Appendix A

The FHPP
Database Form

FHPP

FAMILY/CASE FORM

Family Homelessness Prevention Pilot

A Commonwealth Government Initiative to Prevent Family Homelessness

facs

AGENCY ID	CASE NO.	SUPPORT START DATE	SUPPORT END DATE
		20	20

1. REFERRAL SOURCE

Self	1
Family/friends	2
Centrelink (profiling)	3
Centrelink worker referral	4
Early childhood services	5
Family support services	6
School/other educational institution	7
Material aid/emergency relief	8
Counselling services (financial/relationship etc)	9
Child protection agency	10
Job network	11
Mental health services	12
Other health services	13
Legal unit (courts/police/detention centre etc)	14
Real estate agent/agency	15
Community housing/State Housing Authority	16
Other _____	88

2. PRIMARY FAMILY STRUCTURE

	Before support	After support
Couple family with children	1	
Couple only (no children)	2	
Sole-parent family	3	
Other _____	8	

3. NUMBER OF FAMILY MEMBERS

	Before support	After support
Cohabiting adults (18+)		
Other adults (18+) wanting to cohabit		
Cohabiting children (under 18)		
Other children (under 18) wanting to cohabit		

4. POSTCODE OF HOME ADDRESS

Before support	After support

5. LENGTH OF TIME AT THIS ADDRESS

If less than one month, write 00 months and 00 years

Before support		After support	
Months	Years	Months	Years

6. CURRENT DWELLING TYPE

	Before support	After support
House, terrace/townhouse, flat, unit, apartment	1	
Caravan/mobile home/cabin/houseboat	2	
Improvised home, tent, no dwelling (sleeping rough)	3	
Institutional/dormitory accommodation	4	
Other non-private dwelling	5	

7. NUMBER OF BEDROOMS

Before support	After support

8. HOUSING TENURE

	Before support	After support
Owned or being purchased	1	
Rented from private landlord or real estate agent	2	
Rented from Housing Authority	3	
Rented community housing	4	
Boarding with other family/individuals	5	
Being occupied rent free	6	
Other _____	8	

9. EXPECTED DURATION OF HOUSING

	Before support	After support
Crisis/temporary (under 3 months)	1	
Short term (3–6 months)	2	
Medium term (6–12 months)	3	
Long term (12 months or more)	4	

10. TIME SINCE LAST STABLE HOUSING

Currently in stable housing	1
Under one month	2
1–3 months	3
3–6 months	4
6–12 months	5
12 months or more	6

11. NUMBER OF MOVES WITHIN THE LAST 2 YEARS

Write 0 if none

12. REASONS FOR MOVING IN THE LAST TWO YEARS

Tick all that apply

Eviction	1
Family violence	2
Relationship breakdown	3
Discrimination / non-family harassment	4
Housing affordability issues	5
Lifestyle factors/choices	6
Health reasons	7
Release from institution	8

ADULTS INVOLVED IN THE CASE

Please enter details about all persons involved in the case who are aged 16 and over. The primary contact for the case should be listed as Person 1. If you cannot identify a single primary contact, please enter the oldest person in the primary family unit as Person 1. If there are more than four such persons within the family, please complete a Supplementary Person Form and attach it to this form.

