



# Family Makeover Project Report

Submitted to

Australian Department of Family and Community  
Services

Submitted by

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Disclaimer: The opinions, findings and proposals contained in this report represent the views of the author and do not necessarily represent the attitudes of the Australian or NSW Governments.

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Key Stakeholders participating in the Family Makeover Project including clients and staff of the Noreen Towers Community, staff of Wesley Dalmar, the staff and volunteers of the community services and organisations who supported the clients of the Family Makeover Program.

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## Definitions

### **Family Makeover Project (FMP)**

The Family Makeover Project (FMP) was developed to support families with children who have experienced homelessness or have little support in accessing accommodation, employment, and training in South Western Sydney to enable their effective integration back into their community through the establishing of supporting links, maintaining their independent living and parenting skills.

### **Noreen Towers Community**

The Noreen Towers Community is a Supported Accommodation Assistance Program (SAAP) located in Ashcroft in south western Sydney. The accommodation consists of Self Contained Units, Community Centre and yard and play area. The Housing Department facility is managed by Wesley Dalmar and is known as the Noreen Towers Community.

### **Homelessness**

The National Homelessness Strategy acknowledges the homelessness population is a diverse group. It includes every age group, from families with children to young people separated from their families, working age people and the elderly. While concentrations occur in large urban areas, homelessness occurs in country towns and remote areas also.

### **Personal Futures Plan**

This is a client plan prepared with the Family Support Worker based on goal setting and multisystemic interventions. Each member of the client family makes a Personal Futures plan.

### **Family Capacity**

Family Capacity is defined as improvement in the ability to live independently in the community including being housed, participating in employment and training, attending school, parenting effectively and participating in social networks.

### **The Tenants' Group**

The Group is a forum for current tenants to identify and resolve issues they face as they live in the Noreen Towers Community. The group has been facilitated by Jon Graham Consulting to create a sustainable structure and process and to skill tenants in dealing with conflict.

## 1. Executive Summary

This review of the Family Makeover Project provides a clear indication that strategic and systemic approaches to building individual and family capability can assist families experiencing homelessness to turn their lives around and become independent and contributing members of the community.

Using the community based SAAP at Noreen Towers Community, the Family Makeover Project demonstrated that addressing clients' need for safety and security, working with families in envisioning a different future and supporting the steps needed to enact that future in practical ways can *strengthen families experiencing homelessness, and assist their transition to secure housing and engagement with accommodation, employment, school and community services.*<sup>1</sup>

The key elements that make this model successful are:

- Safe and supported environment for families and individuals
- Objective assessment of client readiness to participate in the change process
- Systemic approach to client families and the interactions between families
- Non judgemental and supportive team based staff facilitation processes maintaining client ownership of their Personal Futures Plans
- Staff capability in the areas of pre-vocational and pre-employment counselling as well as family and individual counselling and support
- Strategic, affirming and consistent results focus from Workers
- Responsive program and individual interventions based on client aspirations and needs
- Empowerment of client through the Tenants' Group

The experience of clients in the Family Makeover Project demonstrates that it assisted the clients to move from Supported Accommodation and Assistance Programs and build the capability to access and maintain independent housing. For a significant number of clients it also facilitated their entry or re-entry into employment.

The emphasis on wellbeing and learning in the Family Makeover Project has enabled clients to see that they can make changes and grow and develop as resilient and competent adults.

Families in the program were supported in increasing the engagement of students at school, developing effective parenting skills, joining with other parents in cooperative social and childcare arrangements.

The implementation of this Pilot Project has resulted in the articulation of a four stage model (described in Section 7.1). Clients progressed through the stages of the model in a non linear way (as described in Section 10.1). The positive outcomes achieved across the diverse range of clients; transition of all clients to independent accommodation, many to employment; and the fact that all those interviewed acknowledged the improvements in family life and resilience, suggest that the model is robust and effective in delivering the desired outcomes.

The key findings and Learning of the Pilot informed the development of the best practice model and were integrated into the operation of the Family Makeover Project as it progressed. They are summarised overpage.

The Family Makeover Project is a cost effective enhancement to SAAP which can result in the prevention of further homelessness and the movement of clients from social security support to employment. In strengthening families and increasing student engagement at school it provides long term protection against unemployment and homelessness.

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<sup>1</sup> Family Makeover Project Specifications

## Key Findings and Learning

<p><b>Key Findings 1</b> Assessment of potential clients needed to take account of each child's needs and the compatibility of needs of families within the Project.</p>	<p><b>Key Learning 1</b> The Assessment Process for families participating in the FMP needs to include:</p> <ul style="list-style-type: none"> <li>• Completion of the Assessment form</li> <li>• A structured assessment of the behavioural and learning needs of each child.</li> <li>• Consideration of the possible interaction of the children and family with other children in the FMP</li> <li>• Awareness of the number of children with high behavioural needs in the Community at any one time.</li> </ul>
<p><b>Key Findings 2</b> Experience of Domestic Violence correlated with low client confidence in undertaking program and group activities. It affected a majority of female clients and some male clients.</p>	<p><b>Key Learning 2</b> Experience of Domestic Violence should be evaluated carefully in the Assessment Process. In designing project activities it is necessary to begin with activities that will be non-threatening, increase well being and build self esteem. Some clients will need extensive individual experiences before they can engage in group processes.</p>
<p><b>Key Findings 3</b> Most clients have low levels of schooling or negative experiences of school and will not approach group based activities without high levels of support and a well planned set of entry experiences.</p>	<p><b>Key Learning 3</b> A flexible and responsive design for the learning framework of the FMP is essential.</p>
<p><b>Key Findings 4</b> In many cases safety, well being, health and parenting issues were overwhelming for clients. In most cases these needed to be addressed prior to discussions of vocational readiness.</p> <p>Clients frequently held misconceptions about work, income and Centrelink benefit requirements. A major factor in readiness to consider employment options was gaining an understanding of the Centrelink requirements.</p>	<p><b>Key Learning 4</b> Assessing vocational aspirations and readiness cannot be addressed until clients are settled into the Community and have addressed safety and self esteem issues and any pressing parenting concerns.</p> <p>Many clients require assistance in understanding the Centrelink provisions.</p> <p>Intensive support for clients ready to seek employment can be critical to breaking the cycle of powerlessness and homelessness.</p>
<p><b>Key Findings 5</b> Workers found that many clients needed assistance in ensuring that children attended school. Workers identified improvements in children's behaviour and levels of optimism and more effective communication between parents and children.</p> <p>The celebration of children's participation in enrichment activities provided a focus in strengthening the family's sense of themselves as an active unit.</p>	<p><b>Key Learning 5</b> Providing support for the schooling and enrichment learning needs of children impacts on their sense of safety and wellbeing, develops optimism in the family unit and encourages parents to believe that change is possible and have confidence to address their own learning needs.</p>
<p><b>Key Findings 6</b> When interviewed clients indicated that nine months was a short time in which to achieve significant change.</p>	<p><b>Key Learning 6</b> The outcomes of the program are assisted by an arbitrary program length of nine months. This provides a focus on making changes and avoiding dependence on the FMP or the Noreen Towers Community.</p>
<p><b>Key Findings 7</b> Pre-existing conditions such as substance abuse, perpetrating domestic violence and criminal activity jeopardise client success in the program and the safety of other clients.</p>	<p><b>Key Learning 7</b> Screening for criminal behaviour such as theft or drug sales, violence and anger management issues, substance abuse and extreme lack of parental supervision of children should be part of the Assessment Process.</p>

<p><b>Key Findings 8</b> Families had similar experiences in the FMP despite very diverse circumstances and capabilities.</p>	<p><b>Key Learning 8</b> The experiences of clients interviewed validate the use of the two assumptions underlying the Family Makeover Program Model. These assumptions are that:</p> <ol style="list-style-type: none"> <li>1. Deficit needs must be addressed in order for significant change to occur in the family's long term prospects.</li> <li>2. Very disadvantaged families will need individualised, supported and multisystemic assistance to enable their engagement in community life.</li> </ol>
<p><b>Key Findings 9</b> Clients experiencing homelessness need considerable individual support in developing their living skills, parenting and relational skills and addressing individual issues which are barriers to change and personal growth. Dealing with these issues is a prerequisite to vocational preparation in most cases.</p>	<p><b>Key Learning 9</b> The Family Makeover Model is effective in building family capacity in families experiencing homelessness, and assisting their transition to secure housing and engagement with employment, school and community services.</p>
<p><b>Key Findings 10</b> The Tenants' Group process supported by skills development in Conflict Resolution and Negotiation provides the opportunity for clients to develop a range of interpersonal competencies and confidence in their capacity to make decisions and implement change. Leadership in the group emerged as an important issue and the facilitation of a client leader who had gained considerable skills meant that she was able to chair the meetings and manage the group. Ten weeks is too long for many clients to maintain their motivation. Irregular attendance proved to be a major issue for the program, reasons for non attendance include the alliances formed between clients, withdrawal from perceived conflict and less relevance to clients' immediate needs depending on their individual circumstances. The later may have been a reason for the low participation of refugee clients. Refugee and NESB clients may need additional support to engage in the process.</p>	<p><b>Key Learning 10</b> The skills component of the Tenants' Group should be reduced to five weeks duration to maintain the motivation and participation of the clients. The leadership needs of the groups should be considered and succession plans implemented to ensure clients are ready to move into the Chair role as other clients leave the program, The allocation of a budget to the group increased the impact of their learning. Consideration needs to be given to ways of supporting refugee and NESB clients in the Group</p>
<p><b>Key Finding 11</b> The development of a network of community based resources provided workers with the possibility of referring clients to agencies where an ongoing relationship was established and where the transition to independent accommodation was supported.</p>	<p><b>Key Learning 11</b> The service referral network is an essential and valuable social resource and needs to be systematically sustained over time. Short term funding arrangements do not facilitate the sustainability of the network.</p>
<p><b>Key Findings 12</b> The role of Coordinator has called for with a broad professional background including knowledge of family issues, domestic violence, drug and alcohol counselling and work preparation, job search and Centrelink processes.</p>	<p><b>Key Learning 12</b> Team capability is essential to program success. It needs to include: background or preparation in vocational and pre employment counselling.</p>
<p><b>Key Findings 13</b> Initially the Assessment process relied very heavily on the self reporting of clients. Experience once clients were in residence showed this to be inadequate. Clients did not identify significant substance abuse issues, criminal activity or domestic violence. This led to some clients leaving the program due to conflicts with the Noreen Towers Community rules. Poor decisions on client suitability for the program resulted in some Worker time being spent on crisis interventions and risk management with a few clients rather than project interventions.</p>	<p><b>Key Learning 13</b> Clients will not disclose information which prejudices their entry into the Project. An effective assessment process is critical to the success of the project. Evidence of rehabilitation status in regard to substance abuse history needs to be objectively verified.</p>

<p><b>Key Findings 14</b> The critical elements in developing the Family Makeover Project have been to ensure:</p> <ul style="list-style-type: none"><li>▪ Accurate assessment of the client and families suitability for inclusion in the FMP</li><li>▪ Trust between the client and the workers to enable an honest reflection on needs of the clients and their family.</li><li>▪ The client takes charge of the Personal Futures Plan supported by the Workers' facilitation of proposed interventions, guidance in goal development and monitoring of progress.</li></ul>	<p><b>Key Learning 14</b> Case Management must be seen systemically, looking at the family as a system with individual and group needs and looking at the community as a system required to balance the needs of all families.</p>
<p><b>Key Findings 15</b> In addition to seeing the families as part of the Noreen Towers Community it also became evident that Noreen Towers Community was part of the local Ashcroft community and that links needed to be forged with that community.</p>	<p><b>Key Learning 15</b> Noreen Towers Community sits within the broader community and mutual benefits are through the building of relationships with neighbours and young people in the area.</p>

## 2. Purpose of the Report

Funding for the Family Makeover Project Action Research Report is located under the National Homelessness Strategy (NHS): Demonstration Projects 2004-2005 within the Australian Department of Family and Community Services.

