held for pilot sites in 2002. During the second year of the pilot, however, agencies began to report that families being referred were more appropriate—at risk of homelessness but not on the brink, or already homeless.

Overall, data support the conclusion that the pilot was successful in reaching families **before they became homeless**:

- Just 1 per cent of all cases were families in primary homelessness (sleeping rough) and 3 per cent in tertiary homelessness (for example, caravans) before receiving FHPP support; 24 per cent of A&TSI families and 15 per cent of non-A&TSI families were boarding with relatives or friends before receiving FHPP

[11] 'On the brink of' homelessness': the family was reached prior to actually becoming homeless but without immediate intervention they would have become homeless. While this is technically early intervention, it may be better regarded as pre-crisis. FHPP services were attempting to reach families before they reached the brink of homelessness.

support (which is likely to be as a result of homelessness). However, the vast majority of families were not homeless before receiving FHPP support.

- Sixty-one per cent of families were in accommodation that they expected to last more than six months on commencement of FHPP support. In 64 per cent of all cases, families were in stable housing on commencement of support, indicating that the majority of FHPP clients were being reached before they became homeless. While A&TSI families were less likely to be in stable housing at the start of support (51% compared with 67%), most were still being reached before they became homeless.
- Fifteen per cent of families who had completed their support period by 30 June 2003 became homeless while being supported, indicating that they were referred to pilot services when they were already at great risk of becoming homeless. However, for the year ending 30 June 2004, the total proportion of closed cases that had experienced homelessness during support had dropped to 8 per cent, indicating that the pilot services began reaching more families before imminent homelessness.

There is also evidence to support the success of the pilot in reaching families that were **at risk** of homelessness:

- At the beginning of FHPP support, 24 per cent of families expected that their accommodation would last less than three months and another 15 per cent expected accommodation to last for between three and six months.
- For 18 per cent of families it had been six months or more since they had experienced stable housing, indicating a high level of risk of homelessness.
- A key goal for most families was the payment of rent arrears (57%) and the attainment of a secure tenure arrangement (82% of families).

3.4.1 Comparison of FHPP families with other data on homeless families

Another indicator of the extent to which FHPP services were able to intervene early in the pathway to homelessness is to examine the differences between FHPP clients and the data available elsewhere on homeless families.

Comparison between FHPP clients and SAAP and Census data

National data on people who were turned away from SAAP services show that ‘couples with and without children had by far the greatest difficulty obtaining SAAP accommodation: 80 per cent of couples without children were turned away at the end of each day, and 83 per cent of couples with children were turned away. 65 per cent of individuals presenting with children were turned away.’ (AIHW 2003b:47–48)

A recent ABS report found that there were 6,750 homeless families with children on census night in 2001. Of these families, 41 per cent were in SAAP accommodation, 28 per cent were staying temporarily with friends and relatives, and 20 per cent were in improvised dwellings. About 60 per cent of these families were single parents with

children and 40 per cent were couples with children (Chamberlain and MacKenzie 2003:35–36).

FHPP clients, when compared to SAAP clients, were more likely to be:

- of A&TSI origin (23% compared with 18% in SAAP, and 9% of the total estimated homeless)
- couples with children (28% compared with 12% of family groupings in SAAP).

It has been difficult to compare FHPP clients with other available data on homeless people, as the SAAP and Australian Census data do not differentiate between characteristics of families in relation to income, labour-force status or education.

For instance, the published census data provides estimates of the weekly income of people with no usual address on census night but does not differentiate between couples, singles and family groupings. Fewer than half of FHPP families (41%) had weekly household income of less than $400 per week, in contrast to 67 per cent of those individuals identified in the census. However, it is likely that families, particularly A&TSI families, have a higher weekly income due to child benefit payments. Only 23 per cent of FHPP families were receiving income from employment in contrast to 48 per cent of those with no usual address identified in the census. However, given the predominance of single parents in the category, families facing homelessness are less likely to be in the workforce.

Comparison between the Hanover longitudinal study and FHPP clients

Given the difficulties of identifying families in relation to SAAP and census data, a more useful comparison is between the families studied in the Hanover longitudinal study (Kolar, 2004) and those using FHPP services. The Hanover study followed 42 Victorian families who were homeless at the beginning of the study and interviewed them over a two-year period. This is a small sample for comparison to FHPP, but because of the in-depth data gained it does provide some basis for comparison.

Similarities and differences were found between the two groups in relation to:

- proportion of A&TSI families (28% in the Hanover study, 21% in FHPP)
- proportion of CALD families (12% in the Hanover study, 11% nationally in FHPP or 40% of the urban-based Victorian service)
- proportion of single-parent versus two-parent families (74% of Hanover and 65% of FHPP were single-parent families)
- education levels (51% of Hanover and 65% of FHPP had Year 10 or less education)
- household income (median household weekly income of $400 at the start of the Hanover study, $420 at the beginning of FHPP support)

- income from paid work (21% at the start of Hanover study and 23% of families at the start of the FHPP support).

Given the differences in the sample size and the Victorian focus in the Hanover study, the populations are very similar, although the FHPP sample had a lower proportion of single-parent families and lower education levels at the start of support. The Hanover study, like FHPP, had similar housing tenure patterns, with around half of Hanover families (49%) and FHPP families (45%) in private rental at the start of support.

The Hanover longitudinal study found similar levels of housing stability to the FHPP study among the homeless families it investigated. The study found that in the two years before being interviewed, more than half (51%) had moved only once or twice in the previous two years, 26 per cent had moved three to five times and 23 per cent had moved between six and 19 times. (Kolar, 2004:37). In contrast, 23 per cent of the FHPP families had not moved at all, 45 per cent had moved only once or twice, 21 per cent had moved between three and four times and 11 per cent had moved five times or more. While it is clear that the Hanover families had moved more due to experiencing actual homelessness, it is also clear that the families are not dissimilar in terms of housing stability. In fact, like the FHPP families, the Hanover study found that 'the past housing for many of the families had been relatively stable' (Kolar, 2004: 37).

The characteristics of FHPP families and those in SAAP, the census data and the Hanover study, indicate that FHPP families are not dissimilar to those who become homeless. However, FHPP has been able, in the main, to reach families before they reached homelessness.

3.5 Factors contributing to family homelessness

The pilot sites were established in areas of high socio-economic disadvantage and consequently have common factors of low-income levels, high levels of dependence on income security payments and housing stress. While these factors are common to all the sites, each site displays variations in factors contributing to family homelessness. Sites differ in terms of access to public and private housing levels, home ownership versus rental levels, family composition and age range, levels of employment, access to social services and the proportion of A&TSI/non-A&TSI inhabitants.

Issues common to all sites as identified in interviews with clients, staff and other stakeholders included:

- high levels of debt among families accessing FHPP, including significant debts associated with Centrelink and housing departments
- poor understanding or skills by families accessing the FHPP as to how to negotiate debt repayments/reductions or find assistance
- a shortage of affordable housing (due to lack of access to public housing and high rental costs) and discrimination in the private rental market through the use of tenant record systems

- social isolation often linked to other issues such as domestic violence, drug and alcohol use, mental health issues, poor access to public or private transport, low income and dependency on income support.

In addition to these factors, A&TSI clients had extra issues that made them vulnerable to homelessness:

- The use of 'noise and nuisance' regulations in tenancy legislation often leads to eviction of A&TSI families at times when extended family members visit or where there is a large family. Overcrowding (due to the lack of large enough homes in most public housing stock) also increases the likelihood of financial stress and potential violence.
- Visiting family can also lead to eviction and/or debt associated with rental fraud if visitors do not contribute to household rent as required in public housing.
- The effects of racism and discrimination in the private rental market make it even harder to access affordable properties.

These issues are explored in greater depth in *Section 4.7 Work with A&TSI clients and communities*.

4 How families were helped—the FHPP service model

This section outlines the emerging FHPP service model. Common approaches being used across all sites amount to an identifiable model, but it is important to note differences in approach associated with the characteristics of each area and families seen, the auspice arrangements and the skills and background of the staff.

4.1 Differences between the pilot sites

Pilot sites differed significantly in the ways they reached and supported families.

A number of factors contributed to the differences between sites, including differences related to:

- the characteristics of the area (including the mix of public and private rental housing, the cost of housing, the transience of the population, the A&TSI population, the mix of other support/community services). Three sites were located in areas with high levels of private housing and relatively little access to public housing. Areas that had greater access to public housing saw families that had lower housing costs and longer periods of stable housing than those in areas with high levels of private rental.
- how close the FHPP-assisted families were to actual homelessness. At one extreme, two pilot sites saw mainly families who were on the brink of homelessness; at the other, two agencies helped more families that were in relatively stable housing. Where agencies helped families close to homelessness or actually homeless, they tended to have shorter support periods and families were consequently more focused on solving the imminent housing crisis than on other factors that might have placed them at risk.
- the skills and background of staff and the focus of the pilot services. Some auspicing agencies had experience primarily in working with homeless people or on housing issues, while others had worked primarily with disadvantaged families on issues related to parenting and family support. Staff skills and background varied enormously—some staff in both Centrelink and the community providers were relatively inexperienced and/or were new to the locality; in other sites, staff of both partners were very experienced and/or had worked in the area longer. Only the A&TSI-specific site at Salisbury (SA) employed all A&TSI staff, although the Darwin (NT) site employed a part-time A&TSI worker for some of the pilot period.

Although each site developed its specific practices it is clear that there is an emerging practice model that constitutes an FHPP service approach. This is outlined in greater detail later in this section.

4.2 Reaching families at risk of homelessness

Although a definition of homelessness was provided as a basis for the program[12] and there was considerable discussion of the meaning of early intervention in this context, in practice there are many grey areas when it comes to implementing early intervention in family homelessness, including:

- applying the definition of tertiary homelessness, where living in a caravan or boarding house can be a legitimate 'lifestyle' choice
- deciding when in an eviction process a person becomes technically homeless, given the range of approaches allowable under legislation and the variation in internal procedures of housing agencies
- finding ways to identify women living with domestic violence before events build to a crisis—often the first a community agency knows of domestic violence will be when a woman and children escape further abuse and become homeless as a result
- working within an A&TSI context, where families may not define themselves as homeless, but because of overcrowding, quality of housing stock and safety issues may be considered to be homeless within the definition of homelessness. For many A&TSI people, homelessness is also associated with displacement from 'place and country' rather than the lack of a physical home.

All sites spent time refining their understanding of early intervention in family homelessness and how to communicate this to their communities over the course of the pilot. There was some variation in how the sites went about promoting themselves and accepting clients.

Two sites found it comparatively difficulty to orientate their service towards early intervention, finding in the first year of operation that their clients were likely to be close to homelessness or actually homeless. This seemed to be for a combination of reasons, including the staff's own understanding and experience of working in early intervention and other services' expectations. These sites had a high number of initial referrals, as other agencies referred to them as if they were a crisis housing service. The sites found that accepting families in crisis in the early stages of the pilot meant that it was harder to engage families on underlying issues that might be contributing to homelessness vulnerability.

Both of these sites gradually reorientated themselves over the course of the pilot, enforcing early intervention criteria more rigorously and developing better referral pathways for people in crisis. One site found it easier to engage clients on other issues as a result.

[12] See 'Key Terms, Definitions and Abbreviations' above.

Two sites that work with the greatest numbers of A&TSI families also struggled with applying early intervention criteria. Greater vulnerability among A&TSI families in relation to housing and income means that housing crises are likely to occur more often. Both sites worked with families that could be defined as homeless in that they were staying with relatives and had no permanent home of their own. They found that to gain trust in the community and to make a difference it was important that they accept these families as clients. Nonetheless, they attempted to gain more 'early' intervention referrals over time and seemed to be succeeding at this by the end of the pilot period.

In contrast, another site set strict criteria from the start about stages in homelessness vulnerability, geographic location and definition of family. Despite considerable effort in promotion of its service, this site had difficulty reaching families that fitted the criteria. It modified its criteria slightly in response to individual referrals and this may have the effect of reaching more families. It is located in an area with relatively high proportions of public housing and more affordable private rental housing, factors which also impacted on the initial take-up of the service.

While these examples illustrate the two ends of the spectrum in interpretation taken by sites, all sites have had to work hard at ensuring they were reaching families before they became homeless. Successful approaches included:

- promoting the service without using the word 'homelessness', using instead language such as 'assistance in maintaining stable housing'. Sites distributed leaflets about the service in a variety of places, including community organisations, doctors' surgeries, estate agents, schools and shopping centres.
- enclosing leaflets about the service with a letter from the department of housing in a mail-out to people on a waiting list for public housing. The leaflet included a reply-paid envelope, and provided a tick box asking if the recipient would like information about negotiating with the landlord or consolidating debt.
- revisiting 'first-to-know agencies' (those agencies likely to identify families in housing stress) and reinforcing early intervention criteria
- close collaboration and/or co-location with other programs that reach families through other early intervention programs such as parenting, family support, education and employment.

4.2.1 Referral patterns

Naturally, given the partnership model of the FHPP, the highest referral source for the pilot was Centrelink (31%). This was followed by self-referrals/family/friends (25%) and state and community housing agencies (15%). However, there were very different patterns of referral between sites.

- Mandurah (WA) and Belconnen (ACT) were similar: almost 40 per cent of referrals came from self/family/friends, with sizeable referrals (21%) from Centrelink, although Belconnen (ACT) had more referrals from housing authorities—14 per cent compared with just 4 per cent in Mandurah (WA).

- Wyong (NSW) and Launceston (Tas) were similar: they had equally high numbers of referrals from self/family/friends (26%) but also a huge number of 'other' referrals (26% and 32% respectively). Like Mandurah (WA) and Belconnen (ACT), their rate of Centrelink referrals was one in five.
- Dandenong (Vic) and Darwin (NT) both had high numbers of Centrelink referrals (57% and 42% respectively) and housing authority referrals (24% and 33%), but low numbers of referrals from self/family/friends (9% and 13% respectively).
- Beenleigh (Qld) stands alone in having a similar spread of referrals from Centrelink (32%), self/family/friends (23%), 'other' (19%) and housing authorities (16%).

These differences reflect the way the partnership between Centrelink and the community providers worked at the local level. In Victoria, for instance, a close working relationship already existed between the agencies, which were also in close physical proximity to each other.

Differences between A&TSI and non-A&TSI referral patterns

There were significant differences in referral patterns between A&TSI and non-A&TSI families. A&TSI families were less likely than non-A&TSI families to be referred by Centrelink (23% compared with 32%) and were more likely to be referred by self/family (32% compared with 24%) and community or state government housing associations (21% compared with 14%). This difference in referral pattern has implications for practice in Centrelink: it may be that A&TSI families were identified by counter staff but did not take up the referral to the social worker and/or ultimately to the FHPP service; or it may be that these families were not identified in Centrelink at all. Either way the differences point to the need for Centrelink to examine the reasons for these differences and ways of addressing them.

Centrelink referrals

A number of sites attempted to use the Centrelink risk-profiling tool, but found it to be ineffective as it identifies too many clients who are not appropriate. Nonetheless, this tool, if refined, may also allow Centrelink to refer families at an earlier stage in housing stress.

Centrelink figures record a higher number of referrals made to pilot services than took up the referral. While 118 referrals were made to pilot services between September 2002 and July 2003, only 86 families, or 73 per cent of those referred, contacted the agency.[13] The evaluation could not track families that did not take up referrals over

[13] Figures on referrals were supplied by Centrelink.

time, so could not compare outcomes between families gaining assistance and those not gaining it.

4.3 Approaches to working with individual families

The sites were found to have in common a number of approaches to casework with families. These included approaches to assessment, to ongoing support of families, to setting case goals, and to the use of brokerage funds

4.3.1 Assessment approaches

All sites reported attempting to respond quickly to referrals, usually in two days or less. In some cases where the referral came from Centrelink, the response might have been made when the person was attending Centrelink for other issues.

All sites also reported using strengths-based approaches to assessment of clients' needs and setting goals with clients that reflect their priorities. Sites reported using a variety of venues for assessment and ongoing casework—while many assessments took place in the community provider or Centrelink office, workers also visited families in their homes or other venues in which they felt comfortable. The Wyong (NSW), Salisbury (SA), Darwin (NT) and Belconnen (ACT) sites undertook most assessments and work with families in their homes or other venues.

In half of the sites—Dandenong (Vic), Belconnen (ACT), Mandurah (WA) and Darwin (NT)—assessment was often done jointly with Centrelink. In the others it was generally done initially by the community provider, with Centrelink involved as needed in elements of the case plan.