	PERSON 1	PERSON 2	PERSON 3	PERSON 4
13. ALPHACODE	2nd & 3rd letters of first name; 1st, 2nd & last letters of surname; M/F for male or female	2nd & 3rd letters of first name; 1st, 2nd & last letters of surname; M/F for male or female	2nd & 3rd letters of first name; 1st, 2nd & last letters of surname; M/F for male or female	2nd & 3rd letters of first name; 1st, 2nd & last letters of surname; M/F for male or female
14. MONTH AND YEAR OF BIRTH	Month; Year	Month; Year	Month; Year	Month; Year
15. SEX	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2	Male 1 Female 2
16. RELATIONSHIP TO PERSON 1	NO ANSWER REQUIRED FOR PERSON 1	Spouse/partner 1 Child/step child/foster child 2 Sibling 3 Parent 4 Other relative 5 Other unrelated person 6	Spouse/partner 1 Child/step child/foster child 2 Sibling 3 Parent 4 Other relative 5 Other unrelated person 6	Spouse/partner 1 Child/step child/foster child 2 Sibling 3 Parent 4 Other relative 5 Other unrelated person 6
17. DOES THE PERSON IDENTIFY AS AN ABORIGINAL OR TORRES STRAIT ISLANDER?	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2	Yes 1 No 2
18. COUNTRY OF BIRTH	Australia 1 Other _____ 8	Australia 1 Other _____ 8	Australia 1 Other _____ 8	Australia 1 Other _____ 8
19. ENGLISH PROFICENCY	Speaks only English at home 1 *Speaks another language and:* English very well 2 English well 3 English not well 4 English not at all 5	Speaks only English at home 1 *Speaks another language and:* English very well 2 English well 3 English not well 4 English not at all 5	Speaks only English at home 1 *Speaks another language and:* English very well 2 English well 3 English not well 4 English not at all 5	Speaks only English at home 1 *Speaks another language and:* English very well 2 English well 3 English not well 4 English not at all 5
20. COHABITING WITH PERSON 1	NO ANSWER REQUIRED FOR PERSON 1	Before support / After support Yes 1 No 2 N/A—person deceased 3 N/A—Person 1 deceased 4	Before support / After support Yes 1 No 2 N/A—person deceased 3 N/A—Person 1 deceased 4	Before support / After support Yes 1 No 2 N/A—person deceased 3 N/A—Person 1 deceased 4

	PERSON 1	PERSON 2	PERSON 3	PERSON 4
21. HIGHEST COMPLETED LEVEL OF EDUCATION	Before support / After support Primary or less ☐ 5 ☐ Year 7–9 ☐ 6 ☐ Year 10 ☐ 7 ☐ Year 11–12 ☐ 2 ☐ Trade certificate/diploma ☐ 3 ☐ Undergraduate degree or higher ☐ 4 ☐	Before support / After support Primary or less ☐ 5 ☐ Year 7–9 ☐ 6 ☐ Year 10 ☐ 7 ☐ Year 11–12 ☐ 2 ☐ Trade certificate/diploma ☐ 3 ☐ Undergraduate degree or higher ☐ 4 ☐	Before support / After support Primary or less ☐ 5 ☐ Year 7–9 ☐ 6 ☐ Year 10 ☐ 7 ☐ Year 11–12 ☐ 2 ☐ Trade certificate/diploma ☐ 3 ☐ Undergraduate degree or higher ☐ 4 ☐	Before support / After support Primary or less ☐ 5 ☐ Year 7–9 ☐ 6 ☐ Year 10 ☐ 7 ☐ Year 11–12 ☐ 2 ☐ Trade certificate/diploma ☐ 3 ☐ Undergraduate degree or higher ☐ 4 ☐
22. CURRENT EDUCATIONAL PARTICIPATION	Before support / After support Studying full-time ☐ 1 ☐ Studying part-time ☐ 2 ☐ Not studying ☐ 3 ☐	Before support / After support Studying full-time ☐ 1 ☐ Studying part-time ☐ 2 ☐ Not studying ☐ 3 ☐	Before support / After support Studying full-time ☐ 1 ☐ Studying part-time ☐ 2 ☐ Not studying ☐ 3 ☐	Before support / After support Studying full-time ☐ 1 ☐ Studying part-time ☐ 2 ☐ Not studying ☐ 3 ☐
23. LABOUR FORCE STATUS	Before support / After support Employed full-time ☐ 1 ☐ Employed part-time/casual ☐ 2 ☐ Not employed—looking for work ☐ 3 ☐ Not employed—not looking for work ☐ 4 ☐	Before support / After support Employed full-time ☐ 1 ☐ Employed part-time/casual ☐ 2 ☐ Not employed—looking for work ☐ 3 ☐ Not employed—not looking for work ☐ 4 ☐	Before support / After support Employed full-time ☐ 1 ☐ Employed part-time/casual ☐ 2 ☐ Not employed—looking for work ☐ 3 ☐ Not employed—not looking for work ☐ 4 ☐	Before support / After support Employed full-time ☐ 1 ☐ Employed part-time/casual ☐ 2 ☐ Not employed—looking for work ☐ 3 ☐ Not employed—not looking for work ☐ 4 ☐
24. INCOME SOURCE *Tick all that apply*	Before support / After support No income ◯ 1 ◯ Registered/awaiting benefit ◯ 2 ◯ Newstart Allowance ◯ 3 ◯ Disability Support Pension ◯ 4 ◯ Parenting Payment ◯ 5 ◯ Other Centrelink payment ◯ 6 ◯ Maintenance/child support ◯ 7 ◯ Income from employment ◯ 8 ◯ Other ◯ 9 ◯	Before support / After support No income ◯ 1 ◯ Registered/awaiting benefit ◯ 2 ◯ Newstart Allowance ◯ 3 ◯ Disability Support Pension ◯ 4 ◯ Parenting Payment ◯ 5 ◯ Other Centrelink payment ◯ 6 ◯ Maintenance/child support ◯ 7 ◯ Income from employment ◯ 8 ◯ Other ◯ 9 ◯	Before support / After support No income ◯ 1 ◯ Registered/awaiting benefit ◯ 2 ◯ Newstart Allowance ◯ 3 ◯ Disability Support Pension ◯ 4 ◯ Parenting Payment ◯ 5 ◯ Other Centrelink payment ◯ 6 ◯ Maintenance/child support ◯ 7 ◯ Income from employment ◯ 8 ◯ Other ◯ 9 ◯	Before support / After support No income ◯ 1 ◯ Registered/awaiting benefit ◯ 2 ◯ Newstart Allowance ◯ 3 ◯ Disability Support Pension ◯ 4 ◯ Parenting Payment ◯ 5 ◯ Other Centrelink payment ◯ 6 ◯ Maintenance/child support ◯ 7 ◯ Income from employment ◯ 8 ◯ Other ◯ 9 ◯
25. EXPERIENCED HOMELESSNESS IN THE LAST 2 YEARS?	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2
26. DURATION OF MOST RECENT PERIOD OF HOMELESSNESS *If under 1 month, record 00 00* *If never been homeless, record 99 99*	☐☐ Months ☐☐ Years	☐☐ Months ☐☐ Years	☐☐ Months ☐☐ Years	☐☐ Months ☐☐ Years
27. PREVIOUSLY USED SAAP ASSISTANCE?	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2