Cookson Cummins and Associates Pty Ltd was engaged to compile the research report and provide an evaluation of the project.

The purpose of this Report is to:

- Identify the key elements of the Family Makeover Project which facilitate client families overcoming homelessness;
- Describe the model used and its theoretical underpinnings.

### **3. Sources of Information on which the Report is Based**

- The Family Makeover Project Strategic Planning Documentation
- Interviews with program staff
- Interviews with project clients in residence at Noreen Towers Community
- Research into the Model
- Workshops with senior project staff
- *Development of a Tenants' Group and Conflict Resolution and Negotiation Skills for the Noreen Towers Community*  
Dr Bronwyn Hughes Hughes Research and Evaluation Services

## **4. Family Makeover Project**

The Family Makeover Project (FMP) was developed to support families with children who have experienced homelessness or have little support in accessing accommodation, employment and training in South Western Sydney. It aims to enable their effective integration back into their community through the establishing of supporting links, maintaining their independent living and parenting skills.

The FMP provides a service to the clients of the Noreen Towers Community, a Supported Accommodation Assistance Program managed by Wesley Dalmar.

## 5. National Homelessness Strategy and Family Makeover Project

The National Homelessness Strategy coordinates the Australian Government's response to homelessness. The National Homelessness Strategy has four themes:

- Working Together
- Prevention
- Early Intervention
- Crisis Transition and Support

The Noreen Towers Community SAAP Project provides supported accommodation to homeless people with children for up to nine months. Funding support for this Project comes from the Commonwealth.

As a demonstration project under the National Homelessness Strategy, the Family Makeover Project has been funded to assist in identifying those activities that provide Early Intervention, Crisis Intervention, Transition and Support for homeless families. Successful participation in the Family Makeover Project prevents re-entry into Supported Accommodation and Assistance Programs.

The Family Makeover Project design arose from observations that small interventions based on family goal setting could have significant impacts on the long term outcomes for families. The project recognises that the long term outcomes for families are improved if personal resilience and self esteem are encouraged, parenting and life skills are supported and employment, vocational skills training and schooling opportunities are engaged. It is a program designed to assist families to transition from SAAP to independent living in the community.

The Family Makeover Project interventions reflect the emphasis of the National Homelessness Strategy goal of prevention through interventions designed to link people at risk of or experiencing homelessness with services that improve their capacity to provide for their families. The NHS also recognises the diversity of the homeless population and the need for a complex array of services and interventions.

*The Homeless People in SAAP: SAAP National Data Collection Annual Report 2003-4*<sup>2</sup> noted that 1 in every 130 people access a service for the homeless and 1 in 54 children accompany a parent requesting a service. It is parents with children who experience in longest stays in SAAP accommodation.<sup>3</sup> The Report also noted that in the areas of unmet need, significant numbers of children accompanying parents experienced unmet need in the areas of accommodation, specialist services, and general support and advocacy. <sup>4</sup>Counselling, childcare and school liaison were noted as areas of unmet need for children and women.

The Family Makeover Project provides a direct way to address these needs in a cost effective and highly targeted manner. Interventions which address the parenting, family relationships, schooling, employment and training and communication in homeless families provide an opportunity for these families to develop the capability to move *beyond* the SAAP system and live independently in the community.

Family Makeover Project provides a transition service, building on the Noreen Towers Community SAAP program it assists clients in developing the capability to transition to

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<sup>2</sup> Australian Institute of Health and Welfare 2004 Homeless People in SAAP: SAAP National Data Collection annual report 2003-2004 Australia. AIHW cat. No. HOU. 126 Canberra: AIHW (SAAP NDCA Report Series 9)

<sup>3</sup> Figure 6.2: Median length of accommodation for clients who were accommodated for at least 1 day, by client group, Australia, 2003-04 (days) . Homeless People in SAAP 2004

<sup>4</sup> Page 52 *Unmet Need* Homeless People in SAAP 2004.

independent living in the community. By doing this it moves beyond dealing with the outcome of homelessness, the need for accommodation and general support to looking diagnostically at each family and assisting them in taking the steps necessary to make lasting change that will promote their safety, wellbeing, capability and autonomy.

The benefit of this is evident in the short term movement of families from SAAP and also in the longer term engagement of the children in their schooling and future employment.

The Family Makeover Project Review seeks to address the research question:

*Does this model of intervention strengthen families experiencing homelessness, and assist their transition to secure housing and engagement with employment, school and community services?*

## 6. Family Makeover Project's Theoretical Base

The development of the FMP Model has been in response to the key questions facing homeless clients in the Noreen Towers Project. These questions are:

1. What immediate needs have to be addressed for you and your family to feel safe and secure? (Noreen Towers Community SAAP activity)
2. What model of intervention strengthens families experiencing homelessness, and assists their transition to community housing and engagement with employment, school and community services? (The Family Makeover Project)

The Family Makeover Project has drawn on the Self Actualising Theory of Abraham Maslow<sup>5</sup> and an adaptation of Multisystemic Therapy<sup>6</sup>, (used extensively with families of young offenders), to guide its design and implementation processes.

In addressing the key questions, two assumptions are made and these underpin the FMP Model.

1. Deficit needs must be addressed in order for significant change to occur in the family's long term prospects.
2. Very disadvantaged families will need individualised, supported and multisystemic assistance to enable their engagement in community life.

The first assumption regarding addressing deficit needs and stabilising the family derives from the self-actualising theory of Abraham Maslow. The second assumption regarding interventions building capability and engagement is based on an adaptation of Multisystemic Therapy (MST).

### 6.1 Self Actualising Theory

Maslow posited a hierarchy of needs and a sequence in which they must be addressed if the individual is to mature, become independent and in a small minority of cases, self-actualise. While this theory is subject to criticism on methodological grounds (small, non-random sample and narrative data analysis), it has been highly influential in developing approaches to building self esteem and life skills.

The theory suggests that human beings have needs that fall into five categories:

1. Physiological (meeting bodily needs)
2. Safety and Security (home job financial security)
3. Love and Belonging (intimate family relationships, community)
4. Esteem Needs (respect for others, status, self respect, competence, independence and freedom)
5. Self Actualisation (to be all that you can be)

The first four categories have been described as deficit needs, that is if a person does not have enough of something he/she feels the need for it as a deficit. When the need is addressed it no longer provides a motivation for the person and progression to addressing higher order needs is possible.

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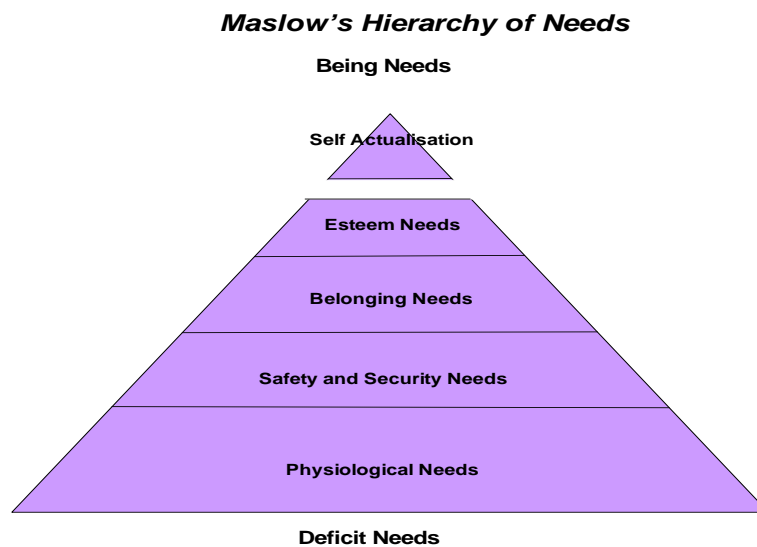
<sup>5</sup> <http://web.utk.edu/~gwynne/maslow.HTM>

<sup>6</sup> Henggeler Scott W. *Multisystemic Therapy: An Overview of Clinical Procedures, Outcomes and Policy Implications* Therapy Matters 1999

In applying Maslow's theory the Family Makeover Project model has given consideration to the pre-existing needs of clients in the Noreen Towers Community. Entry to the Noreen Towers Community, with the provision of secure and comfortable housing allows the client to meet the physiological, safety and security needs. It provides a supported community experience where belonging and engagement with others may develop.

Figure 6.1 describes Maslow's Hierarchy of Needs.

**Figure 6.1**



## 6.2 Multisystemic Therapy (MST)

MST's use with young offenders is well defined in the research literature and is succinctly described by Scott W. Henggeler<sup>7</sup>. MST uses multiple strategies selected with the client and directly related to the client's aspirations and needs. It views the family as a resource, engaging all family members in the interventions.

MST takes a multisystemic approach to intervention, tapping the resources of schools, church groups, community organisations, community based health and counselling providers and education and employment skills providers. It is strengths based with goals set by the family members and supported by the treatment team.

Services are provided in the neighbourhood and links that will continue in the post intervention period are established and supported. Intervention support includes a results focus with varying levels of support for engagement leading to client commitment and eventual autonomy.

In adapting MST for use in the Family Makeover Program the goal has shifted from the juvenile justice model of preventing young people from re-offending to strengthening the family's capacity. This capacity is defined as improvement in the ability to live independently in the community including being housed, participating in employment and training, attending school, parenting effectively and participating in social network.

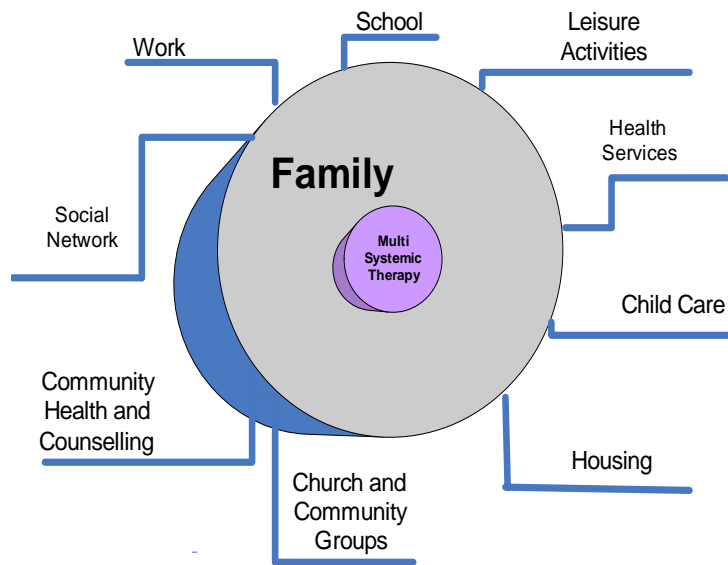
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<sup>7</sup> Scott W. Henggeler Multisystemic Therapy: An Overview of Clinical Procedures, Outcomes and Policy Implications  
*Therapy Matters* 2005

The development of the Tenants' Group is an important part of strengthening family capacity as it builds the capacity to deal with change and diversity and encourages ownership of problems and solutions.

Figure 6.2 describes the Multisystemic Theory Applied to Building Family Capacity.

**Figure 6.2 Multisystemic Theory Applied to Building Family Capacity**



## 7. The Family Makeover Project Model

The FMP Model is client focussed and designed to be responsive to individual and family needs. It recognises that individuals and families may need to take small steps towards engagement and that a range of issues need to be addressed.

Clients eligible for the Noreen Towers project present with complex individual and social needs. Their family units may not be intact through separation, death, displacement or child protection issues. They and their family may have experienced trauma, persistent disappointment and failure, health problems, low self esteem or have been the victims of domestic and random violence. This means that attention to personal development, practical health and life skills issues may be dominant concerns for some families. The Model assists clients to assess their needs and engage in goal setting, building capability and developing self-esteem. Personal Futures plans are developed in conjunction with the workers to assist clients in implementing their goals.