4.3.2 Providing ongoing support to families

While no single intervention approach was used across the sites, the pilot used a mixture of the following approaches:

- working closely with first-to-know agencies to identify at-risk families. First-to-know agencies include welfare agencies and state housing authorities that may be first to know when a current tenancy is at risk. Other first-to-know agencies include health services, schools, and family support agencies.
- working within a strengths-based and holistic model when supporting families. A strengths-based model presupposes that individuals and families have capacities that have enabled them to survive to date, and that these capacities can be supported. For example, the Wyong (NSW) site developed a tool for strengths-based planning with clients that identifies 'the issue', the client's 'picture of the future', 'personal strengths and resources' and 'other people resources'. Copies of the case-notes, assessment and plan are provided to the client. Across all sites, FHPP worked with families to set goals, rather than setting goals for them. This often meant that goals focused only on immediate

issues such as housing and finances, rather than on other issues that may have underpinned housing vulnerability.

- working with individuals as well as in groups. Group work provides an opportunity to build support between families and to help make connections into communities. It may also be an efficient mechanism for dealing with high levels of demand for support. In addition to formal groups, sites used informal social gatherings to help build social connections between families and gain feedback. This was particularly true of the A&TSI-specific site, Salisbury (SA), which used extensive informal group processes to build connections and identify issues for individual families.
- working collaboratively with other community agencies. While the extent of collaboration with other agencies varied across sites, some sites worked on joint projects or joint casework with other agencies. In these cases the collaboration went beyond referral between organisations: a housing advocacy worker was placed at the pilot agency in one site; in another, a joint case management approach was developed with a financial counselling agency.
- use of brokerage funds. Pilot services have access to funds to allow them to help families flexibly according to the goals identified in the case plan. Sites reported that they attempted to provide initial practical support to help in stabilising families' housing and finances, to help build trust and confidence in the agency. This often included helping clients to renegotiate debt or to get entitlements reassessed.

4.3.3 Case goals set

Not surprisingly, stabilising housing and financial issues were the main case goals of all families seen by FHPP: around two-thirds of all case plans had as goals securing tenure (82%), gaining safe and appropriate housing (73%) or obtaining affordable housing (64%). A further 57 per cent of families had a goal of paying arrears, indicating their housing was at risk; while 79 per cent had a goal of resolving an immediate financial crisis. Other goals relating to key issues identified in families' lives were also set, as shown in Box 3.

Goals were also set in relation to education, employment, living skills development and access to services (including child care services).

Box 3: Case complexity factors and corresponding case plan goals	
Cases in which issue was identified as impacting the management of the case:	Cases in which issue was a specific case plan goal:
• Child protection issues—21% • Family conflict/violence issues—66% • Mental/other health issues—44% • Drug/substance use—25% • Gambling—4% • Social isolation—59%	• Improve parent–child relations—29% • Manage conflict/violence—51% • Manage health issues—34% • Address drug/substance use—18% • Address gambling problem—5% • Develop/enhance social networks—70%

4.3.4 Use of brokerage funds

A key aspect of the FHPP service delivery model is the use of brokerage funds to support families to achieve case goals. In 40 per cent of cases less than $100 was spent on a family from brokerage funds (and, in fact, no funds were expended in 27% of cases). In a further 42 per cent of cases, between $101 and $700 was spent, while in 17 per cent of cases more than $700 was used. There was no difference between A&TSI and non-A&TSI families in the amount of brokerage funds expended.

Not surprisingly, there were significant differences in the use of brokerage according to length of support. Families that were supported for short periods were more likely to have had little or no brokerage funds used to support them. Conversely, those with longer support periods had greater amounts expended. The correlation between length of support and brokerage funds was 0.43, indicating a relatively strong positive association between the two variables, and families could expect to receive an extra $13 of brokerage funds with each additional week of support.

Pilot sites developed different approaches to the use of brokerage. Some agencies had a policy of having families ultimately pay back funds spent on housing; others did not have this requirement. Where possible other avenues for funds were explored first—for instance, debt was renegotiated, or emergency funds were accessed for food. Brokerage funds were very useful in allowing families to achieve housing and financial stability quickly. The funds could then be used to achieve broader goals such as supporting education or seeking counselling. Pilot sites reported that the brokerage funds made a huge difference to their ability to support families flexibly and give families hope for change.

Brokerage funds were used for a range of purposes:

- housing-related costs—rent in advance, bonds, rental arrears, moving costs
- basic survival costs—utilities bills, food and clothing
- child-related costs—school fees, uniforms, school excursions, child care

- education and work-related costs—course fees, equipment for courses or work, clothing, transport
- counselling
- social and recreational activities—movies, barbecues.

The small amounts of funds spent on recreation allowed families under extreme financial stress to feel 'normal' and have a family outing to a movie or similar event. The emerging literature on promoting resilience in individuals' capacity to withstand life stresses indicates the importance of ensuring inclusion in community and social life. Poverty is recognised as an important 'excluder' from community participation, so that an increasing focus of resilience programs is on improving access to activities that are considered to be the norm in everyday social life. (Newman 2002; Smedley & Syme 2001)

4.4 Support patterns

Pilot sites recorded two aspects of support—duration and intensity.

Duration of support

Across the sites, approximately one-quarter of families were supported for up to six weeks, 24 per cent from 7 to 12 weeks, 26 per cent from 13 to 24 weeks and one-quarter for more than 24 weeks. Interestingly, there were no differences between A&TSI and non-A&TSI families' duration of support.

However, there were substantial differences between sites as to the pattern of support provided:

- Two sites helped more than 60 per cent of their families for less than 12 weeks, around 40 per cent of families being helped for less than six weeks. Where families were supported for shorter periods, they had less contact with service providers and were more likely to be helped in the office than at their own homes. As discussed earlier, these two sites received inappropriate referrals, so were supporting families close to homelessness or actually homeless. As these sites gradually reached families at an earlier stage, support patterns lengthened.
- Two sites supported families more evenly across time—these sites helped around half of their clients for up to 12 weeks and around half for periods of over 13 weeks. These sites mirrored the overall pattern of support across the program as a whole.
- Three sites helped most families (between 70% and 80%) for support periods greater than 13 weeks, around half of these for 25 weeks or more. These agencies tended to have more contact with families and to do more home visits (between 36% and 56% of these sites' families had 10 or more home visits).

- One site, the A&TSI-specific Salisbury (SA), is assumed to have had very long periods of support, as only one case had been closed since it began seeing clients in early 2004.

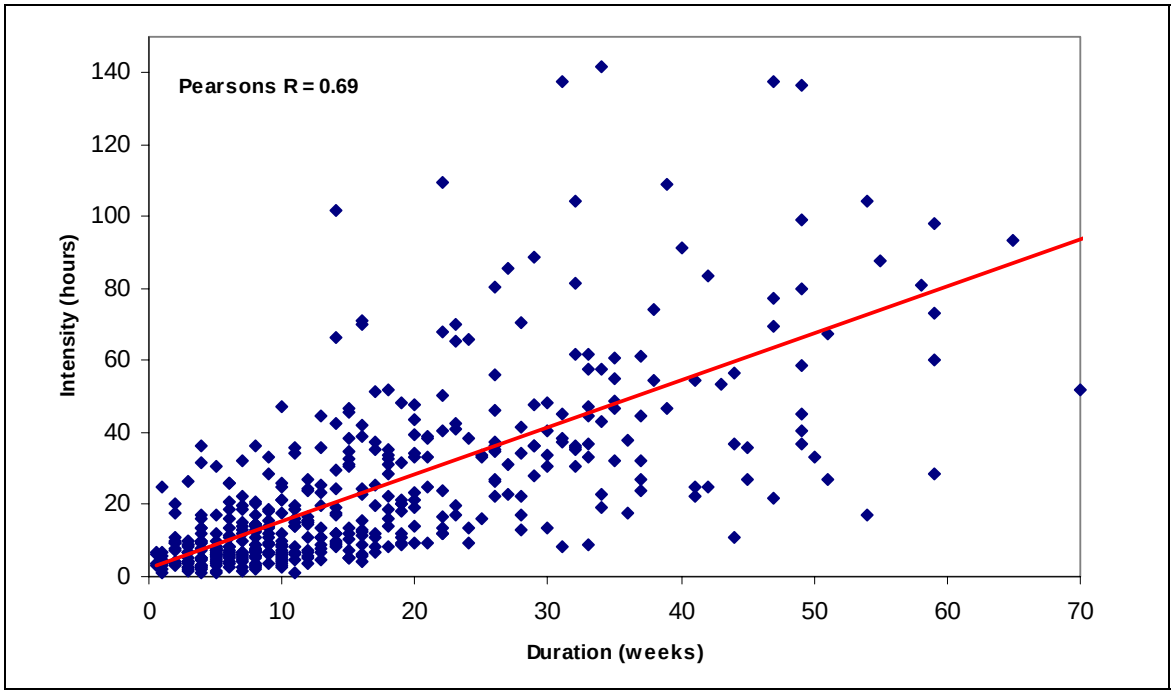
Median lengths of support (in weeks) for each agency reflect the above patterns: Wyong (NSW) = 22; Dandenong (Vic) = 12; Beenleigh (Qld) = 9; Mandurah (WA) = 8; Launceston (Tas) = 10; Belconnen (ACT) = 18; Darwin (NT) =21.

Intensity of support

Intensity of support was recorded by the number of phone calls made in relation to a case, the number of visits to the office and the number of visits to a family's home. These contacts were then converted to a notional average of time for each type of contact (phone calls were calculated at half an hour, office visits at one hour and home visits at two hours). Over the sites, intensity of support was fairly evenly spread: 27 per cent of cases had a low level of contact (less than 8 hours); 24 per cent had a medium level of contact (8–15 hours); 24 per cent had a high level of contact (16–34 hours); and 25 per cent had a very high level of contact (more than 35 hours).

Not surprisingly, duration and intensity of support are strongly correlated, as indicated in Figure 10. Because of this, further analysis in this report is limited to only one of these measures. In most cases, duration of support is preferred to intensity because the latter is a proxy measure which is likely to be subject to greater levels of measurement error. It is assumed that any differences by duration of support presented in this report would also be evident by support intensity.

Figure 10: Relationship between duration and intensity of support



4.4.1 Numbers of families supported

There were differences between the sites as to the number of families supported. Including those families who were still receiving support at 30 June 2004, the number of families helped by the sites ranged from 10 to 89. Five services helped 75 or more families. The other three saw fewer families for longer periods. All three of the latter services had a substantial proportion of A&TSI families and tended to be helping families at high risk of homelessness. Two of these services supported 58 and 69 families respectively over the pilot period. The Salisbury (SA) site, specifically targeting A&TSI families, worked with just 10 families (only one of which had completed support at 30 June 2004). As the site was established almost a year after the others, it is not surprising that it saw fewer families. However, its intervention model differed from the others—deliberately working with a few families at risk, more intensively, over a longer period. It will be important to examine whether this approach results in different outcomes for families.

4.4.2 Changing patterns of support and case closure over time

The duration of support has changed over the course of the pilot.

The analysis undertaken for the Interim FHPP Evaluation found that of the 125 cases that had completed intervention by 30 June 2003, the majority (51%) lasted less than eight weeks, while 8 per cent lasted 20 weeks or more. However, among the 459 completed cases a year later (at 30 June 2004), the proportion lasting less than 8 weeks had dropped to 29 per cent and those lasting at least 20 weeks had risen to almost one-third (32%)—a 400 per cent increase. This change in the length of support is due to the changes in intervention approaches by individual pilot services, particularly in relation to early intervention (as discussed above).

This pattern of changing support is also reflected in the way families ended contact with the pilot. The initial period of the pilot (until 30 June 2003) found that in one-quarter of cases, closure was the result of mutual agreement between caseworkers and clients. For a substantial number of cases, case closure was at the clients' instigation—either explicitly, when clients either stated that they did not need further support (17%) or terminated support for some other reason (5%), or implicitly, when clients failed to have contact with the service after one month had elapsed (26%). In 17 per cent of cases the service terminated support, primarily because they judged they could not help any further.

A year later this pattern had changed: 41 per cent of families ceased support by mutual agreement with their caseworker; 9 per cent estimated they did not need further support, 4 per cent terminated support and 24 per cent failed to contact the service after one month had elapsed. In 9 per cent of cases the service terminated support due to being unable to help further. These figures suggest the growing skill of the pilot services in reaching families before homelessness and in their capacity to engage families more effectively.

4.5 Group programs and building connectedness

During the second half of the pilot, sites increasingly explored strategies that included group skill-based programs, offering social support activities and linking clients to other service providers in the community.

Increasing skills via group programs

In the main, sites have not yet run formal skills-based training with groups of clients—instead, skills training has been done through individual casework approaches. Group approaches were, however, being explored. For instance, the Darwin (NT) site organised an Internet training session at the library for seven clients to increase their access to information through technology, and reported that the clients went on to make use of the training.

Social support activities and links to other providers

Most sites organised opportunities to build social connectedness through barbeques and similar events. A good example of this approach, that also linked clients with other service providers, was a 'Pamper Day' for parents organised by the Beenleigh (Qld) site, with a range of natural therapists and child care provided. The event was used to:

- explore effective ways of getting clients together as a group, for social reasons and also to obtain feedback from clients (as a social and fun alternative to a formal steering group)
- address clients' health issues—introducing clients to a number of options for taking care of themselves, and providing an opportunity to talk to clients about the measures they currently take to look after their physical and mental health
- explore whether clients were interested in participating in further social activities and the type of activities they would like
- connect to past clients
- make links with service providers able to address health issues for clients.

Another example relating to linkages to other services is the work undertaken by the Wyong (NSW) site in relation to single fathers who have gained custody of their children and are frequently isolated around parenting issues. The site linked fathers to child care and playgroups in the area and other support services that can help manage parenting issues arising from separation.

4.6 Partnership and collaboration with Centrelink and other agencies

4.6.1 Partnership with Centrelink

A key feature of the pilot was the partnership between Centrelink and the community provider at each site. The pilot was designed to increase Centrelink's capacity to identify and support families at risk of homelessness in relation to income support issues, while having a close partnership with a community agency that could provide ongoing casework support to address issues contributing to families' risk. This approach represents a fundamental change in the traditional social worker role within Centrelink, which has been focused on crisis intervention and assessments of eligibility. FaCS also recognised that it may be possible to identify people at risk of homelessness at an earlier stage, through the use of a risk profiling tool that allows Centrelink customers' files to be flagged when there are 'homelessness indicators' (for instance, multiple changes of address). The pilot provided an opportunity for the risk profiling tool to be trialled.

Partnership approaches to service delivery have been increasingly explored as ways to provide individuals and communities with timely and seamless access to the services they need. While collaboration between agencies is now reflected in many program requirements, ensuring that it occurs in practice has remained a challenge. In the FHPP collaboration and partnership were tried in a practical way.

A formal business alliance agreement was developed between Centrelink and each community provider, which provided a framework for individual sites to develop procedures for promotion, identification, assessment, referral, case planning and case management and reporting.

Role of the Centrelink social worker

A part-time Centrelink social worker was employed for each site. The number of hours available for the position varied between sites and between funding periods. In most sites Centrelink social workers were employed initially as a 0.6 FTE position, reducing to a 0.4 FTE position in the second financial year of the pilot[14]. Social workers in each site undertook initial establishment work with the community providers, including: promoting the FHPP service to other agencies in the community; promoting the FHPP service to other Centrelink staff; helping the formation of reference groups to guide the development of the FHPP service; and developing promotional materials.

[14] Some variation in staffing occurred because of differences between experience and qualification levels of staff across sites.

Identification, assessment and referral

All Centrelink social workers were involved in identifying, assessing and referring Centrelink customers to the pilot agencies. Centrelink referral levels varied across the sites, with the largest number of Centrelink referrals in Dandenong (Vic) (57%), Darwin (NT) (42%) and Beenleigh (Qld) (32%), in contrast to other sites that received fewer than 22 per cent of their referrals from Centrelink. The high number of referrals from Dandenong (Vic) is the result of the two agencies having worked closely together before the FHPP. Referral levels appear to have been affected by the turnover of staff in Centrelink, the pre-existing relationship between the pilot service and the Centrelink office, and the extent to which self-referrals were made.

Families at risk were identified by Centrelink counter staff, who then referred the families to the social worker for further assessment. This internal referral process was helped by the social worker and community provider staff speaking at team meetings and regularly talking with team leaders to remind them of the FHPP option. The Mandurah (WA) site produced a card to place on customer service officers' desks, and involved these staff in an action research cycle to look at ways of strengthening and increasing the effectiveness of the relationship between the partner agencies.

It was hoped that the Centrelink risk profiling tool could be used for early identification of families at risk of homelessness. However, pilot sites reported that the indicators it uses were too broad, resulting in a high volume of inappropriate referrals. In three sites, around 4 per cent of accepted families (including those still being supported at 30 June 2004) were referred through this tool; one site received 3 per cent of its referrals from profiling; the remaining sites received 2 per cent or less of their referrals from this source.

The Centrelink social worker and the community provider caseworker of most of the sites carried out joint assessments of referred families to enable early identification of any Centrelink issues. FHPP services referred other families back to the Centrelink social worker to help to address issues related to entitlements. Centrelink staff reported that their role in assessment was different from their usual Centrelink social worker role as it allowed a greater focus on risk assessment and consideration of the broader connections in a person's life.