CHILDREN INVOLVED IN THE CASE

Please enter details about all persons involved in the case who are aged under 16 years.

If there are more than four children within the family, please complete a Supplementary Child Form and attach it to this form.

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
28. AGE OF CHILD *Write 00 if child aged under 1 year*	☐☐	☐☐	☐☐	☐☐
29. SEX OF CHILD	Male ☐ 1 Female ☐ 2	Male ☐ 1 Female ☐ 2	Male ☐ 1 Female ☐ 2	Male ☐ 1 Female ☐ 2
30. COUNTRY OF BIRTH OF CHILD	Australia ☐ 1 Other ☐ 8 _____	Australia ☐ 1 Other ☐ 8 _____	Australia ☐ 1 Other ☐ 8 _____	Australia ☐ 1 Other ☐ 8 _____
31. PRIMARY RESIDENCE OF CHILD	Before support / After support With primary family ☐ 1 ☐ With other relatives ☐ 2 ☐ In foster care ☐ 3 ☐ Elsewhere ☐ 4 ☐	Before support / After support With primary family ☐ 1 ☐ With other relatives ☐ 2 ☐ In foster care ☐ 3 ☐ Elsewhere ☐ 4 ☐	Before support / After support With primary family ☐ 1 ☐ With other relatives ☐ 2 ☐ In foster care ☐ 3 ☐ Elsewhere ☐ 4 ☐	Before support / After support With primary family ☐ 1 ☐ With other relatives ☐ 2 ☐ In foster care ☐ 3 ☐ Elsewhere ☐ 4 ☐
32. CHILDCARE USED FOR THIS CHILD? *Tick all that apply.* *If no childcare used or needed, please leave question blank.*	Before support / After support Full time (day care) ◯ 1 ◯ Part time/Before school/After school ◯ 2 ◯ Occasional care ◯ 3 ◯ Formal childcare ◯ 4 ◯ Informal childcare ◯ 5 ◯ Childcare needed, but not available ◯ 0 ◯	Before support / After support Full time (day care) ◯ 1 ◯ Part time/Before school/After school ◯ 2 ◯ Occasional care ◯ 3 ◯ Formal childcare ◯ 4 ◯ Informal childcare ◯ 5 ◯ Childcare needed, but not available ◯ 0 ◯	Before support / After support Full time (day care) ◯ 1 ◯ Part time/Before school/After school ◯ 2 ◯ Occasional care ◯ 3 ◯ Formal childcare ◯ 4 ◯ Informal childcare ◯ 5 ◯ Childcare needed, but not available ◯ 0 ◯	Before support / After support Full time (day care) ◯ 1 ◯ Part time/Before school/After school ◯ 2 ◯ Occasional care ◯ 3 ◯ Formal childcare ◯ 4 ◯ Informal childcare ◯ 5 ◯ Childcare needed, but not available ◯ 0 ◯
33. DOES THE CHILD ATTEND SCHOOL ON A REGULAR BASIS?	Before support / After support Yes ☐ 1 ☐ No ☐ 2 ☐ Not applicable—child under 5 ☐ 3 ☐	Before support / After support Yes ☐ 1 ☐ No ☐ 2 ☐ Not applicable—child under 5 ☐ 3 ☐	Before support / After support Yes ☐ 1 ☐ No ☐ 2 ☐ Not applicable—child under 5 ☐ 3 ☐	Before support / After support Yes ☐ 1 ☐ No ☐ 2 ☐ Not applicable—child under 5 ☐ 3 ☐
34. NUMBER OF SCHOOLS CHILD HAS ATTENDED IN THE PAST 2 YEARS *Write 00 if none*	☐☐	☐☐	☐☐	☐☐
35. HAS THE CHILD BEEN THE SUBJECT OF PAST NOTIFICATION?	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2	Yes ☐ 1 No ☐ 2