The model acknowledges that access to employment provides a family with ongoing capacity to live independently and to increase the opportunities and outcomes for children. For this reason the resourcing of the model has given priority to ensuring that the service team has the capability to facilitate life skills, prevocational and vocational training opportunities and access to employment entry programs.

This means that the team has to have access to a range of skills including:

- Pre Vocational and Vocational Training and Employment Access
- Family Preservation
- Personal Development and Life Skills
- Counselling
- Early Childhood Development Support
- Parenting Skills
- Nutrition and Health Skills
- Drug and Alcohol Awareness
- Anger Management and Communication Skills

The priorities of the FMP are to assist clients in achieving:

- Safety and Belonging
- Addressing Barriers to Change
- Engagement in Personal Development building Self Esteem and Optimism
- Improving Life Skills, Parenting Skills, Relationship Skills
- Engaging family members in Schooling, Vocational Training and Employment
- Moving to housing in the community

Clients in the program are catered for as individuals, family units and community citizens. The recognition of the interrelated needs of mothers and fathers with their partners and children, both in residence and not, is a key factor in addressing the security and safety and the belonging needs of clients. The collective needs addressed in the Tenants' Group encourage clients to consider their interdependence and learn to work together.

Each client starts at the point of their need and sets achievable goals for each family member. Staff support the family in implementing the goals and building confidence and competence. There is a recognition that for some families achievement of stated goals is a new phenomena so successes are discussed and celebrated. Creating an environment where change is seen to be possible and small successes are celebrated is critical to building confidence and resilience in clients.

## **7.1 Four Stages in the Family Makeover Project Model**

The model is based on a four stage strengths focussed approach. Allowance is made within the model for clients to meet barriers and need to move to earlier stages before progressing forward again.

### **7.1.1 Stage 1 Assessment and Settling In Period**

Client assessment process and settling in within the Noreen Towers Community including staff identification of the possible areas of Family Makeover Project interventions for the client family.

### **7.1.2 Stage 2 Developing Personal Futures Plans**

Client goal setting activities occur in conversation with the Family Support Workers. Workers support the client in exploring possible activities, encouraging the sharing of small practical goals and relating these to activities offered in the FMP including individual and group learning experiences, vocational access support, counselling and enrichment activities, parenting and life skills training. Clients record these conversations as their Personal Futures Plan. Where they have children they plan on their behalf for infants or with the child where possible.

Introduction to and participation in the Tenants' Group is encouraged, with skills training and reflection on experience an important step.

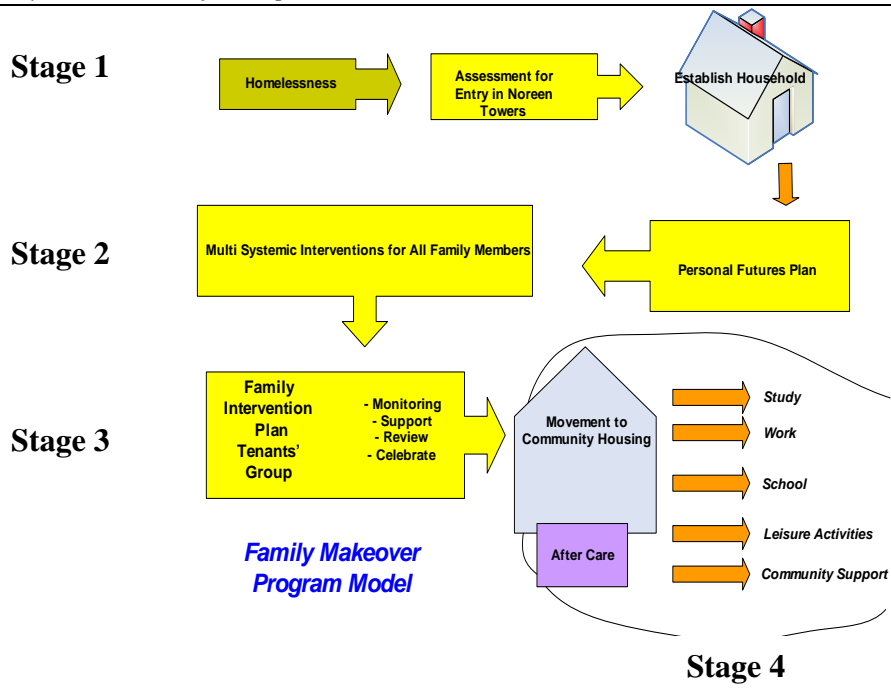
At this stage it is important to identify and address any barriers to change. These may be unresolved issues from the past such as debt, grief or domestic violence or chronic issues such as poor health or concern regarding ongoing relational or parenting issues.

### **7.1.3 Stage 3 Early Steps in Independence**

Workers support the client in trying classes, making and keeping plans, celebrating achievements. Assistance given with the practical demands of bus timetables, budgets and planning are gradually reduced as skills and confidence builds. Where appropriate Workers guide access to community based activities and networks. These can include community and church social groups, TAFE and Job Network courses, Vocational Accreditation and part time and full time employment. At this stage some clients are offering leadership to the Tenants' Group.

### **7.1.4 Stage 4 Independent Accommodation and After Care**

At this stage families manage the movement to secure accommodation in the community and access to mainstream community resources. After Care is provided to support transition to community support services.



## 8. Scope of the Project

The Family Makeover Project was funded under the National Homelessness (NHS): Demonstration Projects 2004-2005. The FMP was designed to service the clients of the Noreen Towers Community SAAP.

The objectives of the Program were:

1. The Family Makeover Project will support families with children who have experienced homelessness or have little support in accessing accommodation, employment, and training in the South Western Sydney to enable their effective integration back into their community through the establishment of supporting links, maintaining their independent living and parenting skills.
2. To evaluate the Family Makeover Model as an effective model in supporting families in housing stress assisting them to develop strategies in improving their access to accommodation, education, employment and training.

The program was to be staffed by a Community Worker (SACS Grade 3 Year 3 or 4) and a Child Focussed Worker. The Budget was \$200,000 for one year's operation.

The establishment costs included the provision of office accommodation for staff, 6 Networked computers for client use and 20 training modules for online training for clients.

The Program included the development of a Tenants' Group and a Mediation Skills course to enable clients to take ownership of problem solving within the Noreen Towers Community. This group was to provide a forum for current tenants to identify and resolve issues they face as they live in the Noreen Towers Community.

Jon Graham Consulting (JGC) was asked to identify the key competencies needed for members of the Tenants' Group in order to achieve the outcomes listed above.

The objectives of the Tenants' Group were to:

1. Improve the capacity to establish the Tenant Group's purpose
2. Exercise accountability for follow-through on group decisions
3. To use effective group process
4. Facilitate individual improvement in the competencies required for the formation and maintenance of the Tenants' Group
5. Build respect for the diversity within the community
6. Ensure the sustainability of the tenants group.

The implementation of the Tenants' Group was evaluated by Dr Bronwyn Hughes, her report: *Development of a Tenants' Group and Conflict Resolution and Negotiation Skills for the Noreen Towers Community* appears in Appendix E.

It was anticipated that 14 families would be involved in the Family Makeover Project by June 2005. Noreen Towers Community has averaged an occupancy rate of 13 families throughout the Project period.

## 9. Research Methodology

Resources were provided to implement an action research approach to evaluating the Family Makeover Project. The research methodology involved two strands:

1. The Family Makeover Project Review undertaken by Cookson Cummins and Associates Pty Ltd (CCA)
2. The Tenants' Group Implementation facilitated by Jon Graham Consulting Pty Ltd and evaluated by Hughes Consulting Research and Evaluation Services.

Cookson Cummins and Associates (CCA) were engaged to facilitate the research. This approach meant that Learning were fed back to program staff and variations and improvements implemented during the life of the project. This cycle of reflections, analysis, feedback and implementation has enabled the integration of change and continuous improvement.

In reviewing the effectiveness of the FMP consideration has been given to the objectives listed above, the aims of the National Homelessness Strategy and the capacity of this model to be implemented in other SAAP contexts.

The key research question addressed is:

*Does this model of intervention strengthen families experiencing homelessness, and assist their transition to secure housing and engagement with accommodation, employment, school and community services?*

Utilising an action research methodology workers in the program have collected performance data and client experience data as part of the program activity. The external researcher (CCA) interviewed the clients to develop the case studies, evaluated the client satisfaction with the interventions, reviewed the program performance data with program staff and prepared the report documentation.

Workshops were held with senior program staff to review the findings and raise issues for discussion in the report. These workshops also provided the link between the two strands of research methodology.

Jon Graham Consulting identified the competencies to be developed in order to support a sustainable Tenants' Group. These were:

- *Standing alone* – the capacity to stand up for something I believe is right, even if it's unpopular with the rest of the group.
- *Organising* – the capacity to set goals and organise people, materials & funding to make a project happen.
- *Listening* – engaging with others even if they are saying something I strongly disagree with
- *Managing diversity* – the capacities to treat people equally, even when they look, act or speak differently than me.
- *Conflict management*- the capacity to find common ground and gain cooperation.
- *Approachability* – the capacity to help others feel at ease and to feel comfortable about letting others know what I'm thinking and feeling.
- *Negotiation* – the capacity to create "win/win" situations where everyone goes away with exactly what they want.

### **Mediation/Conflict Resolution Skills Training**

Jon Graham Consulting would provided a total of 30 hours of mediation skills training for group members in order to develop or enhance their capacities in each of the seven competencies listed above.

**Evaluation**

Jon Graham Consulting provided independent evaluation of the mediation skills program in order to establish the extent to which this training had succeeded in equipping members of the Tenants' Group with the skills needed to achieve their objectives. A mix of methodologies was used in the evaluation process including individual self-assessment and participant observation of group dynamics.

Hughes Research and Evaluation provided an external evaluation of the implementation of the Tenants' Group and made recommendations for its future development.

## 10. Key Findings and Learning

The Key Findings of the Report are detailed under the following headings:

### 10.1 Clients Profiles and FMP Program Development

This section identifies the profile of clients including age, educational background, family structure and risk factors for homelessness. It reviews the Findings and Learning from the first client groups and notes the changes to the Family Makeover Project during the initial months.

### 10.2 Project Activity

This section describes the settling in process, engagement of clients in program activity and the development of the Personal Futures Plans. It discusses the importance of identifying and addressing barriers to change. It shows the diversity of client activities and support needs and identifies client outcomes from the project. It points to the common pathway described in the next section.

### 10.3 Common Pathway through the FMP

This section identifies the steps taken by most clients in the Project and discusses the FMP's Learning from these experiences. It notes the critical points where clients may experience barriers to change, the intervention strategies facilitated by the workers and the importance of client willingness as a determinant of success.

### 10.4 The Tenants' Group

### 10.5 Organisational Capability

This section describes the organisational capability that is required to deliver the program. It notes the need for a senior Coordinator with broad professional experience and the importance of a multi skilled team based approach.

### 10.6 Successes and Challenges

This section summarises the successes and challenges of the FMP and identifies key issues for replication of the project.

## 10.1 Client Profiles and FMP Development

Clients accessing the Family Makeover Project are diverse in background, risk factors for homelessness, educational level, age and family structure. The FMP client group was comprised of twenty two mothers, eight fathers and thirty four children. Appendix A details the Clients Surveyed, Client Ages and Family Patterns, Educational History and Reported Risk Factors upon entry to the FMP.

### 10.1.1 Family Structures

The most common family type was that of a single mother with one to three children (15 families), of these six mothers had one child, five mothers had two children and three mothers had three children. There were seven "nuclear" families (i.e. mother, father and children) in the program and one single father.