Working with families: casework and case management

Most variation between the sites emerged in relation to the extent to which the Centrelink social worker was involved in ongoing case management and casework. In one site with less experienced community provider staff, the Centrelink social worker took on a greater case management role, ensuring overall coordination of the case and supervision of the support provided. In this site there was regular contact between the social worker and the community provider staff, helped by the Centrelink social worker being located at the agency one day per week. In another site, the community provider supplied management and supervision functions to the less experienced Centrelink staff (in this site the social worker was not placed at the agency site).

In most sites the tasks emerging from the case plan were allocated to the appropriate person—the Centrelink social worker or the staff of the community provider. For instance, most sites reported that Centrelink social workers were particularly effective at debt reduction or negotiating repayments of debts with other government departments or state utilities.

In all sites Centrelink social workers were involved (to a lesser or greater extent) in other events that brought together families helped by FHPP—group programs, focus groups and social events such as barbecues. Sites reported that this had a positive effect on increasing families' trust and confidence in their relationship to Centrelink.

Involvement in action research, working groups and ongoing networking

Centrelink social workers played an active part in action research undertaken by the pilot services. Action research was used as a tool for continual improvement of intervention approaches, helping the staff to identify 'what worked' and what didn't in supporting families. Centrelink staff regularly attended and helped to organise the sites' working parties and reference groups. Centrelink social workers played a significant role in developing and maintaining the effectiveness of the partnership between Centrelink and the community provider. In six sites Centrelink counter staff were trained (sometimes by the Centrelink social worker, sometimes jointly) in the aims of the program and the approach being used in the model. The Dandenong (Vic) site provided an exchange program: the community provider staff provided training to Centrelink on homelessness and workers from the community provider then attended a Centrelink training program on income issues. The approach was so successful that it was extended to other community agencies, training of Centrelink staff being provided by a range of agencies who then attended Centrelink training.

4.6.2 Work with other agencies

A key strategy for all the FHPP sites was to link families to support and contact with other community organisations in their area. This served two ends: to increase families' knowledge and skills so they could access the service system more effectively, and to ensure that individual families had appropriate support that could help them achieve their case goals. The experience from other early intervention programs is that strengthening collaborative relationships between agencies is critical in providing effective intervention and addressing underlying issues that lead to vulnerability. However, even though collaborative approaches can be more efficient in the long run, collaboration takes time and can be perceived by agencies as taking away from their capacity to work with individual families.

The FHPP Database recorded the number and type of other agencies involved in achieving case goals for a specific family. Again, the number and type of agencies involved in supporting families was linked to the length of time families were supported and the breadth of their case goals. For families closer to homelessness, case goals were more limited, primarily focusing on housing and immediate financial issues. Around one-third of cases had two or fewer other agencies involved (35%), 40 per cent had

three or four other agencies helping and in 25 per cent of cases, more than five other agencies were involved.

Sites primarily worked with other agencies through reference groups or as sources of referral. While some sites developed close working relationships with other agencies that included the joint development of strategies to address gaps or problems (such as working with housing departments), there were only a few examples of shared casework, coordinated case management, joint group work or other projects.

This is understandable given the focus of developing close working relationships with Centrelink and length of time the pilot had been operating. However, it is likely that the sites will need to strengthen relationships with other agencies over time if they are to provide a holistic approach to intervention while simultaneously dealing with increasing demand. The data on outcomes in the next section also underscores this conclusion: outcomes in relation to employment and education were better for clients that had more agencies involved in supporting the case plan.

Apart from Centrelink (which was involved in 84% of work with families), the main agencies that were involved with families were:

- general welfare services (44% of cases)
- housing/tenancy services (34% of cases)
- health services (33% of cases)
- legal services (26% of cases)
- financial management services (22% of cases)
- Job Network (19% of cases)
- community family support services (17% of cases)
- mediation/counselling services (16% of cases)
- early childhood services (16% of cases).

Interestingly, despite family violence being identified as currently affecting 13 per cent of families, family violence services were involved in only 9 per cent of cases. This may be the result of women already moving from the violent situation and using legal services instead.

4.7 Work with Aboriginal and Torres Strait Islander clients and communities

In recognition of the higher levels of homelessness experienced by A&TSI people, the FHPP was designed to have at least one site that dealt specifically with family homelessness within an A&TSI community. A recent Australian Housing and Urban Research Institute (AHURI) paper cites research indicating that 32 per cent of A&TSI

people living in rural and remote areas are homeless or living in overcrowded conditions, compared with 7 per cent in urban areas (Walker and others 2002:14).

As discussed earlier, while the Salisbury (SA) site was established to be A&TSI-specific, A&TSI people were over-represented in the other pilot services, confirming both the level of need of these communities and the success of pilot services in reaching A&TSI families. The higher numbers of A&TSI families accessing the pilot provided an opportunity for this program to investigate strategies that can best address early intervention for A&TSI families.

Two workshops were held for three of the FHPP sites that worked with significant proportions of A&TSI families at risk of homelessness. These three sites were Salisbury (SA), Darwin (NT) and Mandurah (WA). In addition to the staff from the sites, a number of external A&TSI experts or agencies attended, so that the broader context for working with A&TSI communities in relation to housing programs could be shared. The workshops aimed to help the development of strategies for early intervention in family homelessness in an A&TSI context and to allow services to share their work to date.

Homelessness and early intervention within A&TSI communities

Historically, A&TSI homelessness has its origins in the process of colonisation and subsequent government policies and practices including forcible removal and resettlement, and removal of children. These past policies have had devastating effect on some A&TSI people resulting in homelessness and poor housing outcomes (Walker and others 2002:10). The AHURI report points out that, in addition to these past policies, current social housing programs are often not well suited for A&TSI family structures. A&TSI families are often large and often have more young children than is families in the broader population, which few housing programs are designed to cater for (Walker and others 2002).

Homelessness among A&TSI families rarely results in a specific family not having shelter at all, if the family is connected with other extended family and with the A&TSI community more broadly. Rather, homelessness in this context is a matter of inadequate housing resulting in overcrowding, substandard conditions or unsafe environments. For A&TSI families who are disconnected from family or their community (often as a result of past removal policies or through imprisonment), homelessness may relate to being specifically without a home or to being away from ‘place and country’.

The FHPP A&TSI workshops confirmed these underlying factors in relation to A&TSI homelessness. Participants noted that:

- homelessness is the result of past practices and policies
- being homeless is not just an issue of ‘bricks and mortar’ but being away from/not knowing your home
- in relation to ‘bricks and mortar’, housing must be safe, affordable, sustainable, well designed—enough rooms, big enough

- changing cultural practice means that for some having a home of their own (owning or renting) is important and they do not want people to come and live with them—for others, living with family is still very important
- disempowerment results in people not being able to choose their living situations.[15]

Different sites also reflect differences in factors contributing to homelessness. In the Darwin (NT) site homelessness related to two different groups of A&TSI families—remote community visitors and those living permanently in Darwin. A&TSI people coming into Darwin from remote communities to attend hospital or for other reasons may end up staying with family permanently settled in Darwin or might end up sleeping rough (known as 'long grasses'). Families living permanently in Darwin often are put at risk in terms of housing eviction when family visit, either because overcrowding makes the living situation difficult or because of complaints by neighbours relating to 'noise and nuisance'. The lack of housing suitable for larger families combined with the presence of visiting family places these tenancies at risk.

In Mandurah (WA), A&TSI homelessness related more to the lack of affordable housing options and to discriminatory practices within the private rental market. In this area, there is no public housing and little low cost housing within the rental market. This makes gaining appropriate housing even more difficult for A&TSI families as they are dealing not just with economic issues but also with potential discrimination by landlords and agents.

Workshop participants also discussed approaches to early intervention with A&TSI families, noting that many families presented in crisis, making a more planned early intervention approach difficult. This is reflected in the data relating to FHPP, which shows higher numbers of A&TSI families being supported when already homeless or close to homelessness. Reaching families in crisis also makes it difficult to engage families in issues that might prevent future homelessness—the short-term stabilisation of housing and income become the most important goal.

Good practice in working with A&TSI communities

Common themes arising from the workshops were:

- the importance of taking time to establish relationships with respected leaders and elders within A&TSI communities. Without support from the cross-section of the A&TSI community it is unlikely that a service can be effective. This requires time to ensure the agency has a good knowledge of the local A&TSI community (which is often split due to past resettlement policies).

[15] Appendix A FHPP A&TSI Workshop Report, August 2003

- developing knowledge of the specific socio-economic, demographic and cultural issues in each location. Again this takes time, but without this knowledge it will be difficult to develop strategies for effective intervention.
- developing formal protocols and agreements with A&TSI organisations when working with the A&TSI community. This allows A&TSI organisations to set the cultural terms for engagement.

The workshops also considered emerging approaches to working with A&TSI families, including the use of genograms when working with individuals[16], social and other support groups and community development.

Two of the sites—Salisbury (SA) and Darwin (NT)—had a very high proportion of A&TSI clients and while practice approaches were not radically divergent from other sites, some differences in approach were emerging.

In Salisbury (SA) there was more focused work with a small number of families over a longer period. This involved a greater use of home visits, accompanying and transporting families to other agencies to help build bridges or advocate to another agency. The service used fishing trips and other informal social events to connect clients and to work in a more culturally appropriate way. The families varied in degree of risk of homelessness and included people who are living with friends and relatives. This site also aimed to place an emphasis on broader community development and building connectedness. In terms of the pilot site itself, both community provider staff were Aboriginal within an auspice agency that had not previously employed A&TSI staff: the FHPP service involved learning and negotiation on both sides.

Darwin (NT) made greater use of group activities and social connectedness strategies to help link clients. This site worked with a wide range of families, including non-A&TSI families, A&TSI families visiting from remote communities and A&TSI families living in the Darwin area. This posed very different issues for the pilot service. Like the Salisbury (SA) site, there was an emphasis on outreach to where families were located, solving issues relating to transport, and use of tools such as genograms and eco-maps[17] to help clients identify strengths and supports. The site initially had an A&TSI worker and a non-A&TSI worker who had experience working in remote communities, although this changed midway through the pilot, as the agency had difficulty recruiting replacement A&TSI staff. The Darwin (NT) site also linked with other initiatives within the A&TSI community, including developing a joint program on home maintenance with an A&TSI housing service.

[16] A genogram is a tool to visually outline relationships within a family and to identify strengths of relationships.

[17] An eco-map is a set of circles filled in by the client to visually outline relationships with significant individuals and groups/organisations in the client's life. Eco-maps can also be used as before and after measures to see the extent to which a person's networks have broadened and/or deepened over time.

The other sites with a larger proportion of A&TSI clients concentrated on strengthening relationships with the communities they serve:

- The Mandurah (WA) site worked on finding a way through the divisions in the community. They ran focus groups with some members of the community and helped to organise a forum on issues of concern to them. This site is auspiced by Anglicare Western Australia, which has worked over recent years to be more inclusive and culturally responsive to the A&TSI community.
- In the other two sites, the auspice agencies had not worked closely with the A&TSI community until the pilot began. In the Beenleigh (Qld) site, an A&TSI housing organisation became part of the consortium, resulting in referrals and some joint casework between the organisations. The Wyong (NSW) agency worked actively to develop relationships with the A&TSI community as a result of increased awareness of the issue after hearing from other sites at the national workshops. In this site the number of A&TSI clients increased substantially—from 14 per cent of all clients in June 2003 to 21 per cent a little over a year later.

4.8 Work with culturally diverse communities

The data indicate that the pilot was not reaching many families from culturally and linguistically diverse communities (CALD).

Adults being supported by FHPP (including closed and active cases) were primarily born in Australia (86%), the highest proportion of non-English speaking adults coming from Afghanistan (1.5% of all cases) and Vietnam (1.1%). In addition to identifying client's place of birth, caseworkers were asked to assess fluency in English. Only 4 per cent of adults helped by the pilot were assessed as not speaking English well or not at all.

The small proportion of CALD clients appears to be due primarily to the location of the sites—only one site (Dandenong, Vic) was located in an area with a high concentration (45% of the population) of overseas-born families from a non-English speaking background. Fifty per cent of this site's clients were born overseas, although 16 per cent of these overseas-born clients come from an English speaking background. This site provided services to a wide variety of non-English speaking populations including families from Afghanistan (9%), Vietnam (4%) and northern Africa (4%).

Other sites are located in areas with very low concentrations of CALD populations (catchment areas having between 4% and 14% of overseas born and from a non-English speaking background). Most sites were seeing numbers of CALD populations in proportion to their representation within their catchment areas. This was not true for the Darwin (NT) site: 13 per cent of the population of Darwin were born overseas, non-English speaking, but only 4 per cent of FHPP-supported families included members who were born overseas. However, this disparity can be attributed to the site's demanding focus on A&TSI access.

It is difficult to generalise about the effectiveness of approaches in working with CALD communities from the experience of largely one agency. However, case studies provided by Dandenong (Vic) did raise issues in working with these families. Given that social support systems have often been disrupted due to the immigration process, these families often face increased difficulty in understanding and negotiating the service system.

4.9 Use of action research

All sites used action research in a variety of ways. In all sites it was used as a mean to influence the reflective practice of the workers. In some cases, action research was also incorporated into the way clients were helped—using the action research cycle to help clients take action in their lives.

There were a number of examples of formal use of action research to develop or refine approaches. All sites carried out focus groups with clients and other stakeholders in the early days of the pilot to help them establish the service approach, exploring questions relating to referral, early intervention, homelessness and other issues.

As the pilot developed, action research was used to refine specific aspects of service approaches or to deal with specific issues (such as dealing with increased demand). These action research cycles included: working with clients to design specific programs and activities; working with other agencies to refine approaches; working internally to examine how to integrate action research or how to improve collaboration. In some cases the use of action research was picked up by the broader auspice agency and applied to other program areas.

4.10 An emerging service delivery model

FHPP model of service delivery

Key elements of the model that were mentioned often across sites and by the full range of stakeholders include:

- the focus on early intervention not only to stabilise immediate housing and financial concerns, but also to address other issues that increase vulnerability in the housing market
- the capacity to be flexible in all aspects of service delivery including: providing outreach; length and intensity of work with clients based on need rather than predetermined formulas; being able to use a repertoire of intervention approaches including advocacy, individual casework, group work and broader projects to build social connectedness and capacity

- the capacity to provide practical support and access to brokerage, brokerage funds being used in increasingly diverse ways to help families on broader issues (such as health related expenses, school or parenting expenses, participation in social events and outings)
- the focus on a strengths-based approach that encourages families to increase their own capacity to deal with issues that can help stabilise housing, allowing a holistic assessment of families' situation rather than a narrowly exclusive focus on housing
- the partnership with Centrelink which has: helped address families' income issues more effectively; broadened mutual understanding of the work of Centrelink and of community providers; in some cases increased positive perceptions of Centrelink by clients
- the focus on action research and the involvement of clients and other services in helping to refine the model of service delivery.

Infrastructure supports

In addition to success factors that were related to the FHPP service model, sites also reported factors that related to the infrastructure of the program:

- staffing—having staff with the right skills and experience; having appropriate staff for the families within the community, particularly A&TSI staff, but also staff that knew the community and had pre-existing links; having consistency in staffing
- partnership with Centrelink—having the right combination of skills and personal attributes in the full team (the Centrelink social worker and the community provider staff); co-location or close location between the members of the team; consistency in staff in Centrelink; good working relationships between staff and managers in each of the agencies
- auspice agencies that are well accepted and already established in the locality; that offer a range of programs with an early intervention focus in working with families; whose management is closely and positively supportive of the program.

5 Outcomes for families using FHPP services

Outcomes for families using FHPP services have been measured by comparing the circumstances of families at the start of support and on completion of support. This type of outcomes measure is limited in two ways: first, the sustainability of outcomes is not known (while caseworkers and families provide some information about what they expect to occur in relation to housing stability, this would need to be explored over a longer period to assess whether families move back to the brink of homelessness or actually become homeless again); second, the evaluation did not have a control group that could have helped to assess whether the outcomes achieved with families were as a result of FHPP services' intervention.