36. HOUSING COSTS PER WEEK

Write 0 if none

Before support	After support
$ .00	$ .00

37. WEEKLY HOUSEHOLD INCOME FROM ALL SOURCES (AFTER TAX)

Write 0 if none

Before support	After support
$ .00	$ .00

38. CURRENT DEBT LEVEL

Write 0 if none

Before support	After support
$ .00	$ .00

39. DOES THE FAMILY HAVE SUFFICENT FUNDS FOR BOND/EMERGENCIES?

	Before support	After support
Yes	☐ 1	☐
No	☐ 2	☐

40. DIDTHE FAMILY EXPERIENCED HOMELESSNESS AT ANY TIME DURING THE SUPPORT PERIOD?

Yes ☐ 1
No ☐ 2

41. HOW LONG DID THE PERIOD OF HOMELESSNESS LAST?

Leave blank if family did not experience homelessness

Weeks	Months

42. WAS ANY FAMILY MEMBER PREGNANT DURING THE SUPPORT PERIOD?

Yes ☐ 1
No ☐ 2

43. TOTAL BROKERAGE FUNDS USED FOR CASE

Write 0 if none

$ .00

44. NUMBER OF CASE CONTACTS

Phone calls (to & on behalf of family)	Home visits	Office visits

45. ISSUES THAT HAVE AFFECTED THE MANAGEMENT OF THE CASE

Tick all that apply – may relate to any family member

Legal Issues

- AVO/Restraining/Intervention Order in place ◯ 1
- Current Family Court involvement ◯ 2
- Current other court involvement ◯ 3
- Current incarceration of family member ◯ 4
- Legal issues around immigration status ◯ 5

Child Protection issues

- Children currently removed from family ◯ 6
- Children previously removed from family ◯ 7
- Current child protection issues with a case plan in place ◯ 8
- Suspected child protection issues—not acknowledged/confirmed ◯ 9
- No extended family to assist re child protection issues ◯ 10
- Parent(s) were removed from family as children ◯ 11

Family conflict, violence & abuse

- Family conflict ◯ 12
- History of family violence ◯ 13
- Currently experiencing family violence (in last month) ◯ 14
- Family violence suspected—not acknowledged/confirmed ◯ 15
- History of child sexual abuse ◯ 16
- Child currently experiencing sexual abuse (in last month) ◯ 17
- Child sexual abuse suspected—not acknowledged/confirmed ◯ 18