#### Case Study

**Kerry, a single mother with a 2 1/2 year old child resident with the father sought support to gain custody. Workers assisted Kerrie in addressing her anger management issues and encouraged her to attend the Parenting Course 123 Magic. Kerrie regained the custody of her child.**

## Key Findings 1

The impact of family structure and the needs of individual family members were underestimated in the early stages of the Project. In assessment interviews the focus was on the parents and the family as a unit. As more families joined the Project it became evident that the needs of each child had to be assessed carefully. A number of the families included children with Attention Deficit Disorders and behavioural and learning problems. These families required high levels of support in accessing counselling, parenting skills and home school liaison services.

The clustering of children with similar behavioural patterns lead to increased acting out behaviour among children in the community. The interaction between families and their children, including different styles of parenting, had to be managed by project workers. Parents interacting with children from another family were faced with the potential for conflict. This was identified by Workers as a risk to the safety in the program as some parent interventions were inappropriate and had the potential to be harmful to the children's esteem or in the worst cases lead to violence.

Program staff became aware of the interactions between families and children and concluded that consideration should be given to avoiding over loading the Project with children with high behavioural and learning needs.

#### **Case Study**

**Chris, single mother with a son with ADHD found her parenting issues overwhelming. In the community environment with a number of children with behavioural issues her son's behaviour became more extreme. Her daughter started to mimic her brother's behaviour and Chris was highly stressed. Workers encouraged the children to take up outside after-school activities and arranged for them to attend different holiday camps. Magic 123 helped Chris rebuild her confidence in parenting.**

This raised the issue of how families were assessed. It became evident that assessing the family in isolation from other families was limited and did not provide a proactive approach to developing the community environment for children. Workers developed a more structured two-tiered assessment model including consideration of the needs of each child in the family and the balancing of these needs with those of children already resident in the Noreen Towers Community.

#### **Key Learning 1**

The Assessment Process for families seeking residence in the Noreen Towers Community and participation in the FMP needs to include:

- Completion of the current Assessment form
- A structured assessment of the behavioural and learning needs of each child.
- Consideration of the possible interaction of the children and family with other children in the Noreen Towers Community
- Awareness of the number of children with high behavioural needs in the Community at any one time.

This Assessment process requires two interviews with clients encouraged to complete the application form between the interviews. This has allowed clients time to consider their own suitability for the Community.

#### **10.1.2 Risk Factors**

While a diverse range of Risk Factors were evident in the client group it is important to note that Domestic Violence and Refugee Status stood out as determining factors for entry to homelessness for otherwise successful working families. For most adults in the program three to five risk factors are noted.

Domestic violence is the most frequently reported risk factor for women closely followed by health issues and debt. For ten of the fifteen single mothers in the program domestic violence was

identified as a risk factor. This is confirmed in the national figure of 20% of SAAP clients nominating domestic violence as a contributing factor to homelessness.<sup>8</sup>

Domestic violence and refugee experiences stand out as risk factors when only one risk factor is recorded for an adult.

Early in the implementation, workers identified domestic violence as a safety issue in the Noreen Towers Community. Where violence occurred clients were asked to leave the Community. In one case a client was supported in requesting that her partner be asked to move out of the community.

Workers were sensitive to the impact of domestic violence on clients. They identified it as significant in reducing client confidence in accessing programs and working in group processes.

## **Key Findings 2**

Domestic Violence was a common experience in the lives of the Noreen Towers residents and correlated with low client confidence in undertaking program and group activities. It affected a majority of female clients and some male clients.

Strategies to increase self esteem, safety and wellbeing were prerequisites for client engagement in more independent activities.

Workers identified client experience of Domestic Violence as impacting on the FMP in three ways:

- Safety of clients needed to be protected so incidents of domestic violence result in clients leaving the FMP.
- Women and some men who have experienced domestic violence need significant encouragement to participate in group activities.
- Child protection considerations in domestic violence situations needed to be addressed.

## **Key Learning 2**

Experience of Domestic Violence should be evaluated carefully in the Assessment Process. In designing project activities it is necessary to begin with activities that will be non-threatening, increase well being and build self esteem. Some clients will need extensive individual experiences before they can engage in group processes.

### **10.1.3 Education and Training**

Lack of completion of Year 10 is a very common element for FMP clients, and particularly so for Aboriginal clients. Refugees' overseas qualifications (5) were generally higher than those of Australian born clients. Appendix 1 lists the educational achievement levels of clients in the Noreen Towers community.

Low participation and success in schooling and vocational training are significant predictors of homelessness, poor health and wellbeing. FMP clients' previous unsuccessful and negative experiences with learning and skill acquisition resulted in a fear of or hopelessness about engagement with FMP activities. For some clients this meant that they were reluctant to participate in group learning activities or with content that they perceived as unknown or threatening. Others with limited experiences of school or work found the pattern of attendance and participation of no interest or threatening.

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## **Case Study**

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<sup>8</sup> Australian Institute of Health and Welfare 2004 Homeless People in SAAP: SAAP National Data Collection annual report 2003-2004 Australia. AIHW cat. No. HOU. 126 Canberra: AIHW (SAAP NDCA Report Series 9) page xvi

**Katrina is an indigenous woman with three sons, one is diagnosed with ADHD. She is separated from her husband. Katrina's son's poor attendance and achievement at school and diagnosis of OCD has made parenting very challenging. Attending the relaxation classes, individual counselling, Self Defence and Magic 123 has encouraged her to consider doing a beauty/nail course and seeking work in that area. Katrina has moved to rental accommodation in the community.**

### **Key Findings 3**

Most clients have low levels of schooling or negative experiences of school and will not approach group based activities without high levels of support and a well planned set of entry experiences.

Workers recognized early in the project that the implicit assumption that clients would be ready for programs was not valid. Initial plans to offer courses in groups and through the use of computer based instruction were reviewed and clients were offered a range of personal development activities including relaxation and massage classes which were perceived as wellbeing activities rather than learning experiences.

Some clients were offered one-on-one learning experiences and others received one-on-one support between classes. Over time most clients progressed to active participation and enjoyment of the group activities. Workers identified the areas of interest through discussion with clients and their goal setting activities. Areas that addressed immediate issues such as parenting and budgeting gained greatest commitment to scheduled classes.

Clients who had completed school and/or had been employed were in most cases more confident in accessing courses both at Noreen Towers and TAFE Colleges. These included Hygiene and Food Handling, Alcohol and Bar Service, Aged Nursing Assistant courses.

Successes here included:

- A teenager who after completing the Alcohol and Bar Service Course was able to secure part time work.
- A mother of two who completed the Aged Care Certificate III and found part-time work. She is looking forward to undertaking further study in Nursing.

### **Case Study**

**Ganjel and his wife are refugees, their daughters were born in Australia. Ganjel had worked for nearly 20 years, as a chef in his country. His trade qualifications were not recognised here. Through FMP's intensive support for his Personal Futures Plan (purchasing trade equipment, enrolling in a TAFE course, finding a coach for Australian Catering and Food Terms, paying Exam Fees) Ganjel was assisted to get Australian trade recognition, develop vocational language skills, and gain work experience. He now works as a cook and his family are in private rental. Ganjel's wife suffered a severe breakdown while they were refugees and has ongoing mental health problems. This period was so difficult for them that he and his wife have decided never to speak of it to their daughters as it may make hostile to Australia.**

### **Key Learning 3**

A flexible and responsive design for the learning framework of the FMP is essential. Initial experiences should include non-threatening well being activities with the option for individual sessions building confidence in clients. This should be followed by a graduated progression to structured group workshops using topics suggested by clients and where possible transition to community based learning environments such as TAFE. Topic selection will vary with client needs and will work best if it draws on the urgent needs such as parenting, life skills, nutrition and budgeting.

### **Key Findings 4**

Workers identified priority needs with clients and supported them in addressing the issues that they raised. In many cases safety, well being, health and parenting issues were overwhelming

for clients. In most cases these needed to be addressed prior to discussions of vocational readiness. Clients frequently held misconceptions about work, income and Centrelink benefit requirements. A major factor in readiness to consider employment options was gaining an understanding of the Centrelink requirements.

#### **Key Learning 4**

Assessing vocational aspirations and readiness cannot be addressed until clients are settled into the Community and have addressed safety and self esteem issues and any pressing parenting concerns. Many clients require assistance in understanding the Centrelink provisions, intensive support in identifying vocational goals, developing work skills, preparing a resume and one on one support in job search.

Intensive support for clients ready to seek employment can be critical to breaking the cycle of powerlessness and homelessness.

##### **10.1.4 Email and Internet Connections**

The establishment of internet addresses for all clients including children, and the access to simple computer skills including web searches was highly valued by the clients. This was used extensively by clients engaged in job search activities.

##### **10.1.5 Computer Assisted Courses**

Computer assisted courses were available for client use and were accessed on a small number of occasions. They were used as a resource for workers in individual sessions with clients and course presenters.

##### **10.1.6 Children and Learning**

Workers identified the educational needs of the children in residence as critical issues impacting on their parents' progress in the program. For some families homelessness had caused disruptions in school attendance or posed an obstacle to the progress made by the children. Other children had behavioural and learning difficulties which meant that parents were at times in conflict with the school over student management issues. In one case a child was on part time attendance because of behavioural issues. Workers supported parents in ensuring students attended school and assisted parents in parent/teacher interviews. Strategies to assist students with homework and celebrate school achievements gained positive results.

The Family Makeover Program also engaged children in enrichment activities of their choice. Success Stories here included:

- A ten year old boy with ADD who joined a BMX Bike groups and developed a passion for the track
- A girl who learnt piano
- Siblings who attended school vacation camps , giving a single Mum a break and time to catch up with lost friends.
- Children who settled in to school, made friends and starting getting good results.

These interventions increased the optimism of families and generated a "have a go" spirit in adults and children. Workers provided support for parents to ensure that children were able to attend. This was sometimes transport assistance, working out timetables and encouraging cooperative babysitting arrangements. For many families building these regular activities into a family routine was evidence of increased independence and capability.

#### **Key Findings 5**

Workers found that many clients needed assistance in ensuring that children attended school. Homelessness had disrupted children's learning and school engagement. The Worker support given to the parents in getting the children to school enabled Workers to model effective communication with between parents and children and parents and school staffs. Workers identified improvements in children's behaviour and levels of optimism and more effective communication between parents and children. The celebration of children's participation in enrichment activities provided a focus in strengthening the family's sense of themselves as an active unit.

Workers noticed that parents gained increased confidence in their own judgement and capacity to engage in activities as their children settled into school and started having successes in their lives.

**Case Study**

**Katrina, an indigenous mother with three sons (9, 7 and 1 year old), was experiencing difficulty with her seven year old son who was on part time attendance at school because of ADHD. The FMP Workers arranged for Katrina to have private counselling, individual follow up from the wellbeing classes and support in her negotiations with her son's school. This helped her manage his behaviour and improve his school attendance.**

**Key Learning 5**

Providing support for the schooling and enrichment learning needs of children impacts on their sense of safety and wellbeing develops optimism in the family unit and encourages parents to believe that change is possible and have confidence to address their own learning needs.

**10.1.7 Duration of stay in program**

Of the twenty three families surveyed, twelve were in the program at the 26/05/2005 and eleven had left. Of those eleven families, six had been involved for around nine months and all were identified as experiencing successful development in residence.

Five of those eleven families stayed for periods varying from sixty-seven to one hundred and ninety-seven days, but left the program. Two of these five families were assessed as having made some progress.

Some families who left the program early used the aftercare services to complete activities and to continue job searches. Access to aftercare was more difficult if families moved out of the area.

**Case Study**

**Ethilar is a refugee. He and his wife have four children. They spent nine months in the FMP, they moved to a Department of Housing home in the area. During the program his wife Sarna completed a Certificate III in Aged Care. She is seeking work. Ethilar does volunteer work and is improving his English. They felt the program could have been longer but were able to continue to contact Workers for job search assistance and advice through the after care program.**

Reasons for leaving the program prior to nine months included being able to access independent housing, breaching program rules in regard to substance abuse, violence or criminal activity.