Despite these limitations, the evaluation has been able to measure the change in the situation of 459 families after intervention by FHPP services. As is shown in this section of the report, these changes are significant and positive for most of the families concerned. This section of the report details these changes, which can be summarised as:

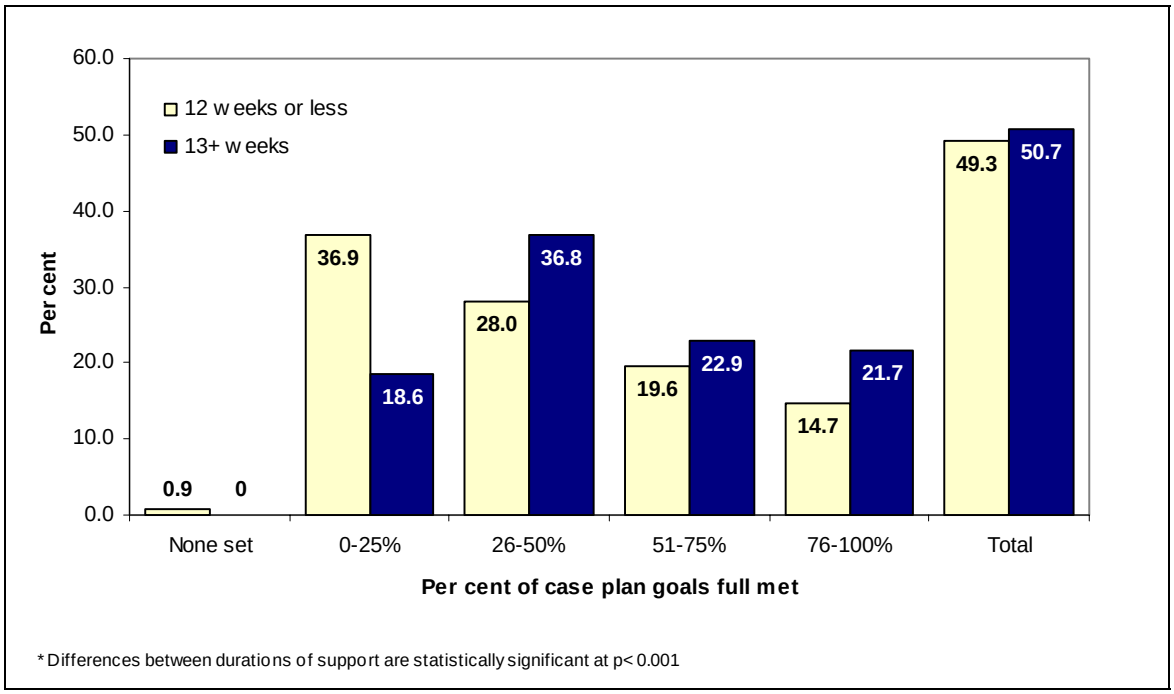
- For one-third of families, their expected duration of housing increased.
- The number of families boarding before support had almost halved at completion of support.
- Housing costs as a proportion of household income were significantly reduced.
- More than one-half of families had their debt reduced or wiped out completely.
- The proportion of families with access to small amounts of buffer funds to cope with an emergency significantly increased, although such families were still in the minority.
- A small but significant group of families had a positive change in relation to educational participation (6%) and participation in the labour force (17%).
- Regular attendance at school improved, particularly by A&TSI children.

Overall improvement in circumstances at completion of support

Overall, caseworkers assessed that in 41 per cent of cases there was substantial improvement and in a further 41 per cent partial improvement in families' situations at the end of support. In only 3 per cent of cases did caseworkers assess the situation had worsened, while for 14 per cent it had remained the same.

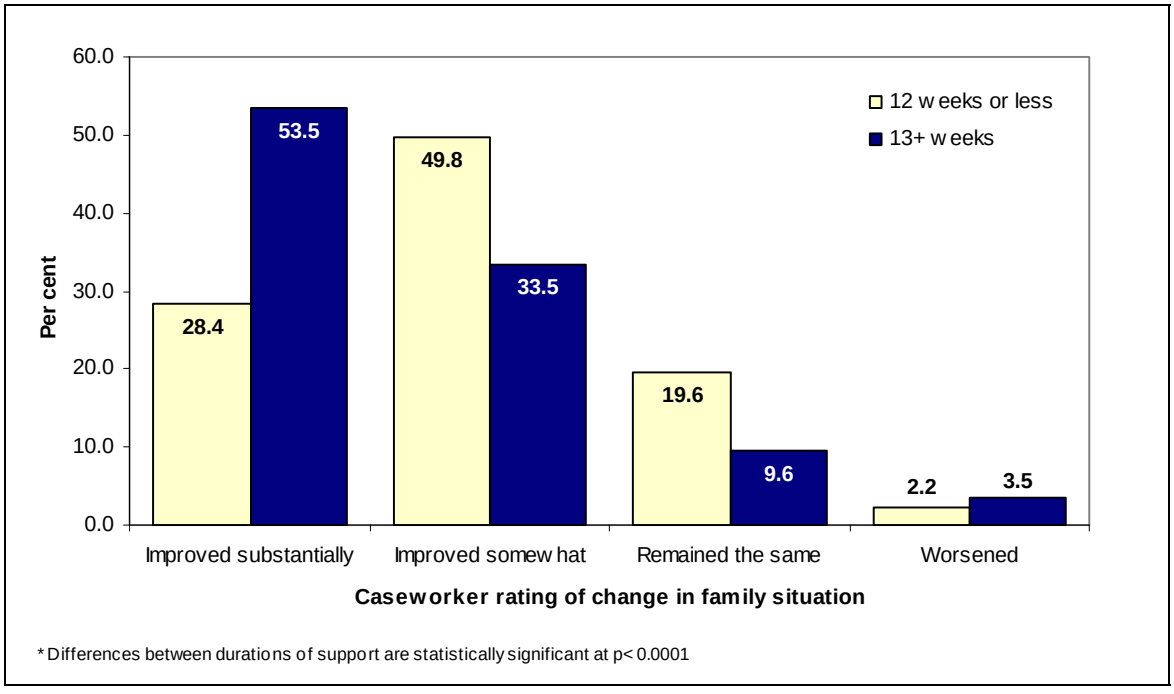
The percentage of case plan goals achieved and caseworker estimation of overall improvement were both significantly linked to duration of support. Families supported for 13 weeks or more had fully achieved a significantly greater percentage of goals (Figure 11), and were estimated to have improved substantially or somewhat in comparison to those who received 12 weeks or less of intervention (Figure 12).

Figure 11: Percentage of case plan goals fully achieved by duration of support.



* Differences between durations of support are statistically significant at p< 0.001

Figure 12: Caseworker assessment of change in families' situation on completion of support by duration of support.



* Differences between durations of support are statistically significant at p< 0.0001

5.1 Improvement in stability of housing

Gaining access to secure, affordable, safe and appropriate housing was the main goal of support for the majority of families. Caseworkers were asked to assess the outcomes of these case plan goals on completion of cases. As can be seen from Table 4, the overwhelming majority of goals in relation to housing have been met fully, with only a small minority of case goals not being met at all.

Table 4: Prevalence and achievement of housing-related case plan goals (%)

Case plan goal	Percentage of families with goal in place	Fully met	Partly met	Not met
Secure tenure arrangement	81.9	73.4	13.6	13.0
Safe, appropriate housing	73.4	72.7	14.8	12.5
Obtain affordable housing	64.5	67.2	17.6	15.2

However, there were significant differences for A&TSI families: they were more likely than non-A&TSI families not to achieve goals relating to secure tenure arrangements, safe and appropriate housing and obtaining affordable housing, as illustrated in Table 5.

Table 5: Achievement of housing-related case plan goals for families by A&TSI status (%)

	A&TSI families			Non-A&TSI families		
Case plan goal	Fully met	Partly met	Not met	Fully met	Partly met	Not met
Secure tenure arrangement *	62.7	15.7	21.7	76.5	13.0	10.6
Safe, appropriate housing *	64.6	13.9	21.5	75.2	15.1	9.7
Obtain affordable housing *	64.8	11.3	23.9	68.0	19.6	12.4

Note: * denotes statistically significant differences at p<.05

Stability of housing improved as a result of intervention in the 459 closed cases examined:

- the number of families in housing that they expected to last less than three months fell from 24 per cent of families before support to 5 per cent after support (see Table 6)
- the number of families in housing that they expected to remain secure for 12 months or more rose from 51 per cent of families before support to 74 per cent after support (see Table 6)
- the number of families boarding with other families or individuals dropped from 17 per cent before support to 9 per cent after support (see Table 7).

Table 6: Expected duration of housing before and after support (%)

Expected duration of housing	Before support	After support
Crisis/temporary (under 3 months)	24.0	5.3
Short-term (3–6 months)	15.1	8.8
Medium-term (6–12 months)	9.8	11.6
Long-term (12 months or more)	51.1	74.3
Total	*100.0*	*100.0*
N	**458**	**432**

Note: Table N may be less than the total number of database records due to missing data.

Table 7: Housing tenure before and after support (%)

Housing tenure	Before support	After support
Owned or being purchased	7.4	7.1
Rented from a private landlord	44.9	49.0
Rented from housing authority/community housing association	29.2	33.6
Boarding with other family/individual	16.8	9.2
Other (including rent-free)	1.7	1.2
Total	*100.0*	*100.0*
N	**459**	**435**

Note: Table N may be less than the total number of database records due to missing data.

However, the situation for A&TSI families did not improve to the same extent as for non-A&TSI families. A&TSI families were significantly more likely to be in unstable housing before receiving support, with around half the number of A&TSI families having been in the same housing for two or more years, and double the number of A&TSI families being in housing for less than six months when compared with non-A&TSI families.

Nevertheless, A&TSI families also improved significantly by the end of support in relation to their expected duration of housing. Like non-A&TSI families, there was a significant lengthening of expected duration of housing: those expecting to remain in temporary housing dropped from 29 per cent before support to 10 per cent on completion and those expecting to be in long-term housing (more than 12 months) rose from 47 per cent before receiving support to 72 per cent on completion. Given the starting point for A&TSI families, this is an important and significant outcome.

5.2 Improvement in economic circumstances

FHPP agencies worked intensely with clients to improve their financial circumstances as part of intervention to stabilise housing and reduce the risk of homelessness. Gaining improvement in financial circumstances was a key goal of a majority of case plans.

As can be seen from Table 8, gaining access to full social security entitlements was fully achieved in 87 per cent of cases. In 58 per cent of case plans, resolving an immediate financial crisis was fully achieved, and payment of arrears was fully

achieved in 48 per cent of cases. Less successful was the development of a budget/debt reduction plan or improvement of financial management skills, with only 38 per cent and 23 per cent of cases respectively achieving these goals fully. The poorer achievements are explained by the significantly poorer outcomes for A&TSI families on these two goals (for 28% of A&TSI families budgeting goals were not met, and for 30% of A&TSI families goals in improving financial skills were not met, in contrast to 15% and 14% respectively of non-A&TSI families).

Table 8: Prevalence and achievement of financial case plan goals (%)

Case plan goal	Percentage of families with goal in place	Fully met	Partly met	Not met
Resolve immediate financial crisis	79.1	57.9	34.4	7.7
Pay arrears	58.0	47.7	39.1	13.2
Access full social security entitlements	62.5	87.5	10.1	2.4
Develop debt reduction plan	71.7	38.3	44.1	17.6
Improve financial management skills	61.0	23.2	58.6	18.2

Families' capacity to withstand financial emergencies also improved significantly by the end of support. First, 37 per cent of families had debt reduced and 21 per cent of families had debt wiped out completely by the end of support, while for 39 per cent it remained the same (Figure 13). Second, before receiving support only 4 per cent of families had sufficient funds to cover a bond or a few weeks' rent. By completion of support this had significantly changed, 18 per cent of families having funds available for emergencies (Figure 14). No differences were found for non-A&TSI in comparison to A&TSI families.

Figure 13: Change in level of debt following FHPP support.

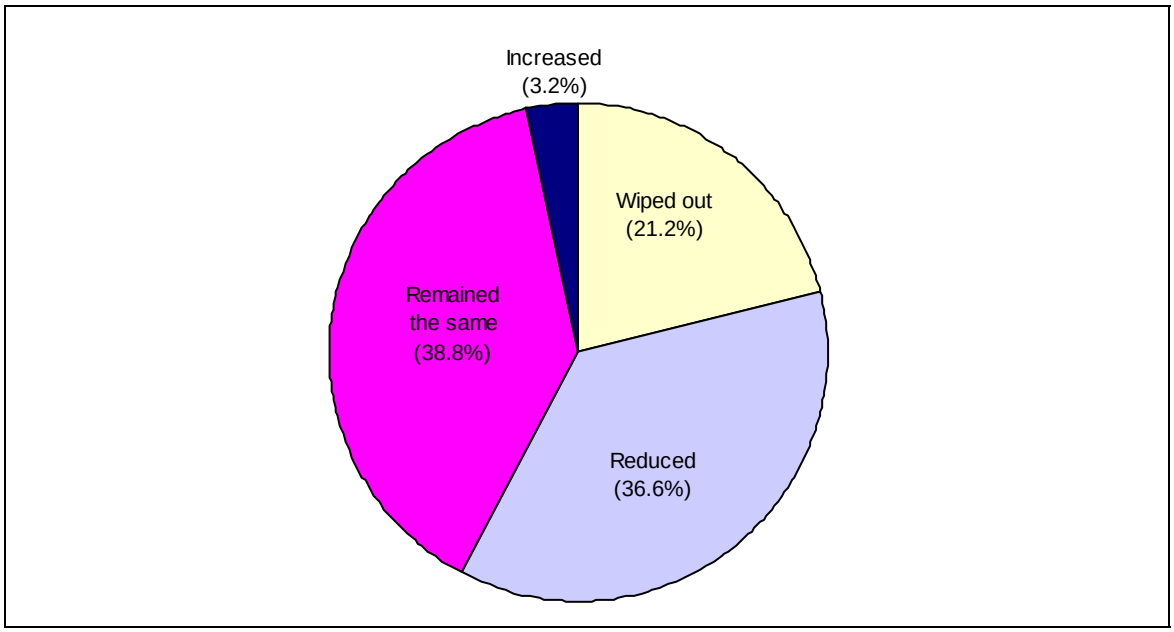
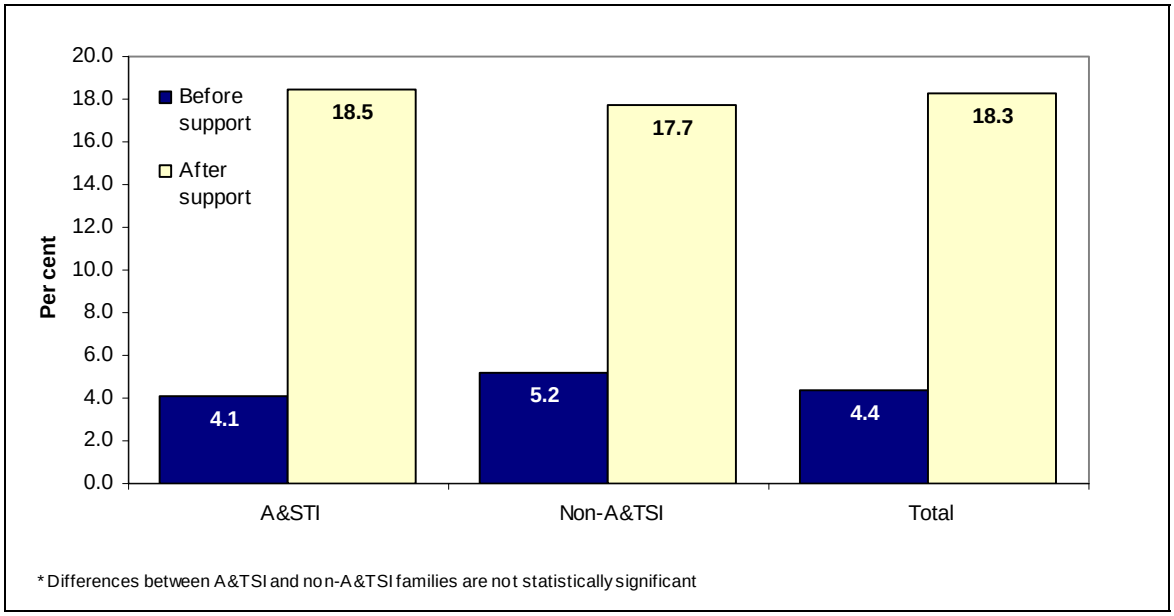
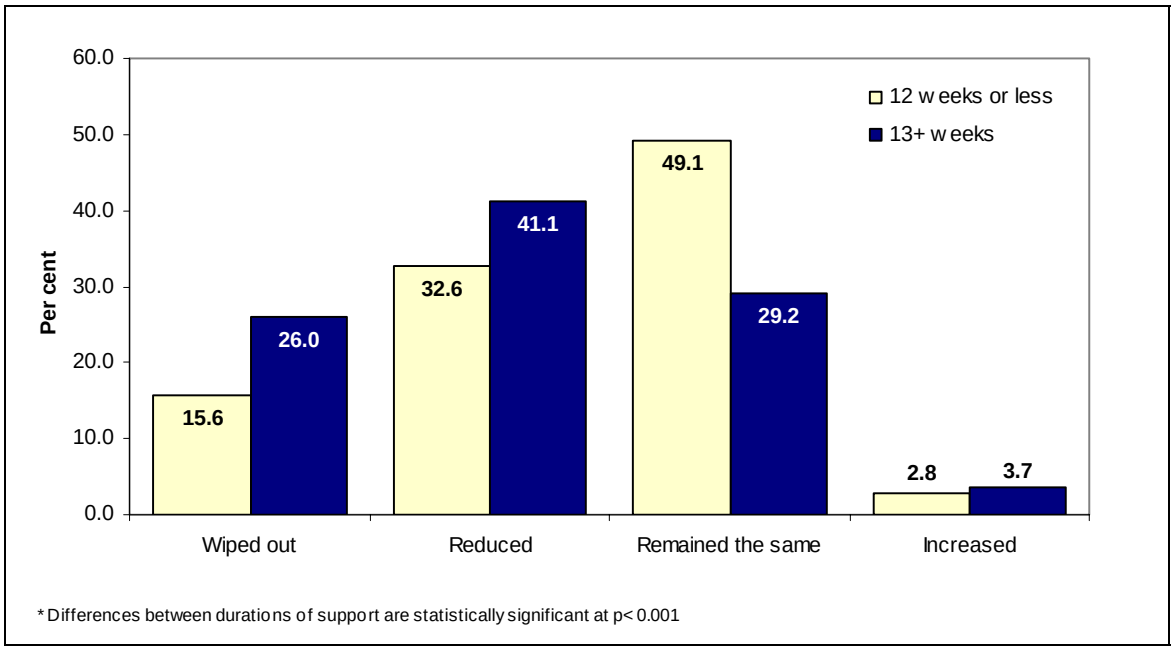


Figure 14: Availability of emergency funds, before and after support by A&TSI status.