Illness & disability

- Diagnosed mental illness—managed well ◯ 19
- Diagnosed mental illness—not well managed ◯ 20
- Suspected mental illness—not acknowledged/confirmed ◯ 21
- Risk assessment indicates present suicide risk ◯ 22
- Chronic physical illness impairing everyday functioning ◯ 23
- Physical disability impairing everyday functioning ◯ 24
- Intellectual disability impairing everyday functioning ◯ 25

Addictive behaviour

- Alcohol abuse impairing everyday functioning ◯ 26
- Illicit drug abuse impairing everyday functioning ◯ 27
- Legal substance abuse (glue/petrol) impairing everyday functioning ◯ 28
- Suspected substance abuse—not acknowledged/confirmed ◯ 29
- Gambling addiction ◯ 30

Living situation

- Sought emergency financial assistance in past 6 months ◯ 31
- Settlement in Australia within previous 2 years ◯ 32
- Experienced torture/trauma prior to settlement ◯ 33
- No easy telephone access ◯ 34
- No reasonable transportation to attend work ◯ 35
- No reasonable transportation to access services ◯ 36

Living skills

- Poor social skills ◯ 37
- Low literacy skills ◯ 38
- Lack of English language proficiency ◯ 39
- Few social support networks ◯ 40
- Poor budgeting skills ◯ 41

46. CASE PLAN GOALS

Tick one circle in each row

	Met fully	Met partially	Not met	Not applicable
Living situation				
Secure tenure arrangement	○	○	○	○
Safe, appropriate housing	○	○	○	○
Obtain affordable housing	○	○	○	○
Financial situation				
Resolve immediate financial crisis	○	○	○	○
Pay arrears	○	○	○	○
Access full social security entitlements	○	○	○	○
Develop budget/debt reduction plan	○	○	○	○
Achieve stable employment	○	○	○	○
Addictive behaviours				
Address/treat gambling addition	○	○	○	○
Address/treat drug/alcohol addition	○	○	○	○
Health circumstances				
Diagnosis confirmed	○	○	○	○
Treatment/management of illness in place	○	○	○	○
Engagement with specialist service	○	○	○	○
Inoculations for children are up-to-date	○	○	○	○
Family relationships				
Resolve/manage family conflict	○	○	○	○
Resolve/manage family violence	○	○	○	○
Effect change in family structure	○	○	○	○
Build contact between children & parent	○	○	○	○
Access to respite childcare	○	○	○	○
Access to child support payments	○	○	○	○
Participation in parenting programs	○	○	○	○
Personal skills				
Enrolment in education/training	○	○	○	○
Improve financial management skills	○	○	○	○
Improve general living skills	○	○	○	○
Community participation				
Develop/enhance support networks	○	○	○	○
Engagement with community organisations	○	○	○	○

47. OTHER SERVICES WITH WHICH THE FAMILY WAS INVOLVED DURING THE SUPPORT PERIOD

Tick all that apply – may relate to any family member

- Early childhood services ○ 1
- Youth services ○ 2
- Child welfare services ○ 3
- Centrelink ○ 4
- JPET/Job network/employment services ○ 5
- Financial management services ○ 6
- Housing/Tenancy advocacy services ○ 7
- Legal services ○ 8
- Mental health services ○ 9
- Other health services ○ 10
- Mediation/Counselling services ○ 11
- Community/family support services ○ 12
- Family violence services ○ 13
- General welfare services ○ 14
- Other _____ ○ 88

48. SERVICE ACTIVTIES PROVIDED

Tick all that apply

Information, advice and referral

- Information, advice and referral ○ 1

Individual and family support

- Individual advocacy ○ 2
- Counselling ○ 3
- Needs assessment and management of case/service plans ○ 4
- Development of family/household management skills ○ 5
- Mutual support and self-help ○ 6

Independent and community living support

- Social and personal development ○ 7
- Recreational/leisure activities ○ 8
- Independent and community living skills development ○ 9
- Drop-in social support ○ 10

Domiciliary support

- Social support, escorting, visiting and personal transport ○ 11

Employment, job placement and support

- Job search skills development ○ 12

Financial and material assistance

- Financial relief ○ 13
- Emergency financial assistance for accommodation ○ 14
- Material assistance ○ 15