**Key Findings 6**

When interviewed clients indicated that nine months was a short time in which to achieve significant change. They acknowledged the need to move people through the program. Staff viewed the nine month program duration as appropriate in length and necessary so as to avoid dependence on the program and assist in transition to independent accommodation.

**Key Learning 6**

The outcomes of the program are assisted by an arbitrary program length of nine months. This provides a focus on making changes and avoiding dependence on the FMP or the Noreen towers Community.

**10.2 Family Makeover Project Activity**

**10.2.1 Stage 1 Settling In**

Clients taking up residence at the Noreen Towers Community and joining the Family Makeover Project worked with the Project Coordinator and Resident Caretaker to settle in and ensure that

they had adequate furniture and equipment for their family. In this early stage they were encouraged to use the common facilities including the play equipment, recreation room and grounds. This initial settling in period also included the opportunity to become familiar with the rules of the Noreen Towers Community and the services available through the Family Makeover Project. Clients and their families were introduced to other families, linked to schools and medical services, and allowed time to settle in to their unit and the surroundings. It was observed that this settling period was essential for clients to feel safe and families were unable to take on too many new ideas until they and their children were settled. During this period trust in FMP team members was built up through informal greetings and practical assistance with moving and settling in. This was critical when opening the conversations around the Personal Futures Plans in Stage 2.

### **10.2.2 Stage 2 Personal Futures Plans**

The diverse client profile discussed in section 10.1 illustrates the need for the Multisystemic Therapy approach; that is identifying family strengths and working with clients to develop interventions that build on the strengths and work toward achieving personal goals. The Personal Futures Plans involved clients in conversations with their Family Worker in which they explored their hopes and dreams and identified small steps that they could take that would improve their situation. In many cases this meant identifying and addressing barriers to change. In other cases, such as the refugees with overseas qualifications, the issues were clearer but the client still experienced an overwhelming sense of difficulty in succeeding in addressing the problems.

For many clients the instability of the family, the demands of children who were distressed and showing behavioural problems, the fear of domestic violence, chronic health issues or the sense of worthlessness that accompanies homelessness stood as barriers to change. Attention given to these issues in an intensive and immediate way that the FMP allowed some clients to break through and make significant progress toward their goals.

#### **Case Study**

**Marita spent 44 weeks in the program and her Personal Futures Plan included attending courses in: Creating Well Being, Relaxation and Massage, Computer Orientation, Setting Vocational Goals and attending prevocational training through Pathways to Employment, Responsible Service of Alcohol, Responsible Conduct of Gaming, Bar Skills. She was supported in contacting the Return to Work Consultant, developing her Resume and undertaking Work Experience. She was assisted with Financial Counselling and received After Care follow up interviews. Marita now has part-time work in the hospitality industry and lives in private rental.**

### **10.2.3 Stage 3 Encouraging and Monitoring Families' Participation**

The duration of family residence and involvement in each activity varied significantly for some families their greatest needs were in supportive activities such as child care, transport or living skills. Other clients had clear goals and services were targeted toward their achievement.

Tables 10.1A and 10.1B in Appendix B shows the Adult Interventions by Client. Table 10.2 in Appendix B shows the Child Interventions by Client. The variety and relevance of activities is evident.

### **10.2.4 Stage 4 Transition to Secure Housing and Community Services**

Qualitative assessment of progress made by individual clients is difficult. Each client and family brought a unique background and level of capability. For some a setback may have meant leaving the program but perhaps with a greater determination to succeed in the future. For other families though, the improvement in circumstances and hope for the future is clearly self reported

and evident in the objective, criteria of secure housing, children at school, employment and/or training and connections with community services.

Appendix C outlines the FMP outcomes for each client. Table 10.3 Shows the FMP Outcomes for Adults and Table 10.4 shows the FMP Outcomes for Children

In the initial assessment and selection of clients the Noreen Towers Community started with 14 available units. This meant that pressure to be selective was not as dominant as it became when potential clients were facing limited vacancies. The initial selection criteria focussed on needing secure accommodation. As the Assessment process was reviewed in order to address developing program needs the capacity of clients to commit to use the FMP program came under greater scrutiny. Assessment interviews became more detailed and more deliberate judgements were made about pre existing issues that might jeopardise a client's success in the program. Issues that contributed to non completion of the program or the request to leave were identified and considered in the assessment process.

### **Key Findings 7**

As clients progressed through the FMP it became evident that pre-existing conditions such as substance abuse, perpetrating domestic violence and criminal activity would jeopardise client success in the program and the safety of other clients.

#### **Case Study**

**Lana was a 33 year old mother of an eight year old boy. She was referred by the Probation and Parole Service and wanted to be housed so that she could regain custody of her son. Workers interviewed Lana on three occasions and there was no indication of future problems. Lana had a record of substance abuse and was still in contact with people using and selling drugs. Workers suspected drug dealing was occurring and approached Lana about it. She was asked to leave and moved in with an associate.**

### **Key Learning 7**

There are some behaviours and issues that will seriously compromise the possibility of client success in the program and may present a risk to other residents. These include criminal behaviour such as theft or drug sales, violence and anger management issues, substance abuse and extreme lack of parental supervision of children. Careful screening for these issues should be part of the Assessment Process.

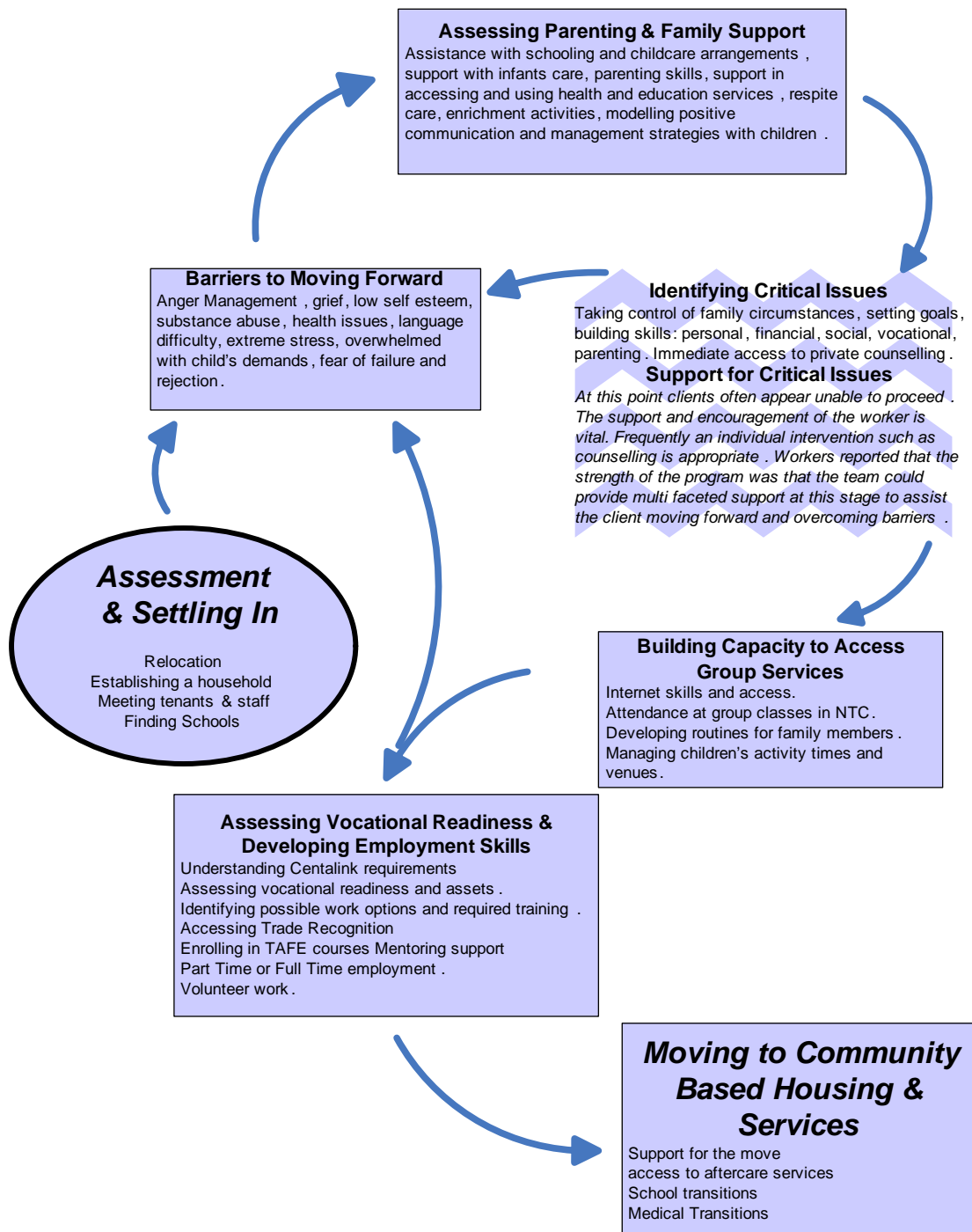
## **10.3 Common Pathway through the FMP**

### **Key Findings 8**

All clients interviewed acknowledged the benefits obtained by their families through participation in the FMP. Families had similar experiences in the FMP despite very diverse circumstances and capabilities.

Differences occurred in the time taken to work through the FMP processes and the impact of barriers to change and regression to previous attitudes and behaviours. Figure 10.1 describes the pathway and summarises some of the client issues that were addressed in the program.

**Figure 10.1 Family Makeover Pathways**



It was noted that clients who met a barrier to change or critical issues to address were confronted with the choice of working with the support of staff or maintaining their current position. Movement through the Pathway was not linear and for many clients there were setbacks and restarts. Clients often had difficulty in identifying the change they wanted and in seeing the small steps that needed to be achieved in order to make the change. Workers assisted with incremental steps and constant encouragement supporting a growing belief in and capacity for change on the part of the client.

In some cases clients withdrew from the FMP or returned to behaviours that breached the rules of the NTC and were asked to leave the NTC. The willingness to work with the FMP and to accept personal responsibility for change was clearly identified as essential to client progress. This understanding fed back in to the Assessment process to ensure that clients knew that the program would make demands upon them.

### **Key Learning 8**

The experiences of clients interviewed validate the use of the two assumptions underlying the Family Makeover Program Model. These assumptions are that:

1. Deficit needs must be addressed in order for significant change to occur in the family's long term prospects.
2. Very disadvantaged families will need individualised, supported and multisystemic assistance to enable their engagement in community life.

The common pathway through the program despite the very diverse range of clients, with individual needs and capabilities, demonstrates that clients cannot move forward until the "high pressure" deficit needs are addressed. After this point the client is able to identify potential changes they would like to see for themselves and their families and to set goals. Multisystemic interventions then support the change process.

Case management records indicate that the initial program design over estimated the readiness of clients to move to vocational and employment related skills and under estimated the need for individual support with living skills, parenting skills, relational skills and assistance with individual issues such as grief and anger management. Substantial time, individual support and program interventions were directed to these skills. Strategies such as developing a range of resumes for different jobs with individual clients were used to encourage clients to see that there were options they could consider and that their life experiences to date could be seen as valuable to an employer.

The individual response to identifying future options was essential given the diversity of clients. Indigenous clients valued the efforts to link them with Indigenous Community services and groups.

### **Key Findings 9**

Program experiences demonstrate that homeless clients need considerable individual support in developing their living skills, parenting and relational skills and addressing individual issues which are barriers to change and personal growth. Dealing with these issues is a prerequisite to vocational preparation in most cases.

### **Key Learning 9**

The Family Makeover Model is effective in building family capacity in families experiencing homelessness, and assisting their transition to secure housing and engagement with employment, school and community services.