However, debt reduction was understandably linked to length of support—those who received 13 weeks or more support were significantly more likely to have debt wiped out or reduced than were those who had 12 weeks support or less (Figure 15).

Figure 15: Change in debt level on completion of support by duration of support.



While reduction in debt for most families and having access to funds for a small number of families are significant improvements, families using FHPP services nonetheless remained vulnerable to financial emergencies and any housing stress that might result.

A key strategy therefore for the pilot was to increase the amount of household income available for housing. Given the number of families dependent on social security payments as their primary source of income, FHPP services first attempted to ensure that families were receiving correct payments. As can be seen in Table 8, 88 per cent of families with a case goal that included ensuring full social security entitlements achieved that goal. However, this did not significantly increase actual household income across all families in the pilot, presumably because these amounts were small.

The second strategy to improve families' financial situation was to find more suitable and affordable housing so as to reduce the proportion of household income spent on housing. The data indicate that this has been a more successful strategy, despite the high proportion of families in the private rental market who are more vulnerable to rental increases. As Table 9 shows, the proportion of families paying 40 per cent or more of their income on housing costs dropped by almost nine percentage points, while the proportion paying less than 20 per cent rose by almost four percentage points.

Table 9: Percentage of income spent on housing before and after support (%)

Percentage of income spent on housing	Before support	After support
No income or housing cost	9.7	12.4
Under 20%	20.1	23.7
20%–29%	27.5	28.8
30%–39%	20.7	21.7
40% or more	22.1	13.4
Total	*100.0*	*100.0*
N	**444**	**434**

Note: Table N may be less than the total number of database records due to missing data.

Finally, respondents to the survey show a significant improvement at the end of support in relation to their family's money situation, as shown in Table 10 below.

Table 10: Changes in survey respondents' perception of financial situation before and after support (%)

Description of your family's money situation	Before support	After support
We spend more than we make	40.8	20.7
We have just enough to get by to the next pay day	46.2	47.1
We have money left over, but it gets spent	6.4	13.2
We are able to save a bit	6.4	18.8
Total	*100.0*	*100.0*
N	**201**	**106**

Notes:

Differences before and after support are significant at p <.0001.

Table N may be less than the total number of database records due to missing data.

5.3 Improvements in employment and education circumstances

The majority of FHPP clients (65%) were educated to Year 10 or less, which is considerably more than the rate found the general Australian population (44%).[18] Only 17 per cent of FHPP clients were in employment of any kind, while 75 per cent of adults in the general Australian population are in employment.[19] Lower educational qualifications impact on employment opportunity, and exclusion from participation in education and employment increase the likelihood of homelessness.

Employment

A little less than half of case plan goals (41%) included achieving stable employment. Case plan goals are determined in a joint process with clients and are therefore linked to clients' individual circumstances. Given the high proportion of single mothers and the age range of children being assisted, it is interesting that achieving stable employment was a goal in such a high proportion of cases. The need for employment as a way out of financial and housing stress was highlighted in many of the comments by survey respondents.

Caseworkers estimated that on completion of support this goal had been fully met in 17 per cent of cases and partly met in 31 per cent of cases. This appears to be a relatively good outcome given the rate of labour-force participation before support. This judgement is confirmed by examining the labour-force status of clients before and after support. There is evidence of a small increase in the numbers of adults in employment after support (rising from 17% to 26%), with a drop in the numbers not employed and not looking for work (56% to 48%). The proportion of adult family members receiving income from employment increased from 15 per cent before support to 23 per cent after support. These changes, while small, constitute a significant positive change for 17 per cent of adults.

A combined indicator that sought to identify positive and negative changes in labour-force status was developed and analysed in relation to other variables. Positive change was significantly linked to duration of support: those receiving support for 13 weeks or more showed significantly greater positive change in labour-force status (Table 11).

[18] Census of Population and Housing: Selected Social and Housing Characteristics, Australia, 2001 (ABS Cat No.2015.0)

[19] Census of Population and Housing: Selected Education and Labour Force Characteristics, Australia, 2001 (ABS Cat No.2017.0)

Table 11: Changes in labour-force status of people by duration of support (%)

	Duration of support	
Change in labour-force status	12 weeks or less	13+ weeks
Negative change	2.4	5.2
Remained the same	90.0	69.6
Positive change	7.6	25.2
Total	*100.0*	*100.0*
N	**290**	**329**

Notes:

Negative change is measured as the movement from employed to unemployed; from employed to not in the labour force; and from unemployed to not in the labour force.

Positive change is measured as the movement from not in the labour force to unemployed; from not in the labour force to employed; and from unemployed to employed.

Differences are statistically significant at p<.0001

Table N may be less than the total number of database records due to missing data.

Positive change in labour-force status was also associated significantly with the number of agencies assisting the family—the more agencies involved, the more likely it was that positive change was achieved (Table 12). Positive change was not related to the complexity of client's circumstances—while it might have been assumed that more complex circumstances would involve more agencies and thus have a greater capacity to improve the situation of families, this was not so. Regardless of complexity of circumstances, the more agencies involved in helping to effect employment or education outcomes, the more likely it was that these goals would be met. This indicates the value of casework approaches that encourage links to education and employment as part of addressing other issues in the lives of families at risk of homelessness.

Table 12: Changes in labour-force status of people by the number of other agencies involved in the case (%)

	Number of other agencies involved in case				
Change in labour-force status	0–1	2	3	4	5+
Negative change	0.0	4.0	3.6	6.8	4.1
Remained the same	92.9	83.1	85.0	73.8	68.2
Positive change	7.1	12.9	11.4	19.4	27.7
Total	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
N	**85**	**127**	**141**	**107**	**170**

Notes:

Negative change is measured as the movement from employed to unemployed; from employed to not in the labour force; and from unemployed to not in the labour force.

Positive change is measured as the movement from not in the labour force to unemployed; from not in the labour force to employed; and from unemployed to employed.

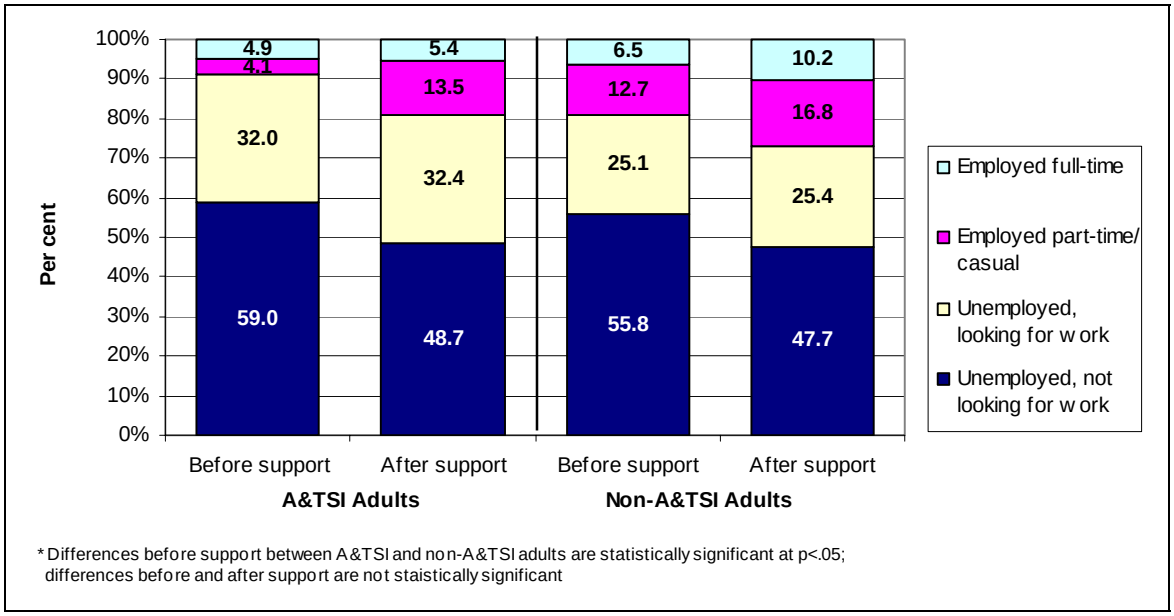
Differences are statistically significant at p<.0001

Table N may be less than the total number of database records due to missing data.

There were similar improvements for A&TSI clients in relation to labour-force status: more A&TSI people moving into part time/casual employment after support, as shown in Figure 16. Again, this is a significant finding given the unemployment rate among

A&TSI adults, and underscores the importance of including a focus on developing employment goals as part of broader social support programs.

Figure 16: Labour-force status of adults, before and after support by A&TSI status.



Education

A smaller number of case plans included goals related to enrolment in education and training (33%); 39 per cent of these goals were judged to have been met fully and 26 per cent partly. This is confirmed by examining the educational participation rates of FHPP adults before and after support from FHPP. While there was no change in the number of adults studying full time, part-time participation in education rose from 4 per cent to 8 per cent. Given the educational levels of FHPP clients and the number of single parents with young children, it is not surprising that only a small minority were participating in formal education.

Positive change in education status was linked to duration of support—adult family members supported for 13 weeks or more were significantly more likely to return to education than those who were supported for 12 or less weeks (Table 13).

However, given the links between education and employment and education and parenting capacity, it may be useful to strengthen approaches to addressing education barriers for members of families at risk of homelessness. This is likely to require access to services such as child care, adult literacy programs and entry-level certificate-based courses.

Table 13: Change in educational participation of adults by duration of support (%)

	Duration of support	
Change in educational participation	12 weeks or less	13+ weeks
No change or left education	98.7	90.2
Returned to education	1.3	9.8
Total	*100.0*	*100.0*
N	**300**	**327**

Notes:

Differences are statistically significant at p<.0001

Table N may be less than the total number of database records due to missing data.

5.4 Improvements in health circumstances

Health issues among FHPP clients

A small but significant number of families assisted under FHPP were affected by mental health issues: 16 per cent of families had at least one family member with a diagnosed mental illness; 10 per cent of families had a family member with a suspected mental illness; and in 4 per cent of families at least one member was assessed as being at risk of suicide.

Other health issues identified included:

- chronic physical illness impairing everyday functioning (15% of families)
- physical disability impairing everyday functioning (9% of families)
- intellectual disability impairing everyday functioning (4% of families).

These health issues contribute to, and are exacerbated by, homelessness. Helping clients to gain access to appropriate health care was identified in a minority of case plans, and was fully achieved in the majority of those cases (Table 14).

Table 14: Prevalence and achievement of health-related case plan goals (%)

Case plan goal	Percentage of families with goal in place	Fully met	Partly met	Not met
Confirmation of health diagnosis	17.2	60.8	27.9	11.4
Treatment/management of illness in place	27.5	53.2	35.7	11.1
Engagement with specialist health service	27.5	57.9	33.3	8.7

Interestingly, mental and other health services were involved in 31 per cent of cases, making health providers the fourth most frequently-used agencies in assisting with families.

Addiction issues

Addiction issues identified were surprisingly small in number. This might relate to the overall characteristics of the FHPP population (mainly younger women with children), or it could be that acknowledgment or identification of addiction requires a longer and/or different level of engagement with clients.

Addiction issues identified as impacting on clients' cases included alcohol use (7%), illicit drug use (9%), suspected substance abuse (12%) and gambling addiction (4%). As a result, case plan goals were set for addressing drug/alcohol addiction in a minority of cases (18%) and gambling addiction (5%). Among families whose support had ended by 30 June 2004, 43 per cent of drug/alcohol addiction goals and 42 per cent of goals relating to gambling addiction remained unmet on completion of support (Table 15).

Table 15: Prevalence and achievement of addition-related case plan goals (%)

Case plan goal	Percentage of families with goal in place	Fully met	Partly met	Not met
Assess/treat gambling addiction	5.2	16.7	41.7	41.7
Assess/treat drug/alcohol addiction	17.7	11.1	45.7	43.2

5.5 Strengthening families and increasing capabilities

Family violence, conflict and parenting

Working towards parenting and family functioning goals were a significant part of the work of FHPP, yet it appears that working with families around family conflict, violence and parenting issues was harder for agencies than working on issues related to immediate goals such as housing or improving financial circumstances. More than one-half of FHPP-supported families had 'resolving or managing family conflict' as a case plan goal, almost one-third had 'resolving or managing family violence' as a goal, and 29 per cent of families aimed to build contact between parent(s) and child(ren) (Table 16). In most cases, these goals were only partly met, and remained unmet in a significant proportion of cases. Participation in parenting programs—a goal for almost one-quarter of families—was mostly not achieved.

Table 16: Prevalence and achievement of family functioning case plan goals (%)

Case plan goal	Percentage of families with goal in place	Fully met	Partly met	Not met
Resolve/manage family conflict	51.2	16.6	58.7	24.7
Resolve/manage family violence	32.0	19.1	53.1	27.9
Build contact between child(ren) & parent(s)	28.8	25.0	55.5	19.7
Participation in parenting programs	23.5	19.4	28.7	51.9
Improve general living skills	53.6	27.2	58.5	14.2

There is considerable variation between sites in the extent to which these goals were fully, partly or not met. Pilot sites that were auspiced by agencies whose other services provided family support, counselling and parenting programs were more likely to have families that met or partly met these goals. These sites also tended to provide longer support periods to families.

Some research literature suggests that early identification of familial problems has been found to be essential in building families' problem-solving skills to avert the escalation of problems into pathology (Dallos & Hamilton-Brown 2000). Given the rate of domestic violence and family conflict identified among families using FHPP, more effective intervention approaches will need to be developed as the program continues.

It is unclear why the goal in relation to participating in parenting programs was so difficult to achieve. The difficulty indicates, however, that parenting programs either were not accessible to these families or were unable to engage them. This is not surprising given the already cited research indicating homeless parents' fear of child protection intervention and shame about failing to care for children adequately. These issues make it more difficult to engage families around parenting unless other successes have occurred around stabilisation of housing and financial circumstances (Kolar 2004).

Again, there was substantial variation between pilot sites as to the number of families that achieved participation in parenting programs—and the two sites with the highest proportion of A&TSI families were more likely to have unmet goals. The need to provide culturally appropriate and accessible parenting programs has been identified in other Australian research (SNAICC, 2004).

Family resilience and self-determination

While goals related to family conflict, violence and parenting had poorer outcomes than those related to housing or financial circumstances, some of the sites seem to be making a significant impact in helping families to become more resilient to stress. The evaluation survey included scales to measure family hardiness (a measure of family hardiness in resilience to stress) (McCubbin and others 1991) and mastery (the extent to which one regards one's life-chances as being under one's own control in contrast to being fatalistically ruled) (Pearlin and others 1981). Respondents who returned both entry and exit questionnaires experienced significant increases on the Family Hardiness Index (FHI) and on the Mastery Scale (MS).

The FHI has a theoretical range from 0 (not hardy) to 60 (hardy). Among survey respondents, the average score before support was 35.9, and after support 39.3. The MS has a theoretical range from 7 (fatalistic) to 35 (own control). The average score before support was 21.8 and after support 22.6. Results of paired t-tests show that improvements in hardiness and mastery among FHPP clients are statistically significant (Table 17).

Table 17: Changes in Family Hardiness Index and Mastery Scale: FHPP Evaluation Survey respondents

			Paired t-test			
	Before Support	After Support	Average change	t-value	DF	p <
Family Hardiness Index						
Mean	35.9	39.3	3.5	3.54	73	0.001
Median	36.5	39.0				
Standard Deviation	8.5	8.9				
Mastery Scale						
Mean	21.8	22.6	0.8	2.62	78	0.05
Median	22.0	22.0				
Standard Deviation	3.2	2.5				

Further analysis showed that these gains (the difference between the after-support score and the before-support score) did not seem to be related to any of the following:

- A&TSI status (there was no statistically significant difference in the improvement experienced by A&TSI and non-A&TSI families)
- whether the family contained a member who had previously been homeless
- whether the family contained a member who had been a SAAP client
- case complexity
- intensity of support (measured as contact hours)
- duration of support (Table 18).