Residential care and accommodation support

- Accommodation placement and support ○ 16

Policy, community and service development and support

- Community development and support ○ 17
- Cultural group development ○ 18
- Other _____ ○ 88

49. REASON FOR ENDING SUPPORT / CASE CLOSURE

- Issues resolved—mutual agreement ☐ 1
- Client requested closure (support no longer required) ☐ 2
- Client requested closure (unable to attend) ☐ 3
- Client terminated support ☐ 4
- Service terminated support (client difficulties) ☐ 5
- Service terminated support (unable to assist further) ☐ 6
- Service terminated support (other reason) ☐ 7
- Exceeded 30 days of no contact ☐ 8
- Client referred to other organisation ☐ 9
- Other _____ ☐ 88

50. ASSESSMENT OF THE OVERALL CHANGE IN THE FAMILY'S SITUATION AT THE END OF THE SUPPORT PERIOD

- Improved substantially ☐ 1
- Improved somewhat ☐ 2
- Remained the same ☐ 3
- Worsened somewhat ☐ 4
- Worsened substantially ☐ 5

Appendix B

The FHPP
Evaluation Survey
Exit Form

RPR CONSULTING

Service Evaluation

CLIENT EXIT SURVEY

RPR Consulting has been asked to evaluate this service, which is funded by the Commonwealth Department of Family and Community Services. You may have filled in a survey like this one when you first came to this service. This final survey will be used to see if things have changed for you since then.

Your help in this survey is voluntary and the answers you give are confidential. No information will be released that will identify you or your family.

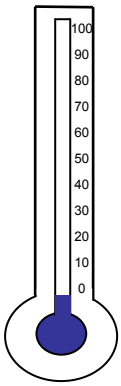
In most cases you just need to tick a box or circle a number. If you make a mistake, please cross out the wrong number and circle a new one like this:

A lot	*A little bit*	*Not much*	*Not at all*
1	~~2~~	3	4

Don't forget, if you fill in this form, you will be paid $20. Thank you for your help.

ABOUT YOU

1. Thinking about your life in general, where would you place yourself on the 'feeling thermometer' below?



Put a line straight across the thermometer at the point which describes how you feel about your life.

If you feel your life is great, you'd put yourself close to boiling (100 degrees).

If you feel your life is miserable, you'd put yourself close to freezing (zero degrees).

IF YOU PUT YOURSELF AT ZERO, GO TO Q3

2. What are 3 good things in your life that help explain why you didn't put yourself at zero?

1 : _____

2 : _____

3 : _____

IF YOU PUT YOURSELF AT 100, GO TO Q4

3. What are 3 not-so-good things in your life that help explain why you didn't put yourself at 100?

1 : _____

2 : _____

3 : _____

4. When you first came to this agency, you had the following three important goals. How much do you think you have achieved these goals?

		Not at all	*Not much*	*A little*	*A lot*	*Totally*
1	_____	1	2	3	4	5
2	_____	1	2	3	4	5
3	_____	1	2	3	4	5

5. If you had a serious problem now, who would you turn to <u>first</u> for help?

- Partner ☐ 1
- Mother or father ☐ 2
- Brother or sister ☐ 3
- Other family member ☐ 4
- Case worker at this service ☐ 5
- Friends ☐ 6
- Other _____ ☐ 7

OFFICE USE ONLY AGENCY ID ☐ CASE No. ☐ SUPPORT START DATE ☐☐ ☐☐ 20☐☐

ABOUT YOUR FAMILY

6. How would you describe your family?

(Tick the box that best applies)

- Original family (i.e. children with both biological or adoptive parents) ☐ 1
- Step or blended family (i.e. step relationships exist within the family) ☐ 2
- Sole parent family ☐ 3
- Extended family (please describe): ☐ 4

_____

_____

- Other (please describe): ☐ 5

_____

7. Which of the following best describes your family's money situation?

(Tick the box that best applies)

- We are spending more money than we get ☐ 1
- We have just enough money to get us through to the next pay day ☐ 2
- There's some money left over each week (after food and bills) but we just spend it ☐ 3
- We can save a bit every now and again ☐ 4
- We can save a lot ☐ 5

8. Have any of the following events happened in your family during the past 12 months?

Note: a "close family member" is a relative that you live with or have frequent contact with.