## **10.4 Tenants' Group**

In the conclusion to the evaluation of the Tenants' Group (see Appendix E) Dr Bronwyn Hughes has identified advantages and challenges in the provision of a decision making forum and conflict resolution training. She notes the difficulty that some participants had in attending all sessions and the impact of client alliances and individual priorities. For those clients who maintained participation the learning was very positive. Dr Hughes notes that these clients developed a range of strategies for handling conflict, including compromising and collaborative styles and that they developed the capacity to follow through on decisions.

**Case Study**

**Janice the only client who attended each of the ten week sessions, has been asked to extend her time at Noreen Towers Community to chair the Tenants' Group and assist in the training of the next Chairperson. She values the experience highly and said:**

**Thank you for giving me the knowledge that if I want to change my life I can and I have!**

Successes resulting from consultation and decision making in the Tenants' Group have been tangible. These have included:

- Safety fencing, floor matting, shade cloth and toys for an infants play area
- Play equipment for children aged 4-8
- Play equipment for children aged 9+
- Improved safety on the stairwells

The deployment of a \$5000 budget meant that the tasks undertaken were real and the results obvious to the whole community. This has given the Tenants' Group status and purpose. The processes of consultation, decision-making, planning, purchasing and supervision the implementation of new equipment has involved considerable skills transfer between clients and staff.

These practical activities have built client confidence that change can be made and that there are solutions that can be achieved.

**Case Study**

**Sandra, whose son has ADHD and has been having behavioural problems at school, found the Tenants' Group helped in a number of ways. She used the Conflict resolution training to sort out arguments with her son and to manage family tension around her son's behaviour. His class teacher and principal have noticed an improvement in his behaviour over the duration of the course.**

Dr Hughes noted the difficulty for refugee and NESB families in accessing the Tenants Group and the difficulty in maintaining participation over the ten week program.

**Key Findings 10**

The Tenants' Group process supported by skills development in Conflict Resolution and Negotiation provides the opportunity for clients to develop a range of interpersonal competencies and confidence in their capacity to make decisions and implement change.

Leadership in the group emerged as an important issue and the facilitation of a client leader who had gained considerable skills meant that she was able to chair the meetings and manage the group.

Ten weeks is too long for many clients to maintain their motivation. Irregular attendance proved to be a major issue for the program, reasons for non attendance include the alliances formed between clients, withdrawal from perceived conflict and less relevance to clients' immediate needs depending on their individual circumstances. The later may have been a reason for the low participation of refugee clients. Refugee and NESB clients may need additional support to engage in the process.

**Learning 10**

The skills component of the Tenants' Group should be reduced to five weeks duration to maintain the motivation and participation of the clients.

The leadership needs of the groups should be considered and succession plans implemented to ensure clients are ready to move into the Chair role as other clients leave the program,

The allocation of a budget to the group increased the impact of their learning.

Consideration needs to be given to ways of supporting refugee and NESB clients in the Group.

**10.5 After Care**

The Family Makeover Project includes the possibility of continuing support as clients move to accommodation in the community. For clients who moved to housing in the same or neighbouring suburb this worked well and “popping in” to complete resumes, seek advice, give news of their achievements or visit with other clients was common. In some cases the Project provided transportation to enable clients to complete classes at Noreen Towers Community after they had moved. In one case a client was assisted with taxi fares to meet with workers to continue her Personal Futures Planning. For clients who moved away from the suburb and/or region, the telephone was a potential link. It was however harder to assist these clients as the service network did not cover their new place of residence.

## 10.6 Organisational Capability

The initial design of the Family Makeover Project lent heavily on the experience of Wesley Dalmar as a SAAP provider. It was anticipated that the program would be staffed by a Case Worker Level 4 and a Child Focused Worker. During the recruitment process it became obvious that a more skilled and experienced Worker Position was required. Difficulty was also encountered with the employment of the Child Focussed Worker. An initial one year contract appointment was made and work commenced promisingly, however the Worker was able to gain a continuing position at a higher salary level and resigned from this project. It proved difficult to recruit a suitable replacement and the Project made use of contracted program staff.

Staffing of the Program has included:

Coordinator

2 Family Support Workers with a caseload of seven families each

An on-site Residential Caretaker

A pool of contract staff (living skills training, cooking classes for kids, vacation care, transport)

Course Facilitators

Mediators

Private Counsellors

The mix of continuing staff and contracted staff for particular interventions has provided flexibility and responsiveness to individual client needs. Observations of the positive impact of the staffing mix suggest that clients have benefited from a diversity of staff capabilities, styles, ages and genders. The diversity of age and gender mirrored the diversity in the client group and was seen by clients and workers as a factor in establishing trust and rapport between clients and staff. It has also provided a very effective role modelling to families. The case study below demonstrates the powerful role modelling that occurs in everyday life situations.

A strong resource network has been developed which includes program facilitators and staff from human service agencies in the area. (See Appendix D) This network enables workers to target client referrals and to engage clients with organisations which will provide support when the client leaves Noreen Towers Community. This is an important part of the Family Makeover Project’s transition strategy.

### **Key Finding 11**

The development of a network of community based resources provided workers with the possibility of referring clients to agencies where an ongoing relationship was established and where the transition to independent accommodation was supported.

### **Key Learning 11**

The service referral network is an essential and valuable social resource and needs to be systematically sustained over time. Short term funding arrangements do not facilitate the sustainability of the network.

**A ten year old boy was given a bike for BMX club activities. The bike tyre punctured. The boy was distressed and angry because he thought he would not be able to continue BMX. The Caretaker and a Worker, both males one young, the other older, assured the boy they could locate the puncture and patch the tyre. With the boy, a tub of water, the tube and more laughter than expertise, they fixed the tyre. In the process the boy learnt that men can work together to fix things, sort out different approaches, keep their cool when it doesn't go as expected and get a solution.**

The team-based and highly responsive model used in FMP provides a constant modelling of non-violent communication, resourcefulness, safe play and humour. The team displays strong alignment to the strategic focus of building client capability and resilience. Opportunities in day to day events are seized upon as active learning situations. Time is taken to talk through issues with clients, often in informal settings where natural sharing occurs. There is a clear focus on facilitating clients in articulating their Personal Futures Plans while refraining from imposing goals on them. Clients always have access to a staff member, staff members back each other up and the high level of communication and trust between staff members means that clients experience a consistent approach from staff.

Table 10.5 shows the skills matrix for the FMP staff. It indicates the use of a range of specialist and life skills through the team based approach to responding to clients' needs.

Table 10.5 Skills Matrix for FMP Staff

Staff	Coordinator	Worker	Worker	Caretaker	Contract Staff	Course Presenters
Openness to People	X	X	X	X	X	X
Optimism	X	X	X	X	X	X
Flexibility	X	X	X	X		
Strategic Focus	X	X	X	X		
Client Centred	X	X	X	X		
Maintenance Skills				X		
Computer Skills		X				
Vocational Preparation Skills	X					
Job Search Skills	X					
Living Skills				X	X	
Counselling	X		X			
Pre Natal skills		X				
Knowledge of local community				X		
Conflict Resolution	X					X
Health and Wellbeing						X
Finance and Budgeting						X
Parenting Skills	X	X	X	X		X
Anger Management	X	X	X			X

## Key Findings 12

The role of Coordinator calls for with a broad professional background including knowledge of family issues, domestic violence, drug and alcohol counselling and work preparation, job search and Centrelink processes. It also requires access to a strong network of support services. (See Appendix D). The success of the Family Makeover Project was positively enhanced by having a Worker with these capabilities.

### **Key Learning 12**

The Family Makeover Program requires a Coordinator with broad professional skills and networks to ensure coverage of the client issues. A background or preparation in vocational and pre-employment counselling is a highly desirable asset in the team. A team based approach using Family Focussed Workers, a Residential Caretaker and contracted specialists is highly effective.

## **10.7 Successes and Challenges**

For many clients accessing accommodation at the Noreen Towers Community came at the end of a series of traumatic and disruptive experiences. For some families it has been a sudden descent into insecurity, despair and extreme stress. The pressures of debt, bad health, and loss of employment, social isolation and reliance on social welfare caused a crisis of identity and confidence in their capacity to deal with life and their family responsibilities. For other clients entering Noreen Towers Community was another program in a line of welfare programs they had been involved in since childhood.

For different reasons, both groups were relieved to be securely housed for a few months, but overwhelmed with the problems to be faced in the future. All clients interviewed described the sense of hopelessness they experienced prior to being accommodated at Noreen Towers Community. Several described feeling overwhelmed by daily activities such as getting the children to school; others described difficulty managing anger or having any motivation to make change.

The Family Makeover Project provided practical support to reduce the immediate stressors and to enable clients to reclaim control of their circumstances. Through the client assessment process, each client and family member were invited to identify the things that would quickly improve their situation. Interventions which ranged from assistance with children to attempts to seek employment allowed families to experience positive change and to believe that they could work with the program to build new futures.

### **Key Findings 13**

Initially the Assessment process relied very heavily on the self reporting of clients. Experience with some clients in residence showed self reporting to be inadequate. Clients did not identify significant substance abuse issues, criminal activity or domestic violence. This led to some clients leaving the program due to conflicts with the Noreen Towers Community rules. Poor decisions on client suitability for the program resulted in some worker time being spent on crisis interventions and risk management with a few clients rather than project interventions. The Assessment process was revised and split into two components requiring clients to provide more evidence of their willingness to participate in the FMP. Staff identified the revised assessment process as working well and being manageable for clients.

### **Key Learning 13**

Clients will not disclose information which prejudices their entry into the Project. An effective and objective assessment process is critical to the success of the project. Evidence of rehabilitation status in regard to substance abuse history needs to be objectively verified.

#### **10.7.1 Community Building and Conflict Management**

Housing a diverse range of clients in a community setting and encouraging cooperation and interaction between families presented Workers with the challenge of inter-family conflicts. Assisting clients to manage these conflicts and conflict with the Noreen Towers Community management was critical to the success of the Community and the resilience of the clients. In line with the FMP objective of using a multi systemic approach and focussing on “real life learning” a Tenants’ Group was established and supported by an external consultant. The approach taken was to assist clients in developing conflict resolution skills and to work as a group to enhance the Noreen Towers Community. For many clients this was a new and challenging experience. At the time of writing the group had progressed to a stage where a client was facilitating sections of the Tenants Groups Meeting and implementation of client suggestions and projects was occurring. The Tenants’ Group (while in the early stages and subject to the changing alliances between clients and the varying levels of communication and conflict management skills of clients) has demonstrated that change can occur and that individuals can contribute to it. It has provided clients with strategies to handle complaints and conflicts in more productive ways.

**Case Study**

**The mothers of children under four were concerned that the gated yard was not sufficiently secure for their children while they were doing laundry. They suggested a small fenced corner with some play equipment would enable them to settle the children safely while they walked between the laundry and washing lines. Mothers selected the best site, attained quotes for the fence and gate and sought permission to have the work undertaken. The playground will be completed shortly.**

**Case Study**

**Residents were concerned and angry that aspects of the accommodation were unsafe. There was considerable discussion between clients about the problems. They complained about an unstable railing, no fly screen door on a unit, washing lines in the shade making it hard to get clothes dry, and the steps to their units were dangerous and slippery when wet. Mothers expressed frustration and concern over the difficulty of coming down the steps carrying infants. This matter was raised at the Tenants’ Meeting. Each issue was examined for priority and possible solutions. Plans were agreed and changes implemented. All issues were resolved.**

**10.7.2 Case Management through Personal Futures Planning**

Clients’ Case Management was achieved through the facilitation of the Personal Futures Plans. By developing Personal Futures Plans clients have identified short and long term needs to be addressed in order to move from homelessness to living in the community and engaging with employment and community services. Using the Multisystemic Model FMP Workers have assisted clients to consider family needs in a systemic way and to provide options for all members of the family. These have varied from accessing private counselling to avoid the community counselling waiting time, living skills training, holiday camps for children which also provided a single mother with respite, personal development classes to improve the confidence of NSESB women, and mentoring to assist in getting Trade Recognition for overseas qualifications.