Interestingly, improvement of A&TSI families on the FHI was considerably higher than among non-A&TSI families (6.7 versus 2.7), but the difference was not statistically significant because of the small number of A&TSI families (9) that returned both entry and exit forms. Similarly, A&TSI families recorded higher gain scores on the MS (1.8 versus 0.6) but for the same reason this difference was not significant. The greater level of improvement among A&TSI families could be due to the fact that they had a lower baseline before support (A&TSI average of 33.1 compared with non-A&TSI average of 36.2 on the FHI; A&TSI average of 20.7 compared with non-A&TSI average of 22.0 on the MS).

These results are significant, demonstrating that with the right intervention strategies and capacity to work with families, service providers can help families to develop capacities to withstand further stressful life events. However, it should be remembered that a key difference between those responding to the survey and those that didn't, was the variation between response rates in different pilot sites. Therefore the client survey results may not be duplicated across all sites. Additionally, respondents to the survey overwhelmingly had most of their case plan goals met, and results presented here may not be applicable to all FHPP clients.

Table 18: Changes in Family Hardiness Index and Mastery Scale by selected characteristics: FHPP Evaluation Survey respondents

	Family Hardiness Index			Mastery Scale		
	Mean change	Type III SS	F value	Mean change	Type III SS	F value
A&TSI status		122.08	1.67		13.13	1.86
A&TSI	6.67			1.80		
Not A&TSI	2.72			0.57		
Previously homeless						
No						
Yes						
Previous SAAP client		190.58	2.64		17.25	2.46
No	4.05			0.98		
Yes	–0.07			–0.19		
Case complexity		47.56	0.32		7.01	0.48
Low	2.89			0.45		
Medium	4.17			1.10		
High	2.30			0.50		
Duration of support		210.60	0.95		26.03	1.23
0–6 weeks	5.75			1.88		
7–12 weeks	2.60			–0.07		
13–24 weeks	0.72			0.38		
25+ weeks	4.41			1.06		
Intensity of support		177.44	0.79		15.36	0.71
Less than 8 hours	3.67			0.33		
8–15 hours	2.22			1.33		
16–34 hours	1.61			0.21		
35+ hours	5.00			1.06		

Note: Differences are not statistically significant

5.6 Community participation and social engagement

The importance of linking families, enhancing social networks and building social cohesion has been increasingly recognised by governments over the last decade. Families under stress are likely to have fewer networks and informal connections with others in the community that can help in times of difficulty. 'The importance of close, confiding relationships including friends and neighbours for parents (particularly mothers) raising children has been demonstrated by a number of studies … **informal** sources of social support tend to be more effective in enhancing personal functioning than **formal** sources.' (Beckman 1991, cited in Jack 2000 and in Fisher and others 2002)

The client survey used a series of questions developed by Onyx and Bullen (1997) for measuring social capital. Respondents were asked, 'Do you know your neighbours well enough to …' and provided a number of specific options such as 'have a child minded in an emergency', 'borrow a small amount of money', 'have someone to talk to if you

are down'. The questions were then reversed, to see if the respondent had reciprocated the support.

Results indicate that there was some increase in social networks by the end of support. There was a significant increase in the proportion of survey respondents who knew someone well enough to have a child minded regularly, but no other significant changes were found in relation to neighbourhood familiarity (Table 19). However, in all cases, the percentage of respondents who knew a neighbour well enough to request various forms of assistance did increase. The lack of significance may be due to the small number of cases available for analysis.

Table 19: Client survey: Know anyone in the neighbourhood well enough to … (%)

Know anyone in the neighbourhood well enough to …	Before support	After support
… have your child minded in an emergency	41.8	46.8
… have your child minded regularly*	**10.1**	**24.0**
… borrow $10 until you can go to the bank	34.2	40.5
… borrow $50 until you can pay them back	11.4	15.2
… borrow something other than money	48.1	54.4
… help you move house	22.8	27.9
… help out if you're ill	26.6	32.9
… talk with you when you're feeling down	32.9	41.8
… act as a personal reference for you	29.1	30.4

Note: * denotes significant increase at $p < 0.05$

The client survey asked if respondents had attended a local community event in the past six months. As shown in Table 20, families reported a greater level of involvement in community events after receiving FHPP support.

Table 20: Client survey: whether respondent attended a community event in the previous six months (%)

Attendance at community events in past six months	Before support	After support
None	42.0	29.2
Yes, one	26.7	20.7
Yes, two	11.3	26.4
Yes, 3 or more	19.8	23.5
Total	*100.0*	*100.0*
N	**202**	**106**

Note: significant at $p < 0.01$.

A high percentage of families had a case plan goal focusing on enhancing support networks and engagement with community organisations (Table 21). While caseworkers did not rate these goals as having been met fully in most cases, most clients were estimated to have had made at least partial progress on these goals.

Table 21: Prevalence and achievement of social and community case plan goals (%)

Case plan goal	Percentage of families with goal in place	Fully met	Partly met	Not met
Develop/enhance support networks	69.5	22.9	60.2	16.9
Engagement with community organisations	70.6	32.4	62.4	5.3

5.7 Outcomes for children

The focus of the pilot sites was directly on stabilising families' circumstances by working with their adult members. Children were linked into support and provided with assistance as part of a broader case plan; as a result, only a minority of case plan goals related directly to children. However, outcomes for children are directly linked to outcomes for families as a whole.

The impact of moving and homelessness on children has been increasingly highlighted in the literature: 'It is thought that as a family relocates to a new community, a child's behaviour can become problematic due to the breakdown in the social network, such as the extended family, friends and neighbours, who have had to regulate the child's behaviour. Compared with non-movers, children who reported three or more moves were more likely to engage in problem behaviour.' (DeWit and others 1998). The Hanover longitudinal study on family homelessness noted: 'Among children the issues include emotional and behavioural problems, learning difficulties and disrupted schooling, medical problems, poor nutrition and social isolation.' (Kolar, 2004:5)

Almost half the children of families supported by FHPP were less than five years old (40%) and almost half these used informal child care (47%). In 10 per cent of cases child care was identified as needed but not available. This need had halved by the end of support, with a corresponding increase in the number of children registered in formal child care. A&TSI families were less likely to access formal care than non-A&TSI families before and after support.

Almost all the children who were of school age (92%) attended school regularly. However, 8 per cent of children attended irregularly, and 7 per cent of all school-aged children had attended three or more schools in the previous two years. A&TSI families were significantly more likely than non-A&TSI families to have children who did not attend school regularly; children from AT&SI families were also more likely to have attended multiple schools. Table 22 shows significant improvement in school attendance for children who were not attending school on a regular basis before receiving support. This improvement was significant for children from both non-AT&SI and A&TSI families—the proportion of AT&SI children who did not attend school regularly fell from 14 per cent before support to 9 per cent after support.

Table 22: Regular school attendance before and after support by A&TSI status (%)

	All school-aged children		Children from A&TSI families		Children from non-A&TSI families	
	Before support	After support	Before support	After support	Before support	After support
Yes	91.5	95.9	85.6	90.8	93.4	97.6
No	8.5	4.1	14.4	9.2	6.6	2.4
Total	**566**	**540**	**139**	**131**	**427**	**409**

Differences are significant at p <.05.

FHPP services also improved children's inoculation status by the end of support, which was a goal for 26 per cent of families. Overwhelmingly, this goal was met fully (in 87% of cases). A further 9 per cent of families had this goal met partly, and in only 3 per cent of cases did this goal remain unmet.

5.8 Factors affecting the achievement of case plan goals

Further analysis was undertaken to identify factors that detracted significantly from sites' ability to meet case plan goals[20]. Specifically, the impact of the following variables was assessed:

- the amount of brokerage funds used in the case (measured in dollars)
- the number of other agencies involved in the case
- the level of case complexity (measured as the number of complexity factors impacting on case management
- the intensity of support (measured in hours as estimated by the number of phone calls, office visits and home visits related to the case)
- the duration of support (measured in weeks).

The strongest predictors of the extent to which case plan goals were achieved were case complexity, intensity of support and the amount of brokerage funds used (Table 23). The number of other agencies involved in the case and the duration of support (in completed weeks) had no significant impact on the achievement of case plan goals (although the number of agencies involved was positively linked to employment outcomes).

The model can be used to predict case plan goal achievement. For example, controlling for all other factors in the model, each additional case complexity factor identified has

[20] A multiple regression analysis was used. The final model explains 27 per cent of the variance in case plan goal achievement. Originally, indicator variables for A&TSI status, previous SAAP service use and previous homelessness were included; however, these variables were discarded as they were highly correlated with case complexity (and hence were not required in the model) and caused problems of multicolinearity.

the predicted effect of reducing the proportion of goals fully met by 3.4 per cent. An increase in brokerage funds in the order of $100 is predicted to increase the proportion of case plan goals met by 1.3 per cent, while an additional 10 hours spent working on the case is expected to increase the proportion of case plan goals met by 3.3 per cent.

Table 23: Factors affecting the achievement of case plan goals: OLS regression analysis

	Unstandardised regression coefficient (b)	Standardised regression coefficient (Beta)	Standard Error (SEb)	T value	p
Brokerage funds ($)	0.013	0.205	0.003	4.32	<0.0001
Number of other agencies involved	0.152	0.010	0.801	0.19	0.8494
Case complexity	–3.388	–0.421	0.394	–8.61	<0.0001
Intensity of support (hours)	0.328	0.302	0.065	5.07	<0.0001
Duration of support (weeks)	–0.040	–0.019	0.121	–0.33	0.7406
Intercept	52.491	0	2.70	19.45	<0.0001

Model statistics

R-squared	0.276
Adjusted r-squared	0.268
F statistic	*38.18*
P <	0.0001

5.9 Outcomes for FHPP families in comparison to other intervention approaches

The outcomes for FHPP families cannot easily be compared with those for families assisted by SAAP because the available SAAP data does not distinguish families from other homeless people.

A more useful comparison, despite the limitations of the sample size, is with the Hanover longitudinal study (Kolar 2004). This Hanover study followed homeless families who had been recruited as a result of contact with crisis support agencies. These families do not constitute an ideal control group, as their recruiting agencies provided some case management support, which is a core component of the FHPP service delivery model. However, the families from the Hanover study were already homeless at the time of intervention, whereas FHPP services mainly saw families before they became homeless and used a wider range of intervention approaches—brokerage funds, home visiting, social events and groups— and did not set limits on the length of support provided.

It is difficult to compare outcomes for the two populations, as they used different measures and the sample sizes of the Hanover study were small. The Hanover study lost 12 of its 42 families over the course of the study, probably because of unstable housing.

For the remaining families, 83 per cent were still in the same residence at the end of the two years of the study. This appears to be comparable to the expected duration of long-term housing among FHPP families on completion of support (74%). Given the focus of homeless crisis agencies on resolving housing crisis, it is to be expected that housing outcomes may be similar between the two service approaches.

As with those FHPP sites that saw families on the brink of homelessness or actually homeless, the Hanover study found that an initial housing crisis meant that families' need for intense assistance around housing was high, with less use of other support services. The Hanover study found, however, that over time the demand for non-housing support services increased: 70 per cent of families accessed some kind of non-housing assistance by the end of two years, to tackle the range of other issues that increased vulnerability to homelessness. This finding echoes the view of FHPP staff that a range of intervention approaches and support agencies are needed to address factors contributing to risk of homelessness. FHPP families seem to have accessed a wider variety of other services, particularly health services, than families in the Hanover study. (Because of the way the questions were asked in the Hanover study, this is not completely clear.)

The lack of comparable research points to the need for further research into the long-term outcomes for the families assisted by FHPP in comparison to those assisted mainly at the point of crisis. Research could also investigate the costs associated with each approach to demonstrate their relative effectiveness.

5.10 Families' assessment of outcomes

The client survey asked clients to provide an assessment of their achievements, the quality of the service provided and the extent to which the assistance provided had an impact on key areas of their lives.

The overwhelming majority of respondents felt that they had made significant progress in achieving their personal goals: 76 per cent said they had either totally achieved or achieved 'a lot' of their first goal; 70 per cent said similarly in relation to their second and third goals. In contrast, 15 per cent said they had achieved a little towards their first goal, and only 8 per cent said that they had either not achieved or had made little progress towards their first goal.

Typical comments in relation to their achievements were:

> *Although I am in a great deal of pain, I am able to participate in life and I have joined a community committee—I have a new lease on life.*
>
> *I got into the study area I wanted and they helped me arrange day care and get a budget*

I would like to thank FHPP. A lot of issues I've had, I've been able to overcome. I've kicked the drug habit and now have a stable and loving home. My view on life is more positive.

Survey respondents reported a high level of satisfaction with the service they received: 86 per cent were very satisfied with their relationship to the caseworker; 82 per cent were very satisfied with how much the caseworker took their views into account and 91 per cent were very satisfied with the way they were treated by staff. In only one area was dissatisfaction registered—in 3 per cent of cases, respondents reported dissatisfaction with 'how easy was it to get to the service'.

Many of the respondents' comments highlighted the positive way they were provided a service:

Just listen to the people and ask questions, sometimes we get shame to ask for help (both black and white people)—it's a great service and thank you for helping me and my family to get back on our feet.

The service is excellent, with our caseworker working WITH US to help us tailor her help to support us and our needs—they responded with speed, helping alleviate much pressure, helping not only myself, but also my partner.

The caseworker listens and understands what you mean and they don't judge you for any wrong decision you've made. They guide you in the right direction.

Many of the comments included thank you and appreciation to the individual caseworkers, and urged the growth of similar services:

This service was good and they need to branch out into the whole of Australia.

It's a service that is very bloody needed, for many reasons regardless of the social financial background because its not always about money, but compassionate support and understanding of individual needs—the future hopes of individuals and families in the community.

At the same time some respondents recognised the limitations of the services:

Until I achieve employment my situation won't really change. Anglicare can't change that, but I appreciate the listening ear and the help they can provide.

Survey respondents were asked to assess the impact that the FHPP service had had on a range of issues, as illustrated in Table 24. The responses indicate that, for the individuals completing the survey, the FHPP service had had a significant positive effect on a wide range of issues.

Table 24: Client survey: Self-reported improvements as a result of FHPP support (%)

Because of FHPP, …	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
My family is better able to manage finances/pay bills	26.9	57.7	12.8	2.6	0.0
I feel more positive about my future	41.0	39.7	16.7	2.6	0.0
I feel better about my family's future	41.0	39.7	18.0	1.3	0.0
I am more interested in life generally	32.5	49.4	13.0	5.2	0.0
I know how to get help if I need it	64.6	31.7	2.5	1.3	0.0
I am more confident in dealing with people	29.1	48.1	17.7	3.8	1.3
My social life has improved	19.0	34.2	29.1	13.9	3.8
I can deal with my problems better	26.9	53.9	15.4	3.9	0.0
There is less conflict in my family	29.1	46.8	15.2	5.1	3.8

Finally, survey respondents were asked to assess the extent of improvement on a range of variables since they had started being assisted by the FHPP service (Table 25). Again, respondents reported significant improvements to their lives in key areas: 74 per cent attributed much of the change to FHPP intervention; 21 per cent attributed a little of the change to FHPP; and 5 per cent considered not much of the change attributable to FHPP.

Table 25: Client survey: Self-reported changes since commencing FHPP support (%)

	Much better	Better	The same	Worse
Housing/accommodation arrangement	41.0	28.2	29.5	1.3
Family's financial situation	23.1	53.9	18.0	5.1
Overall health of family	16.7	47.4	28.2	7.7
Family harmony (internal relationships)	21.5	48.1	25.3	5.1
Skills of family members	16.5	49.4	32.9	1.3
Family's relationships with others	21.5	43.0	32.9	2.5

5.11 Conclusions in relation to FHPP outcomes for families

The FHPP has already demonstrated the usefulness of an early intervention program to reduce family homelessness. The evaluation has demonstrated that the program has been successful in reaching families before they become homeless, who are nonetheless still at significant risk of homelessness. The profile of families being assisted by FHPP indicates that the program has been successful at reaching family groups that have been previously identified as particularly vulnerable to homelessness: A&TSI families, families under financial stress and families experiencing violence.

The evaluation found evidence of significant improvement in the housing and financial circumstances of these families. Families left FHPP services with greater capacity to sustain stability in housing: most families pay a smaller proportion of their household

income on housing; overall debt is reduced for most families; and some families have buffer funds to help deal with emergencies, which they did not have previously. While many families remain vulnerable (given dependence on income support and reliance on the private rental market), their situations have been stabilised, providing much-needed breathing space from daily stressors. Stabilisation provides families with opportunities to address underlying issues that may contribute to housing vulnerability.