	YES	NO
A close family member had a serious medical problem (illness or accident) and was in hospital	☐	☐
A close family member was badly hurt or sick (but was not in hospital)	☐	☐
A close family member was arrested or in jail	☐	☐
Our child/children were involved in or upset by family arguments	☐	☐
A parent in the family lost his/her job or was unemployed	☐	☐
A close family member had an alcohol or drug problem	☐	☐
Our family had serious financial problems	☐	☐
A close family member has a physical handicap	☐	☐
A close family member died	☐	☐
A close family member was violent toward another family member	☐	☐
Parents (adults) in the family separated or divorced	☐	☐
We have been very crowded where we live	☐	☐
Other (please specify):	☐	☐

_____

9. Please read the statements below, and tell us to what degree each statement describes your family. Is the statement ***Totally false***, ***Mostly false***, ***Mostly true*** or ***Totally true*** in your family?

(Circle one number only in each row)

In our family ...	*Totally false*	*Mostly false*	*Mostly true*	*Totally true*	*Not applicable*
Trouble results from mistakes we make	0	1	2	3	9
It is not wise to plan ahead and hope, because things don't turn out anyway	0	1	2	3	9
Our work and effort are not appreciated, no matter how hard we try and work	0	1	2	3	9
In the long run, the bad things that happen to us are balanced by the good things that happen	0	1	2	3	9
We have a sense of being strong even when we face big problems	0	1	2	3	9
Many times I feel I can trust that, even in difficult times, things will work out	0	1	2	3	9
While we don't always agree, we can count on each other to stand by us in times of need	0	1	2	3	9
We don't feel we can survive if another problem hits us	0	1	2	3	9
We believe that things will work out for the better if we work together as a family	0	1	2	3	9
Life seems dull and meaningless	0	1	2	3	9
We strive together and help each other, no matter what	0	1	2	3	9
When our family plans activities, we try new and exciting things	0	1	2	3	9
We listen to each other's problems, hurts and fears	0	1	2	3	9
We tend to do the same things over and over … it's boring	0	1	2	3	9
We seem to encourage each other to try new things and experiences	0	1	2	3	9
It's better to stay at home than to go out and do things with others	0	1	2	3	9
Being active and learning new things is encouraged	0	1	2	3	9
We work together to solve problems	0	1	2	3	9
Most of the unhappy things that happen are due to bad luck	0	1	2	3	9
We realise our lives are controlled by accidents and luck	0	1	2	3	9

ABOUT YOUR NEIGHBOURHOOD

10. Have you attended a local community event in the past 6 months (e.g. a fete, school concert, sports game etc.)?

None	*Yes, one*	*Yes, two*	*Yes, three or more*
0	1	2	3

11. Do you know anyone in your neighbourhood well enough to do any of the following?

	YES	NO
Have your child/children minded for an hour in an emergency	☐	☐
Have your child/children minded regularly	☐	☐
Borrow $10 until you go to the bank	☐	☐
Borrow $50 until you can pay them back	☐	☐
Borrow something else (other than money)	☐	☐
Help you move house	☐	☐
Help you out if you're ill	☐	☐
Have a talk with you if you're feeling down	☐	☐
Act as a personal reference for you if you apply for a job, bank loan or rental housing	☐	☐

12. In the past 6 months, have you ever done any of the following for someone in your neighbourhood?

(Tick one box only in each row)

	YES	NO	Haven't been asked to
Minded your neighbour's child/children for an hour or so in an emergency	☐	☐	☐
Minded your neighbour's child/children regularly	☐	☐	☐
Lent your neighbour some money for a short time	☐	☐	☐
Lent your neighbour something else (other than money)	☐	☐	☐
Helped a neighbour move house	☐	☐	☐
Helped out a neighbour when they were ill	☐	☐	☐
Had a talk with your neighbour when they were feeling down or needed a talk	☐	☐	☐
Acted as a personal reference for your neighbour when they had applied for a job, bank loan or rental housing	☐	☐	☐

ABOUT HOW YOU'RE DOING

13. In general, how would you describe your health?

Excellent	*Very good*	*Good*	*Fair*	*Poor*
1	2	3	4	5

14. Have you recently…?

(Circle one number only in each row)