Program offerings were available to all clients and individual opportunities were discussed with each client. Variations in the number of opportunities accessed by clients can be attributed to time in the FMP, language difficulties for refugee families and the level of willingness to become involved. The most critical factor appears to be the willingness of clients to participate in activities, learn new skills and believe in their capacity to change their circumstances. For a small number of clients this willingness was not there, in one case the client left the program rather than participate. Younger children, particularly infants, accessed less activities.

As each client’s circumstances was different the spread of interventions was broad with some applying only to one client. Tables 10.1 and 10.2 in Appendix B summarise the Adult and Child Personal Futures Plan activity. Table 10.6 below summaries the range and average number of interventions per client.

**Table 10.6 Client Interventions**

Client Group	Intervention Range	Average Number per Client
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### *Family Makeover Project Report*

Adults	3 - 19	9.29
Children	1 - 16	7.77

Table 10.7 in Appendix C lists the number of Interventions by type for Adults and Children.

The Tenants' Group provided a "real life" learning opportunity for clients to make changes in their environment and to make a positive difference for future clients. Given the sense of powerlessness that many clients reported on entry into the Noreen Towers Community, the Tenants' Group was empowering and effective in providing skills for engagement in future social settings.

#### **Key Findings 14**

The critical elements in developing the case management approach have been to ensure:

- Accurate assessment of the client and families suitability for inclusion in the FMP.
- Trust between the client and the workers to enable an honest reflection on needs of the clients and their family.
- The client takes charge of the Personal Futures Plan supported by the Workers' facilitation of proposed interventions, guidance in goal development and monitoring of progress.

In selecting the appropriate interventions, clients are encouraged to look at the needs of each member of the family and to identify ways that the needs interact. That is to view the family systemically. They are also encouraged to take a systemic view of the services and activities they may choose as part of their Personal Futures Plan. This assists clients in directing their activities toward the long term goals of independence and autonomy.

Interventions are chosen to:

- Enhance Family Strengths
- Address barriers to change first
- Provide all family members with a positive and new experience building a sense of hope and personal power
- Encourage group participation and personal development
- Facilitate Parenting Skills
- Assess strengths and assets
- Build vocational skills
- Seek Employment and/or community engagement
- Affirm and celebrate successes

#### **Key Learning 14**

Case management must be seen systemically, looking at the family as a system with individual and group needs and looking at the community as a system required to balance the needs of all families.

#### **Key Findings 15**

In addition to seeing the families as part of the Noreen Towers Community it also became evident that Noreen Towers Community was part of the local Ashcroft community and that links needed to be forged with that community. In the early days of the project there was vandalism of the facilities and some hostility from neighbours. The resident caretaker established a friendly relationship with the youths of the surrounding streets and reached out to a local family experiencing a crisis. Staff and clients were encouraged to answer questions about the Community and soon the vandalism stopped and neighbourly relationships were formed.

#### **Key Learning 16**

Noreen Towers Community sits within the broader community and mutual benefits are through the building of relationships with neighbours and young people in the area.

## 11. Model of Best Practice for Service Delivery

The Family Makeover Project proved a cost effective and accessible way to assist families experiencing homelessness by:

- Building family capacity defined as improvement in the ability to live independently in the community including being housed, participating in employment and training, attending school, parenting effectively and participating in social networks.

The families who participated in the Family Makeover Project demonstrate the following issues involving homelessness:

- Families who experience homelessness are diverse in ethnicity, educational background, family structure, age, health, social competence and experience.
- Pre existing experiences with Domestic Violence, Substance Abuse and Mental Illness make change very difficult.
- Poor schooling outcomes and low self esteem present significant barriers to change.
- Social isolation and/or language difficulties can make accessing assistance difficult.
- The pressures of parenting while homeless can be overwhelming.
- Persistent failure to achieve or a sudden change in circumstance can lead to hopelessness.
- Many homeless people want to be able to look after their families and be independent.

The Family Makeover Project offers a positive intervention which for a significant number of families can make a difference and break the cycle of unemployment, reliance on social security benefits and SAAP.

The Family Makeover project is effective because it:

- Assesses each family's strengths and circumstances
- Assists all family members to set goals through the Personal Futures Plan
- Supports family members in reaching goals
- Assists clients in addressing issues that present barriers to change
- Celebrates achievements
- Gradually develops client's readiness for employment
- Provides an imperative to reach out for community support
- Has an end point providing a clear target - secure accommodation in the community
- Is staffed by a multi disciplined team with clear roles and expectations of clients

The FMP rests on the SAAP of the Noreen Towers Community. This and the strong welfare capability provided by Wesley Dalmar means that the quality of the program is monitored and guided by effective SAAP and welfare processes.

The FMP has clearly established that clients experiencing homelessness can be assisted in moving to independent accommodation and in many cases employment. There is a strong economic argument in providing funding for FMP enhancement of community based and well supported SAAP's. The facilitation of families in building their capability to gain employment, move off social security and live in independent housing has short and long term social and economic benefits for society. The engagement of children in their schooling and positive family relationships prevents them becoming homeless in the next generation.

The cost of adding this enhancement is balanced by the economic gain in families achieving autonomy.

The program cost of \$200,000 divided by the number of clients (78 adults and children) provides an indicative average cost of \$2564. This would easily be offset in taxes paid on wages, lower family payments and reduced need for SAAP support.

## 12. Analysis of Action Research Approach

The Action Research approach provided the opportunity for periodic review of the development of the FMP. This enabled staff to identify areas of success and areas for modification and review. The ongoing analysis of data provided an opportunity to clarify the efficacy of interventions and the engagement of clients.

The identification of client achievements and feedback from the external interviews with clients was highly affirming and motivating for staff.

Appendix A  
 Client Profiles: Education, Risk Factors and Age  
 Figure 1 A

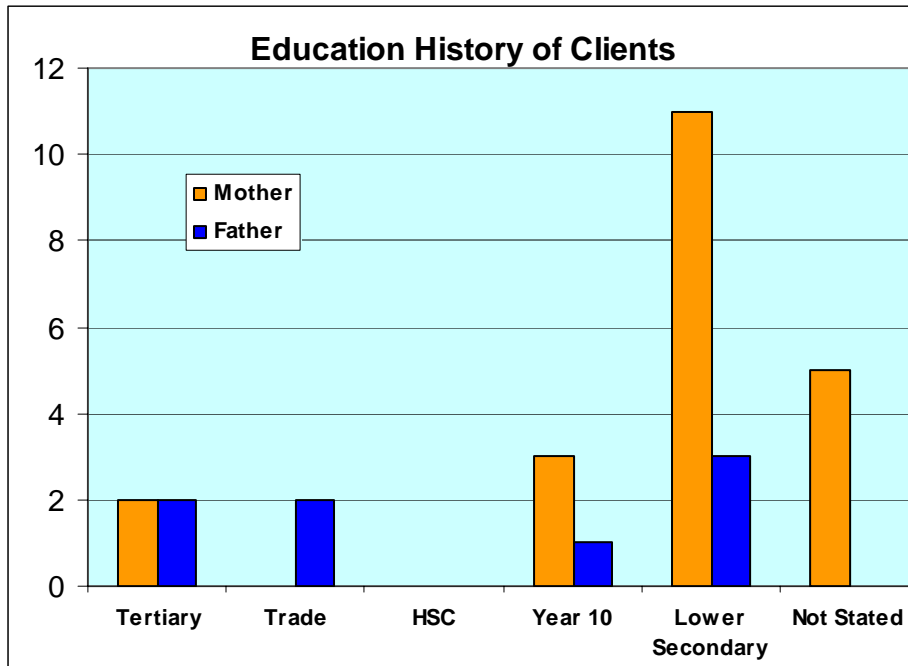


Figure 2A

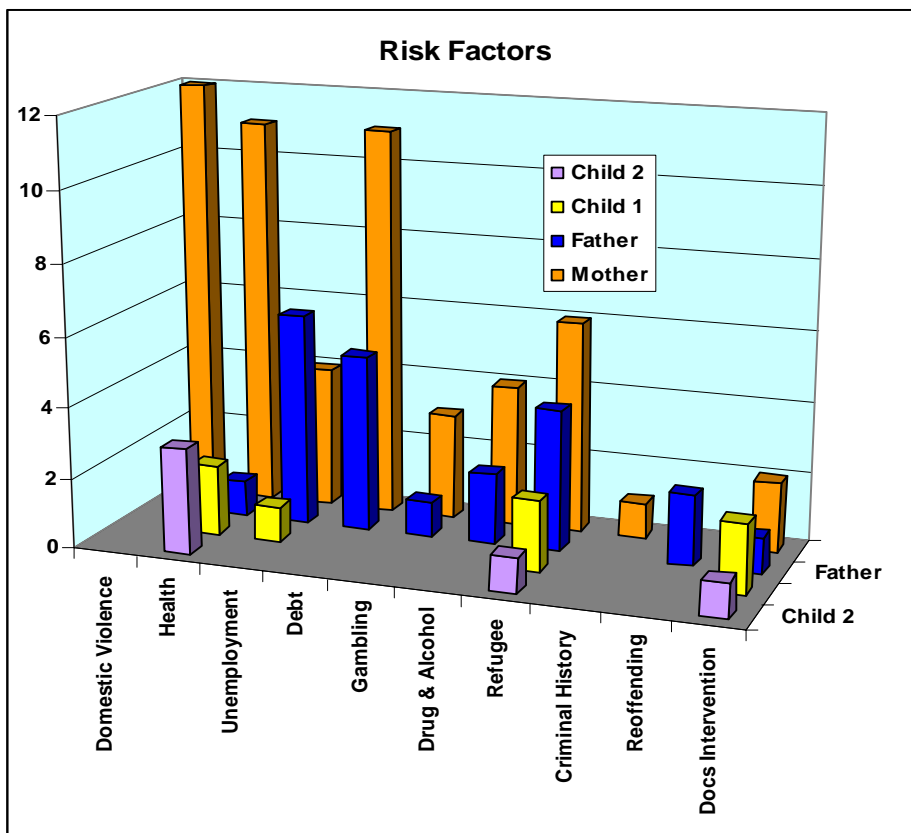


Figure 3A

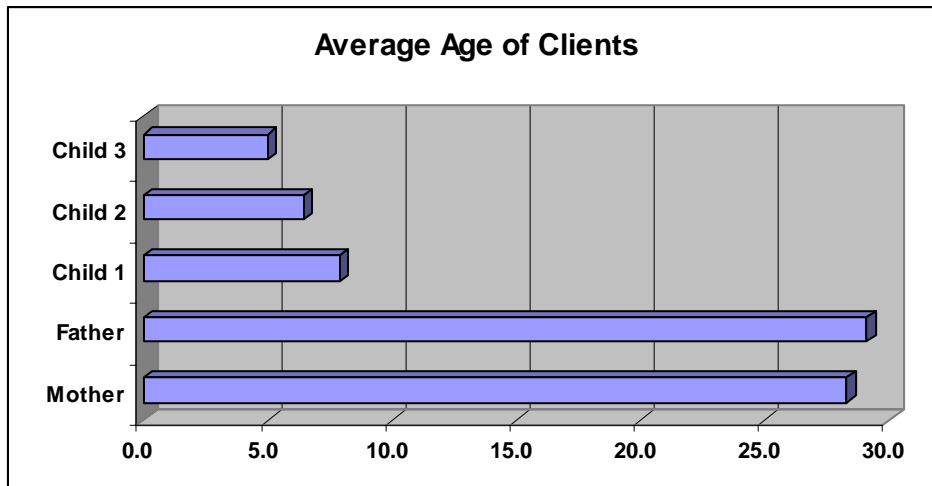


Table 1A

<u>Risk Factors</u>	Mother	Father	Child 1	Child 2	Child 3
Domestic Violence	12				
Health	11	1	2	3	
Unemployment	4	6	1		
Debt	11	5			
Gambling	3	1			
Drug & Alcohol	4	2			
Refugee	6	4	2	1	
Criminal History	1				
Reoffending		2			
Docs Intervention	2	1	2	1	