Some gains in employment and education participation were identified, despite the number of young single mothers represented in the program and the low educational levels of families overall. While small, these improvements indicate that further work in this area may be possible if better linkages are built with education, training and employment services. Easier access to affordable child care services may also be necessary if participation is to be increased.

The pilot has been effective in improving families' resilience to stress and sense of their ability to direct their own lives. This is a significant finding and indicates the success of the holistic and strengths-based approaches of the FHPP model.

While the pilot appears to have been less successful in linking parents to programs designed to improve parenting skills, it is apparent that the overall improvements in families' lives have assisted family functioning. Children's regular attendance at school improved for those who were more marginalised, while the case goals on building better contact between parents and children were for the most part met.

Most significant are the findings in relation to A&TSI families—not only was the FHPP successful in reaching and engaging A&TSI families, it also managed to effect real improvements for these families that largely mirror those for non-A&TSI families.

The evaluation has identified some important practises that are linked to these successful outcomes:

- identifying and reaching families at high risk of, but not actually, homeless—families reached earlier in the pathway to homelessness were more likely to have improved outcomes beyond those relating to housing and to be engaged with service for a longer period
- providing support over a longer period and more intensely using a range of non-office-based venues—sites that provided longer duration of support, used more non-office venues and had more intense contact tended to have better outcomes to those sites that had shorter periods of less intense and office-based contact
- achieving improvement in employment status by providing coordinated and intense support—adults who had a positive change in employment status received more intense and longer support with the coordinated assistance of a higher number of agencies
- using brokerage funds to stabilise circumstances—better outcomes were linked to increased use of brokerage funds although, as more brokerage funds are used when the duration of support is longer, it may be that the duration of support is the significant factor, independent of the use of brokerage funds

- engaging families in multiple ways to help build connections to other families, to community and to services—effective engagement building on families' strengths allowed them to work on a range of personal issues, resulting in improvements in their own resourcefulness and social connection.

A number of key variables appear to be related to achievement of case goals and positive change in debt reduction, employment and education. These are: case complexity, intensity of support and the amount of brokerage funds used. This finding can be used to predict case plan goal achievement. For example, controlling for all other factors, each additional identified case complexity will reduce the proportion of goals fully met by 3.4 per cent; an increase in brokerage funds in the order of $100 will increase the proportion of case plan goals met by 1.3 per cent; an additional 10 hours spent working on the case will increase the proportion of case plan goals met by 3.3 per cent.

These findings help to endorse the service delivery model emerging from the pilot: a focus on early intervention; flexible approaches to delivery that allow intensity and duration of support to match issues identified; strengths-based approaches that allow families to identify issues and set goals appropriate to their circumstances; coordinated service delivery that ensures families have access to the range of services needed; brokerage funds that can be used flexibly to help the achievement of case plans and longer-term sustainable outcomes. The differences between sites indicate that it is also important to have skilled caseworkers, and to have services located in organisations that already provide a range of services to families and that have effective relationships with other agencies. The improving outcomes for A&TSI families over the course of the pilot also indicate that cultural competency can be developed over time if this is an expectation of funders and if sufficient program infrastructure support is provided.

The evaluation has also confirmed that while significant improvements have been achieved in the situation of families, there are longer-term and broader structural issues that are outside the direct influence of a single agency or program. A&TSI families' circumstances indicate vulnerability that is linked to broader discrimination and exclusion: A&TSI families were more likely to have been evicted previously; to have poorer education; to lack access to transport or telephones; to have low literacy and budgeting/financial skills; to be homeless; to have larger and younger families and experience overcrowding.

Similarly, across all families assisted by the program, the lack of affordable housing in many areas places families at risk of homelessness. The issue is linked to the overall dependence on income support and a lack of employment opportunity that in turn is linked to limitations in employment when educational levels are low. The extent of family violence as a contributor to risk of homelessness points also to the need for wider policy responses around housing and the law.

6 Program management and policy issues

This section outlines issues related to the management of the program and broader policy implementation.

6.1 Policy issues arising from the pilot

6.1.1 Issues arising from the pilot in relation to Centrelink payments

In the course of assisting families, pilot community providers identified a number of issues arising from Centrelink payments:

Centrelink Advance Payment Scheme operational issues

The current administration requirements for the Centrelink $500 Advance Payment Scheme are seen as inflexible in a number of ways:

- The requirement that advance be repaid over six months' fortnightly payments imposes a burden which could be reduced by allowing that allowing payment over a 12 month period.
- The waiting time between advances is too long—a new advance could be given once old one is paid off, without a waiting period.

To address these issues would require changes to the legislation.

Payment and assessment delays

Delays in payments and assessments are reported to increase financial stress on families:

- delays in assessment of the Parenting Payment following separation or divorce, at a time when rent burden often increases sharply
- lengthy delays in assessments of entitlements, precluding families in crisis from eligibility for crisis payments
- reduced payments due to Centrelink acting on the basis of assessed child support rather than child support actually received, in situations where child support payments are late.

To address these issues would require changes to the legislation.

Eligibility issues

Reported issues relating to eligibility included:

- Families who are paying a mortgage are not eligible for rent assistance.
- Change from Parenting Payment to Newstart Allowance when young people reach 16 results in a reduced payment, but there is no guarantee that the young people will contribute to household expenses. This has been found to result in family conflict and the young person claiming 'Unreasonable to Live at Home' allowance.

To address these issues would require changes to the legislation.

Repayment of debt issues

Pilot services reported increased financial stress resulting from repayment schedules:

- repayment schedules set too high, with some clients paying from $40 to $100 per fortnight
- Centrelink's practice of not informing clients of repayment options for overpayments, letters informing clients of their debt often requesting them to pay debt in full.

These issues have been raised with the Centrepay debt section and changes are currently being negotiated.

Administration of Centrepay

Real estate agents have indicated to some pilot sites that they would be happy to use the Centrepay system but are unwilling to invest the time and administration costs needed to pay the $1.01 surcharge for each transaction. They have suggested that if they could pay a monthly lump sum the would be more willing to use the Centrepay system. Centrepay is currently negotiating with the Real Estate Institute of Australia to on this matter.

6.1.2 Other issues identified

Lack of affordable and appropriate housing

Sites' primary difficulties were in finding affordable, secure and appropriate housing. This was particularly difficult for families who had a poor tenancy record recorded on databases, so that even if the debts had been repaid, the poor tenancy record remained. Many of the sites were located in areas with little public housing, making the issue of access to affordable and secure housing more difficult. A&TSI people were identified as facing particular difficulties with racial discrimination by real estate agencies and landlords. A&TSI families were therefore more dependent on public housing—but lack

of suitable sized housing and appropriate policies for extended family visits can result in poor tenancy records and ultimately homelessness due to noise or failure to report additional tenants.

Lack of financial knowledge/skills

Many of the families assisted had poor understanding of how to manage debt issues. In many instances FHPP services found that debts were incorrectly assessed and managed to have debts reduced or wiped altogether. In other instances FHPP services were able to work with the family to renegotiate debt payments. However, much of the stress and debt levels experienced by families could have been reduced if they had had the knowledge and skills to challenge the way debt has been administered by utility companies, housing departments and telephone companies. There is a need for accessible financial courses for both young people and for adults—the NSW YWCA has developed a successful community education model that provides financial skills for parents while also teaching similar, age-appropriate skills to children in primary school. Roll-out of similar education programs to targeted areas may help to build greater capacity in families at risk of homelessness. The FHPP services in some areas also reported difficulty in accessing financial counsellors who could help families with complex financial issues.

Prevention of family violence and conflict

The pilot has highlighted the difficulty in reaching families early where there is family violence and conflict that can lead to homelessness. The issue of family violence is a broader one, where prevention of violence and early intervention at the first sign of violence is needed. In addition to public education campaigns, community organisations and services that may be first to know about violence within a family need access to information about the importance of early intervention, where families can be referred and how to approach referral with a family. First-to-know community contacts are likely to be workplaces, health services, child care services and schools.

Longer-term support for families with complex issues

Many families helped by the pilot had multiple issues and levels of vulnerability. Outcomes for families in the program improved with greater intensity and duration of support, and with access to flexible funds that could buy in the assistance needed for a specific family. This points to the need for other programs dealing with similar families to have access to flexible funds, and capacity to provide intense and longer-term support. This is particularly true for families with multiple and complex issues where, to judge by the results of this evaluation, very short-term intervention is unlikely to have an effect on the underlying issues that make families vulnerable to homelessness. This finding has particular implications for programs attempting to address parenting and child-protection issues—making an impact on these issues, which are fundamental to the outcomes for the next generation of children, will require flexible, longer-term, intense and multiple interventions. Nonetheless, the outcomes from the FHPP point to

the possibility of programs making a real difference in a relatively inexpensive way and in a relatively short time.

6.2 Program management

6.2.1 Establishment and management of the program

The program was established during 2001 and 2002, following consultation with state governments, Centrelink, the Australian Federation of Homelessness Organisations and some non-government service providers. The program was managed nationally by staff in the Housing Support Branch of FaCS, and by staff in the Social Work Services section of Centrelink. In addition, FaCS and Centrelink staff located in each state and territory helped with management. Milestones in the program included:

- July 2002—community providers contracted, with the exception of the A&TSI-specific site in Salisbury (SA)
- July 2002—program support and evaluation of the program contracted
- October 2002 to February 2003—pilot data collection and client survey undertaken
- late 2002 and early 2003—action research training undertaken.

Salisbury (SA) service experienced delays in the selection process because of the need to consult widely within the area to gain support for the service among the A&TSI community. Further delays were experienced in finally contracting a suitable auspice agency and then in recruiting suitable A&TSI staff.

Program support provided to FHPP sites

Morgan Disney and Associates were contracted to provide program support to the pilot sites through site visits and telephone, including:

- provision of action research training at each site and follow-up support as sites implemented action research
- ongoing advice and support to each site in the development of the service delivery model and the development of partnership arrangements between Centrelink and the community provider
- ad hoc advice and support in relation to issues of concern identified by sites, and assistance on specific tasks such as the development of project plans or evaluation frameworks.

National workshops

Morgan Disney were contracted to conduct the four national workshops to be held over the course of the pilot and the two A&TSI-specific workshops. RPR Consulting helped in the design and delivery of these workshops as part of the national evaluation process.

The national workshops brought together staff from Centrelink, FaCS and the community providers from all of the sites, including state and national program managers. The first workshop (in September 2002) established the framework for the program; the second (in March 2003) allowed discussion of the emerging service delivery models, including examination of case studies from some of the sites. The second workshop included: training in data collection and the administration of the client survey; a presentation by Julie Oberin (a member of the FHPP Reference Group) on domestic and family violence; a session on action research and issues arising in the sites; a session on partnerships.

The next two national workshops focused on articulating and documenting the good practice emerging from the pilot in relation to engaging families (the main focus for the October 2003 workshop) and in building local capacity and collaborative partnerships (April 2004).

The two A&TSI-focused workshops brought together the sites that worked with A&TSI people as a high proportion of their client group (Salisbury SA, Mandurah WA and Darwin NT). The workshops allowed the site staff to hear from other relevant A&TSI organisations as well as to exchange approaches and discuss ways to improve outcomes for their clients. These sites also gave presentations on issues and ways of working with A&TSI clients and communities at the last two general national workshops, ensuring that the other sites benefited from what was learned at the A&TSI-focused workshops.

6.2.2 Conclusion: program management

Three aspects of program management were considered in the course of the pilot: effectiveness of management; the partnership arrangements between Centrelink and FaCS; and program support provided to sites.

Effectiveness of management

The overall program management by FaCS was judged by those interviewed over the course of the evaluation to be effective. Program objectives and outcomes were viewed as appropriate and the data collection and evaluation as appropriately designed to measure outcomes. Reporting processes were considered to be reasonable, although some work was done with service providers to improve and streamline reporting for the new HOME Advice program. FaCS offices at the state level were involved in the selection of sites although the amount of day-to-day contact with services varied. As the program is small, the national office retained management of the services under the new HOME Advice program and the state offices are no longer involved. Service providers generally were in favour of greater local FaCS involvement as they felt it ensured they

were informed of other developments and funding opportunities that had relevance at the state level. In a few instances the local FaCS staff also helped to address issues in the relationship between FaCS and Centrelink, and this was regarded as a helpful role that could not be performed from the national office.

Partnership between Centrelink and FaCS in relation to program management

Overall the partnership arrangements in relation to program management were regarded as relatively effective: the two national managers overseeing the program for FaCS and Centrelink respectively had regular contact with each other, and undertook joint site visits and teleconferences with the service providers. More difficulties were reported in relation to Centrelink management of the program, as the distribution of funds changed in the second year of the pilot, leaving some Centrelink offices with insufficient funds to attend national workshops and/or a reduced number of days for the employment of a social worker. In the second year of the program, as a way of dealing with the reduction in social work hours available, Centrelink social workers were directed not to take part in action research, which was widely perceived by the sites as undermining the program: action research as a joint partnership activity was considered a core element of the service delivery model. This has since been resolved, and in the new HOME Advice program Centrelink staff will be involved in action research.

Program support to sites

The program support provided to sites was regarded as a critical factor in the overall outcomes. Sites received support in the form of training in action research (which encouraged reflective practice and trialling of innovative approaches); telephone support provided by Morgan and Disney (reportedly most helpful in the establishment phase); regular telephone link-ups between the sites; and the national workshops. The national workshops were regarded as particularly useful: sites were able to share approaches and consider broader issues away from the direct delivery of services. The benefits of discussing ways to work effectively with A&TSI people were clear—some of the mainstream agencies had done very little work in the past with A&TSI people and gained important insights into how to ensure services were culturally competent. This is support by the data—the Wyong (NSW) site, for instance, had an increase in the proportion of A&TSI families from 14 per cent to 21 per cent as the pilot progressed.

7 Conclusion

The evaluation of the Family Homelessness Prevention Pilot (FHPP) indicates that the funding of an early intervention program to prevent family homelessness has been remarkably successful. This section summarises some of the findings relating to the key evaluation issues:

- How successful was the pilot in reaching families before they became homeless and how was this achieved? What circumstances make families vulnerable to risk of homelessness?
- Have the pilot services helped families to reduce the risk of homelessness and in what ways?
- What practices seem to have helped families most effectively? What are the elements of the service delivery model that describes FHPP services?
- What learning can the pilot contribute for a more effective means of addressing family homelessness in Australia?

7.1 Success levels in reaching families before they become homeless

The pilot managed to reach most of its client families before they become homeless—only a small proportion of families were boarding with friends or family or not living in a house or flat before receiving support.

However, the families that FHPP services helped were at significant risk of homelessness: around half of the families had an expected duration of housing that was less than 12 months; around half had not been at their current address for more than a year; less than one-quarter had not moved in the last two years; 31 per cent had been homeless in the previous two years.

The families helped by FHPP services also had multiple issues that put them at risk of homelessness: levels of education and employment were generally low; almost half the families were renting in the private rental market and two-thirds spent more than 30 per cent of their income on housing; around half had a history of family violence, 13 per cent reporting violence in the month before gaining support; almost half had a health issue or disability that impacted on their daily lives, while more than one-quarter had an addiction to alcohol or other drugs; two-thirds had sought financial assistance in the previous six months; and 18 per cent had child protection issues currently or in the past.

FHPP services' capacity to reach families before they became homeless was influenced by a number of factors. Where there were no other crisis services or housing services in the area, other agencies were harder to educate about the early intervention focus of the pilot and some FHPP services had a lot of inappropriate referrals. Similarly, in the

initial stages of the pilot, staff of some sites found it hard to find ways to refer on clients who were homeless or on the brink of homelessness.

Referrals into the pilot came from three main sources—Centrelink, self or friends/family, and housing authorities. It was harder to identify and engage other first-to-know agencies in relation to family homelessness. Not surprisingly, indicators such as the need for financial assistance, frequent moves and rent arrears remained primary sources for identifying risk of homelessness.

Early identification of families at risk of homelessness due to violence

More difficult was the early identification of women at risk of homelessness due to domestic violence, as women will often not disclose violence until a crisis causes them to flee their home. Nonetheless, there are positive signs that FHPP reached women in situations of risk but not actual crisis—of survey respondents, 14 per cent had experienced violence in the previous month; 40 per cent had a history of violence; 52 per cent had a level of family conflict that affected the case; and 49 per cent reported that 'a close family member was violent towards another family member' in the past 12 months.

Early identification of A&TSI families at risk of homelessness

Most impressive has been the capacity of all of the pilot sites to reach A&TSI families in a proportion far higher than their actual number in the catchment population. While A&TSI families were more likely than non-A&TSI families to be homeless at the start of support, it was possible to undertake early intervention with most of these families.

A&TSI families were found to be at much greater risk than non-A&TSI families on range of indicators. A&TSI families were more likely to have been homeless in the past two years and to have moved more often. Reasons for moving also differed: A&TSI families were more likely to have moved because of eviction and family violence. A&TSI clients were more likely to have multiple issues that impacted on them during support and to have lower educational levels, literacy and budgeting/financial skills.