	Never	*Rarely*	*Sometimes*	*Mostly*	*Always*
been able to concentrate on whatever you're doing	1	2	3	4	5
lost much sleep over worry	1	2	3	4	5
felt that you are playing a useful part in things	1	2	3	4	5
felt capable of making decisions about things	1	2	3	4	5
felt under strain all the time	1	2	3	4	5
felt you couldn't overcome your problems	1	2	3	4	5
been able to enjoy your normal day-to-day activities	1	2	3	4	5
been able to face up to your problems	1	2	3	4	5
been feeling unhappy and depressed	1	2	3	4	5
been losing confidence in yourself	1	2	3	4	5
been thinking of yourself as a worthless person	1	2	3	4	5
been feeling reasonably happy, all things considered	1	2	3	4	5

15. Please tell us how strongly you agree or disagree with the following statements about yourself?

(Circle one number only in each row)

	Strongly agree	*Agree*	*Not sure*	*Disagree*	*Strongly disagree*
I have control over the things that happen to me	1	2	3	4	5
There is really no way I can solve some of the problems I have	1	2	3	4	5
There are things I can do to change many of the important things in my life	1	2	3	4	5
I often feel helpless in dealing with the problems of life	1	2	3	4	5
Sometimes I feel that I'm being pushed around in life	1	2	3	4	5
What happens to me in the future mostly depends on me	1	2	3	4	5
I can do just about anything I really set my mind to	1	2	3	4	5

ABOUT THE SERVICE YOU RECEIVED

16. How satisfied were you with...?

(Circle one number only in each row)

	Very satisfied	*Satisfied*	*Not sure*	*Not very satisfied*	*Not at all satisfied*
your relationship with your caseworker	1	2	3	4	5
how much your caseworker took your views into account	1	2	3	4	5
the way you were treated by staff at this service	1	2	3	4	5
the information you were given	1	2	3	4	5
how quickly your case worker responded to your needs	1	2	3	4	5
how easy it was to get to the service	1	2	3	4	5

17. How do you feel about the amount of contact you had with your caseworker?

Way too much	*A little too much*	*About right*	*Not quite enough*	*Not nearly enough*
1	2	3	4	5

18. How much do you agree with the following statements?

(Circle one number only in each row)

Because of receiving help from this service...	*Strongly agree*	*Agree*	*Not sure*	*Disagree*	*Strongly disagree*
my family is better able to manage our finances and pay our bills	1	2	3	4	5
I feel more positive about my future	1	2	3	4	5
I feel better about my family's future	1	2	3	4	5
I am more interested in life generally	1	2	3	4	5
I know how to get help if I need it	1	2	3	4	5
I'm more confident in dealing with people	1	2	3	4	5
my social life has improved	1	2	3	4	5
I can deal with my problems better	1	2	3	4	5
there is less conflict in my family	1	2	3	4	5

19. Since you first got assistance from this service, how have the following changed, if at all?

(Circle one number only in each row)

	Much better	*Better*	*Stayed the same*	*Worse*	*Much worse*
Your family's housing/ accommodation arrangement	1	2	3	4	5
Your family's financial situation	1	2	3	4	5
Your family's overall health	1	2	3	4	5
How members of your family get on with each other	1	2	3	4	5
The skills you and your family have	1	2	3	4	5
Your family's relationships with other people	1	2	3	4	5

20. How much do you think THIS SERVICE brought about these changes?

A lot	*A little bit*	*Not much*	*Not at all*
1	2	3	4

21. Would you recommend this service to other people?

Yes ☐ 1
No ☐ 2

22. Do you have any other comments about your experience at this service?

_____
_____
_____
_____
_____
_____
_____
_____
_____

THANKS FOR COMPLETING THIS SURVEY.

PLEASE RETURN THE SURVEY TO YOUR CASEWORKER IN THE REPLY-PAID ENVELOPE THAT WAS GIVEN TO YOU.

IF YOU CAN'T RETURN THIS TO YOUR CASEWORKER, PLEASE WRITE YOUR NAME AND ADDRESS ON THE BACK OF THE ENVELOPE, SO THAT WE CAN SEND YOU YOUR $20 PAYMENT, AND POST THE FORM (NO STAMP REQUIRED) TO:

RPR CONSULTING
REPLY PAID 254
LYNEHAM ACT 2602