A&TSI families were more likely to be self-referred, or referred by other family or by housing authorities. This indicates the importance of FHPP services doing effective promotion in the A&TSI community by building relationships with respected elders and others. It also indicates the importance of the role of public housing in homelessness issues in relation to A&TSI people, who are likely to be housed in public rather than private housing. Pilot sites working with A&TSI families in public housing found that a range of cultural factors placed them more at risk than non-A&TSI families of being evicted and becoming homeless, and noted the failure of housing authorities to implement strategies to reduce this risk.

7.2 Success in stabilising families' circumstances and reducing risk of homelessness

Evidence of success

The pilot sites were very successful in both stabilising and improving families' housing and financial circumstances. Without a longitudinal study, it is hard to estimate the sustainability of these outcomes, and therefore the overall reduction in risk of homelessness. Despite these limitations, there are good indications that immediate to medium-term risk of homelessness has been reduced:

- Families' housing situations significantly improved—71 per cent of families finished support with an expected duration of housing of 12 months or more; there was also a significant reduction in housing costs as a proportion of household income for those initially spending 40 per cent or more on housing.
- Families' financial circumstances improved—most families' debts were reduced or wiped out; there was an increase in the number of families with some funds available for emergencies; survey respondents were significantly more likely to report having the capacity to save funds and to reduce the likelihood of 'spending more than we make'.
- Most families' overall situation had improved by the completion of support and significant improvements were found in survey respondents' resilience and family hardiness as well as their sense of mastery and capacity to control events.
- There was a significant increase in the number of adults participating in the labour market and in education.

In addition to these significant findings, families at the completion of support had other important improvements:

- Survey respondents were significantly more likely to have attended local community events and to know someone in the neighbourhood well enough to have children minded on a regular basis.
- Survey respondents were significantly more likely to rate themselves as happier and less stressed at the end of support
- The situation of some children improved, with a significant improvement in regular school attendance.

Success in relation to A&TSI families

A very significant finding of the evaluation has been the pilot's success in improving the circumstances of A&TSI families. Despite entering support in more difficult circumstances than other families, A&TSI families had similar levels of improvement on key indicators. As well, A&TSI families were found to have similar levels of significant improvements on survey scales relating to family hardiness and mastery. The

major differences in outcomes for A&TSI clients were in the number and type of case goals met—A&TSI clients were less likely to have met goals than non-A&TSI families.

The success of the program in reaching A&TSI families and in working effectively to improve their circumstances is an important outcome of the pilot. It demonstrates that it is possible to address some of the circumstances that contribute to homelessness among A&TSI families, despite the higher levels of disadvantage. Critical to the success of the pilot have been attempts by mainstream agencies to work in culturally competent ways: employing A&TSI staff (though only one pilot does so at time of writing this report); building relationships with respected leaders and elders within the local community; building non-A&TSI staff's understanding and knowledge of the history and experiences of A&TSI people (including the local history); providing services in venues that are culturally safe; using strengths-based and holistic approaches that are family focused; using brokerage funds and social/community events to build connectedness between families and service providers.

Ongoing vulnerability of families in relation to homelessness

While the pilot program was apparently very successful in stabilising families' housing and financial circumstances in the short to medium term, many families nonetheless remained vulnerable to any change in their financial circumstances. Almost half of the families were in private rental accommodation, and they were significantly more likely to spend more than 30 per cent of their household income on housing. Seventy per cent of families who spent more than 40 per cent of their income on housing were in private rental. While the number of families with some emergency funds set aside increased after support, the overwhelming majority of families had no such buffer funds available. The high levels of dependence on income support and on the private rental market put families at ongoing risk of homelessness. Ultimately, for family homelessness to be addressed, strategies will be needed to link families into training and the labour force while also providing them with access to lower cost housing and support services,.

For families that experience violence that may lead to homelessness, the outcomes are less clear. The pilot made progress on goals relating to reducing family conflict and managing family violence but, in the caseworkers' opinion, for a significant number of families who had these goals no progress was made. Given that violence as a reason for moving was significantly higher among A&TSI families, finding ways to address conflict and violence in these communities is critical. Again, the different approach being taken by the A&TSI-specific service will be important to monitor to see if the 'working in depth' approach allows the more entrenched issues related to violence to be addressed more effectively.

7.3 Effective practices and service delivery approaches

7.3.1 Effective practices

The evaluation data identified three success factors that are linked to better outcomes for families: length and intensity of support; multiple agency involvement and Centrelink/community provider partnership; and service provider capacity.

Length and intensity of support

The length of support provided to families had a direct link to key outcomes: significant improvements at the end of support in debt reduction, labour-force participation, education participation, the percentage of case goals met and overall improvement in the families' situation (as assessed by the caseworker) all linked to 13 weeks or more of support. However, increases in the expected duration of housing were not linked to duration of support, indicating that housing is a major goal for all families and that this is addressed first by all agencies. Although analysis of the impact of factors on the achievement of case plan goals suggests that it was **intensity** of support (that is, the number of hours spent on a case), rather than **duration** (the length of time that a family's case stayed active) that led to successful outcomes, the two are highly correlated and hours spent on a case is expected to increase with duration of support.

Multiple agency involvement and Centrelink/community provider partnership

Better employment and labour-force participation outcomes were evident in families who had **more** and a greater variety of agencies involved in the case plan. For instance, the site that had the most positive outcomes in labour-force participation had the highest rate of involvement of employment-related services (54% of families in contrast to an average of 15% of families at other sites). Success was not related to the complexity of clients' circumstances: while it might have been assumed that more complex circumstances would involve more agencies and thus have a greater capacity to improve a family's situation, this was not the case. Regardless of complexity of circumstances, the more agencies involved in helping to effect employment or education outcomes, the more likely it was that these goals would be met.

This is an important finding for the service system. While collaboration between agencies within a case-management framework has been promoted in recent years, this is evidence that such collaboration can make a difference within a case-planning context. This finding is reinforced by the Hanover study, which found that families' needs for assistance by a range of agencies increased over time. (Kolar 2004: 97).

In 84 per cent of cases, Centrelink was actively involved in helping families to achieve case goals. While some sites had difficulties in developing the partnership arrangements, there appears generally to have been good use of both agencies' skills in working together to help families achieve their goals. The partnership between Centrelink and the community providers was regarded as central to the effectiveness of

the model—by having the partnership, families had better access to assistance in debt reduction, to full benefits and to other programs that could help them. Some families interviewed also reported improved perceptions of Centrelink as a result of the pilot.

Service provider capacity

Sites varied in terms of the range and number of other services available in the area, the history and focus of the auspice agency, and the skill levels of staff. These factors seem to have affected the types of families seen by the program and the outcomes gained for families. Two sites appear to have achieved more positive outcomes for families with difficult and complex circumstances. Both of these sites had auspices that provided a wide range of services, had a history of working with families in the area and ran other early intervention programs. Both had staff who were skilled in strengths-based casework approaches. One had staff who were experienced in working with A&TSI people in a range of locations. These two sites also made highest use of home visits and provided longer periods of support.

In contrast, the least successful sites were those that provided shorter periods of support to complex clients, did more service-located support and did not involve other agencies as much. These sites also had a combination of other factors that included some of the following: less experienced and skilled staff; an auspice organisation that had a greater focus on housing rather than other family-orientated support programs; a narrower range of other agencies in the area.

These findings highlight how 'inputs' impact on 'outcomes'—service providers need to be well linked into a range of programs that can help both to engage and to support families. It is also important to find the right staff—achieving more sustainable long-term outcomes requires high level skills and staff who are comfortable and competent in working in a strengths-based ways and across cultures.

7.3.2 Good practice approaches

The evaluation included the opportunity for the sites to meet regularly to identify 'what was working and what wasn't as they supported families. The sites also used action research to explore these issues over the course of the pilot and produced case studies to demonstrate both the issues families were facing and how they worked to resolve them. Training in action research, together with an expectation that sites would use this approach to reflect on practice, has helped to articulate the FHPP service delivery model. The discussions held **within** sites through action research and **between** sites at the national forums have been drawn together as 'good practice principles' that summarise the approach taken by the pilot sites in their work with families. The principles have much in common with other program models such as Reconnect.

Accessibility and inclusiveness

Key features of accessibility include:

- effective promotion to the range of families in the area
- ensuring the full range of agencies in the area that are likely to have contact with families at risk of homelessness understand pathways to homelessness and early intervention indicators
- building relationships with respected people within A&TSI and CALD communities
- responding quickly to referrals so as to help engage families effectively
- providing services to families where they are most likely to engage, by visiting homes, workplaces and other community venues
- placing the service in a visible physical location that is close to public transport
- acting as an access point to the service system for at-risk families, by assessing families needs and actively referring them to another service if the program is unable to work with them.

The promotion of a service, assessment of needs and provision of support all require a sensitive approach to cultural and contextual differences so that the service can be inclusive. This requires services to gain knowledge of their local area and to build informal and formal relationships with families that may be isolated and marginalised as a result of exclusion based on cultural background.

Flexible, holistic and strengths-based service delivery

Effective work with families at risk of homelessness requires services to work flexibly, to build from families' current strengths and to work towards their goals by:

- using a range of intervention approaches that include working with individuals, the extended family and the community more broadly
- assessing the range of issues that may contribute to a family's risk of homelessness including individual vulnerability as well as risk associated with broader social and economic structures
- helping families to acquire new skills, improve self-esteem, build social connections, and address the effects of past problems
- using flexible brokerage funds as part of case planning so that sustainable outcomes for families can be achieved.

Holistic approaches acknowledge that housing issues are not isolated from other aspects of families' lives, so that the context of employment, physical and emotional health, education, family relationships and community participation are also considered in assessing needs and developing goals.

Working collaboratively

The community provider and Centrelink work effectively together, with designated staff in both agencies, clear processes to guide work with families and regular review of the collaborative relationship. Effective collaboration between Centrelink and the community provider requires both agencies to have a clear understanding of the culture and context that staff work within. It also requires an environment of respect and mutually agreed processes for resolving any difficulties that arise.

FHPP teams work collaboratively with other agencies in their area to improve early intervention approaches that can support families at risk of becoming homeless. Collaboration with other agencies requires time, ongoing promotion and building of relationships through practical casework or community-based projects.

Building sustainability

Building sustainability has a number of different elements that FHPP services work to achieve. At an individual level, services work to sustain continuity of support for families at risk of becoming homeless; help to build links with other agencies so that families' access to the service system is maintained; provide programs that help families to build social connections with others within the community; empower families by developing their knowledge, understanding and skills so they can sustain their own change process.

At a broader community level, FHPP services help to build community capacity by working with families, community members and other service providers to identify and address issues that may lead to family homelessness. This work includes policy advocacy, identifying service gaps and developing projects that address issues underpinning risk of homelessness.

Ongoing review and evaluation

FHPP services use ongoing review and evaluation to ensure that early intervention services are effective and responsive to the needs of families. Ongoing review and evaluation includes: the use of action research as a key tool to fine tune the service approach at the local level; the use of the data collection to help document issues relating to families using the service and the outcomes of intervention; gaining feedback from families and other services about the approach and its effectiveness.

7.4 Addressing family homelessness: lessons from the pilot

7.4.1 Expansion of the program

The success of the pilot in stabilising and improving, at least in the short term, families' circumstances that place them at risk of homelessness is very promising. The pilot has

demonstrated that it is possible to reach families before they become homeless and to work effectively with them on the underlying factors that contribute to their risk of homelessness. Particularly noteworthy is the success of the pilot in reaching A&TSI families and in achieving improvements for these families, despite their overall worse circumstances at the start of intervention.

The research on family homelessness indicates that it has profoundly negative consequences on children. Stabilising families allows children to attend school regularly, to develop friendships and social networks and to possibly improve relationships with parents. For parents, stabilised housing and finances allows space to address other issues and build on pre-existing strengths. As the evaluation demonstrated, families had the opportunity to build relationships with others in the community and to participate in community life.

The cost of homelessness is substantial. The two overseas studies cited earlier (Eberle and others 2001; Houghton 2001), which compared the cost of providing crisis responses to homelessness with the cost of supported housing found that crisis response costs were around one-third more expensive. Australia currently spends $296.6 million on funding service providers to provide crisis/temporary support to people who are homeless. While no figures are available for the cost of providing crisis support to a family within the SAAP system, it is likely that it is substantially more than the cost of providing support to families before they become homeless. Apart from the immediate costs of service provision, there are substantial broader costs in terms of families' capacities being undermined in relation to parenting, social and economic participation.

The pilot outcomes point to the usefulness of expanding the program. A national program of services targeted to high-need areas could make substantial impact in reducing family homelessness. A national program should build from the service model already developed during the pilot phase and should utilise agencies that employ staff who can work effectively with families, with other agencies and with A&TSI communities. Priority should be given to agencies that are already working with families in an early intervention context.

7.4.2 Affordability and security of housing

The evaluation has identified affordability of housing as a key factor in risk of homelessness. The vast majority of families seen in the program who are housed in the private rental market are paying more than 30 per cent of their income in housing costs, with one third paying more than 40 per cent. These families will remain at high risk of homelessness unless their incomes rise or they can gain access to cheaper/public housing. Barriers to increasing income are considerable for these families—education levels are low, access to affordable child care is poor and employment opportunities that can lead to an increased income are few. The pilot shows that it is possible to help some families to overcome these barriers, but that this is likely to take long-term support and access to relevant services. The Hanover study found that families were willing to engage in study or training to increase their employment prospects, but they needed access to a more integrated employment, education and housing support system. (Kolar 2004:96).

More immediately, access to public or community housing has declined over recent decades. Waiting lists are long and families will generally not have priority until they become homeless. A&TSI families, who were more likely to be housed in public housing, were still at risk. While housing affordability was not as great a pressure, the lack of suitable housing to accommodate larger families placed them at risk of eviction from noise complaints and from rental fraud.

A national strategy is needed to expand affordable housing and to maintain existing tenancies. This is likely to need a range of approaches, including a review of rental assistance, incentives for the provision of low-cost housing, an expanded social housing program and a specific national housing strategy for A&TSI people.

7.4.3 Effective service delivery to A&TSI families to reduce risk of homelessness

The pilot had an unexpected outcome of reaching A&TSI families in a greater proportion than would be predicted from the sites' catchment areas or in usage of SAAP. This outcome has two implications: first, that A&TSI families are at high levels of risk in relation to homelessness; second, that despite the barriers, it is possible for some mainstream services to work effectively with A&TSI communities.

Risk of homelessness for A&TSI families appears to be linked to a range of factors that place A&TSI people at greater disadvantage than other Australians. However, two factors stood out as significant for A&TSI families in the pilot: eviction and family violence. This finding suggests that state and territory governments need to manage public housing tenancies more effectively to reduce the risk of eviction and reduce the impact of family violence. While the national Standing Committee on Indigenous Housing has attempted to set goals to improve infrastructure and housing and reduce homelessness, no state government has yet developed specific policies to provide more appropriate allocation of housing and to manage tenancies in a more culturally appropriate way. Two states, NSW and Victoria, have current projects that are exploring these issues. Nevertheless, with this pilot indicating that better tenancy management may have a direct link to reducing family homelessness among A&TSI people, it appears that a national approach is needed. A national strategy to expand and maintain access to affordable housing would include such approaches.

The pilot included one A&TSI-specific site and seven that were not specifically targeted. All auspice agencies were mainstream agencies, not traditionally well accessed by A&TSI people (although two of the agencies have other programs that are targeted to A&TSI people). The pilot demonstrated that it is possible for mainstream services to develop culturally competent practices so that they can work effectively with A&TSI people.

FaCS could use these findings to encourage other mainstream providers to examine their current ways of working so that A&TSI people have better access to appropriate services. This is particularly important in relation to programs that are early intervention or preventative in focus. A&TSI people are over-represented in crisis or tertiary services and under-represented in early intervention/prevention services. This is largely due to

the lack of culturally appropriate services available to A&TSI people. For other mainstream services to take up more culturally appropriate practices, FaCS may need to provide support and training, while also placing a formal expectation on services to address this issue as part of funding requirements. It also has implications for tender selection processes, which should include a requirement for capacity to work effectively with A&TSI communities.

7.4.4 Further research issues arising from the pilot

The evaluation has pointed to a range of follow-up research that would be useful to undertake if the program is expanded:

- a longitudinal study of families helped, looking at the sustainability of outcomes and circumstances that place families at further risk of or actually in homelessness
- a study of the costs of family homelessness and the savings involved in early intervention approaches, which could build on the Canadian and USA studies, but with a focus on family homelessness
- a study of the reasons for the low referral rates for A&TSI people into the program from Centrelink, whether that Centrelink is failing to identify and refer at-risk A&TSI families, or that A&TSI families do not take up referrals from Centrelink—both explanations have implications for Centrelink practice with A&TSI families.

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