**Education Risk Factors and Age**

Table 2A

	Mother	Father
<u>Education</u>		
Tertiary	3	2
Trade		2
HSC		
LC	3	1
Lower Secondary	11	3
Not Stated	5	
<u>Nationality</u>		
Australian	9	1
Aboriginal	5	
Other	6	4
Not Stated	2	3

Appendix B

Table 10.1 A

Family Makeover Program Interventions: Adults p1																				
Intervention	Client		1F44	2F33	3F32	4F27	5M22	6M22	6F21	7F18	8F29	9F22	10F33	11F18	12F22	13F24	14M20	14F17	15F32	16F33
After care																				
School/Child Care Support																				
Work Experience																				
Job Searches																				
Resume Development																				
Pharmacy Board recognition application																				
AMA assessment costs																				
Trade Recognition application																				
Parenting Support - Karfani																				
Gym/Recreation costs																				
Baby Health Care Centre																				
Immigration Support																				
Health Support																				
Work tools																				
COURSE or TAFE costs/support																				
Tenants Meetings																				
Life Skills Training																				
Transport Costs/Transportation to courses																				
Learners Drivers Exam																				
Retreat/time away																				
Psychiatrist																				
Sexual Assault Counselling																				
Psychologist																				
Parents as Teachers Consultant																				
Return to Work Consultant																				
Money Management Counselling																				
Financial Counselling																				
Gambling Counselling																				
Personal Counselling																				
Indigenous counselling																				
Relationship Counselling																				
Marriage Guidance																				
Drug and Alcohol Counselling																				
Domestic Violence Counselling																				
Anger Management																				
Green Card																				
Certificate III Aged Care																				
MYOB																				
Fork Lift Licence																				
Senior First Aid																				
Bar Skills																				
Responsible Conduct of Gaming																				
Responsible Service of alcohol																				
Mediation Training																				
Computer orientation																				
English Classes																				
/Parenting Courses																				
Self Defence																				
Relaxation and Massage																				
Relationships 1 or 2																				
Creating Wellbeing 1 or 2																				
Pathways to Employment																				
Money Management																				
Length of Stay - weeks																				
	18																			

Table 10.1B

Family Makeover Program Interventions: Adults p2		
Client		
17M46	41	✓
17F46	41	✓
18F28	9	✓
18M26	9	✓
19M32	31	✓
19F30	31	✓
20M40	43	✓
20F39	43	✓
21F23	19	✓
21M26	19	✓
22F30	15	✓
23F51	15	✓
23M19	10	✓
24F35	16	✓
24M37	16	✓
M25	9	✓
16		

Intervention	17M46	17F46	18F28	18M26	19M32	19F30	20M40	20F39	21F23	21M26	22F30	23F51	23M19	24F35	24M37	M25
After care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
School/Child Care Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Work Experience	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Job Searches	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resume Development	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pharmacy Board recognition application	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
AMA assessment costs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Trade Recognition application	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parenting Support - Karitani	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gym/Recreation costs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Baby Health Care Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Immigration Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health Support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Work tools	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
COURSE or TAFE cost/support	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tenants Meetings	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Life Skills Training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transport Costs/Transportation to courses	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Learners Drivers Exam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Retreat/time away	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Psychiatrist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sexual Assault Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Psychologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parents as Teachers Consultant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Return to Work Consultant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Money Management Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Financial Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gambling Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Personal Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Indigenous counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Relationship Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Marriage Guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Drug and Alcohol Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Domestic Violence Counselling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anger Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Green Card	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Certificate III Aged Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
MYOB	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fork Lift Licence	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Senior First Aid	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bar Skills	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Responsible Conduct of Gaming	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Responsible Service of alcohol	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mediation Training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Computer orientation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
English Classes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
/Parenting Courses	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Self Defence	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Relaxation and Massage	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Relationships 1 or 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Creating Wellbeing 1 or 2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pathways to Employment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Money Management	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Length of Stay - weeks	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 10.2

Family Makeover Program Interventions: Children																															
Client	length of stay - weeks	On Site Child Care	On Site Vacation Care/Holiday program	Off Site Vacation Care	off site child care	Holiday Camps	Sports Club Registration fees	Uniforms/sports protective gear	swimming classes	music lessons	karate	dance	school support	school supplies	school uniforms	birthday celebrations	movie outings	BBQ in the park	craft days	soft play	putt putt golf	On site sporting activities	health support	homework group	computer orientation	concert/performance night	Cooking classes	child counselling	work experience	clothing	transportation
1M14	23																														
2F13	14	✓	✓			✓							✓	✓	✓									✓							
2F11	14	✓	✓			✓							✓	✓	✓																
3M7	11	✓	✓										✓	✓	✓																
4M5	41	✓	✓										✓	✓	✓																
4M3mth	41	✓											✓	✓	✓																
6F2	41	✓											✓	✓	✓																
7F1	44	✓			✓								✓	✓	✓																
8F10	11		✓										✓	✓	✓																
8M9	11		✓										✓	✓	✓																
8F5	11	✓	✓		✓								✓	✓	✓																
9F1mth	20	✓											✓	✓	✓																
10M9	37	✓	✓			✓	✓	✓	✓				✓	✓	✓																
10F8	37	✓	✓			✓	✓	✓	✓	✓			✓	✓	✓																
11M3	22	✓			✓								✓	✓	✓																
12M6	35	✓	✓				✓	✓					✓	✓	✓																
13M2	23	✓											✓	✓	✓																
14M1mth	10	✓											✓	✓	✓																
15M3	47	✓	✓		✓								✓	✓	✓																
15M7mth	47	✓											✓	✓	✓																
16M4	27	✓	✓										✓	✓	✓																
16M3	27	✓	✓		✓								✓	✓	✓																
16F3mth	27	✓	✓										✓	✓	✓																
17F13	41	✓	✓				✓						✓	✓	✓																
17M10	41	✓	✓				✓	✓	✓				✓	✓	✓																
17M6	41	✓	✓				✓	✓	✓				✓	✓	✓																
17M18mth	41	✓											✓	✓	✓																
18M9	9	✓	✓			✓							✓	✓	✓																
18M7	9	✓	✓										✓	✓	✓																
18M1	9	✓											✓	✓	✓																
20F5	43	✓	✓		✓			✓					✓	✓	✓																
20F2	43	✓	✓										✓	✓	✓																
21F6	19	✓	✓										✓	✓	✓																
21M4	19	✓			✓								✓	✓	✓																
21M2	19	✓											✓	✓	✓																
22M6	15	✓	✓				✓	✓					✓	✓	✓																
22F6mth	15	✓											✓	✓	✓																
23M13	15	✓											✓	✓	✓																
23M10	15	✓		✓									✓	✓	✓																
23M8	15	✓		✓									✓	✓	✓																
24F11	16	✓	✓										✓	✓	✓																
24F9	16	✓	✓										✓	✓	✓																
24M5	16	✓	✓										✓	✓	✓																
24M1Mth	16												✓	✓	✓																

Key # family number M/F Male or Female # age

## Appendix C

Table 10.3

*Family Makeover Program: Adult Outcomes*

Client	Weeks in Program	Current Client	Private Rental	Employment	Training	Rehabilitation Program	Left Aust Exited/ Risk to Others /DV	Exited Non Participation	Improved Family Capability	Volunteer Work
1F44	23					✓				
2F33	14					✓				
3F32	11						✓			
4F27	41		✓						✓	
5M22	28							✓		
6M22	41		✓						✓	
6F21	41		✓		✓				✓	
7F18	44		✓	✓					✓	
8F29	11	✓								
9F22	20							✓		
10F33	37	✓								
11F18	22		✓	✓	✓				✓	
12F22	35		✓	✓	✓					
13F24	23	✓								
14M20	10						✓			
14F17	10						✓			
15F32	47	✓								
16F33	27	✓							✓	
17M46	41		✓		✓				✓	✓
17F46	41		✓		✓				✓	✓
18F28	9		✓						✓	
18M26	9		✓						✓	
19M32	31	✓								
19F30	31	✓								
20M40	43		✓	✓	✓				✓	
20F39	43		✓	✓					✓	
21F23	19	✓								
21M26	19	✓								
22F30	15	✓								
23F51	15	✓								
23M19	10	✓								
24F35	16						✓			
24M37	16						✓			
M26	9						✓			

\*Reason for leaving Australia unknown

Table 10.4

**Family Makeover Project: Children's Outcomes**

Client	Weeks	Current Client	No Contact/ DoCs/ Left Aust	PT or FT Employment	School/ Training	Paediatric Milestones met	Family Day Care	Maintained Enrichment Activities	Improved Circum- stances
1M14	23			✓	✓				
2F13	14				✓			✓	
2F11	14				✓			✓	
3M7	11		N/C						
4M5	41				✓			✓	
4M3mth	41					✓			
6F2	41						✓		
7F1	44						✓		
8F10	11	✓							
8M9	11	✓							
8F5	11	✓							
9F1mth	20		DoCs						
10M9	37	✓							
10F8	37	✓							
11M3	22						✓		
12M6	35				✓			✓	
13M2	23	✓							
14M1mth	10		N/C						
15M3	47	✓							
15M7mth	47	✓							
16M4	27				✓			✓	
16M3	27				✓			✓	
16F3mth	27					✓			
17F13	41				✓			✓	
17M10	41				✓		✓	✓	
17M6	41				✓		✓	✓	
17M18mth	41					✓	✓		
18M9	9	✓							
18M7	9	✓							
18M1	9	✓							
20F5	43		N/C						
20F2	43		N/C						
21F6	19	✓							
21M4	19	✓							
21M2	19	✓							
22M6	15	✓							
22F6mth	15	✓							
23M13	15	✓							
23M10	15	✓							
23M8	15	✓							
24F11	16		Left Aust						
24F9	16		Left Aust						
24M5	16		Left Aust						
24M1MTH	16		Left Aust						
<b>Key</b>	#	family number	M/F	Male or Female	#	age			

Table 10.7

<b><u>Adults:Nature of Interventions</u></b>	
Personal Development & Wellbeing	26
Parenting	44
Relationships	54
Financial	39
Job Search & Vocational	65
Recreation	4
Life Skills	1
Health Support	16
Self Defence	7
Transportation to /Transport Costs	
courses	9
English Classes	7
nComputer orientatio	23
Mediation Training	6
Immigration Support	4
After care	11
Total	316
<b><u>Nature of Interventions: Children</u></b>	
Child Care	84
Sports Development	19
Personel Development	21
School Support	69
Outings/ Activities	55
Onsite Activities	28
Health Support	17
Counselling	9
Clothing	1
Transportation	11
Computer Skills	20
Total	334

## Appendix D

### Services Organisations

Green Valley police  
Liverpool police  
Liverpool Hospital Social Work Dept.  
Liverpool Hospital Maternity ward  
Jacaranda House (Methadone clinic)  
Campbelltown Hospital maternity ward  
Anglicare Liverpool  
Hume Community Housing  
The Hub (SW Area Health)  
Wesley Community Housing  
Cabramatta Community Centre  
Mission Australia – Miller Pathways  
Mission Australia – Job Network  
Mission Australia – Child Care Centre  
Liverpool City Council Children Services  
Donated Goods Sefton  
Living Solutions Bookshop  
Fire Brigade  
TAFE Liverpool (TAFE Counsellors)  
TAFE Miller  
TAFE St George  
TAFE Campbelltown  
Centacare Liverpool  
Centacare Fairfield  
Centacare financial Counselling  
Littles Car Restraints  
Immigration Dept.  
Centrelink  
Trade Recognition Department  
Chefs on the Run (training purposes)  
Interpreter services  
Karitane  
Community Nurse  
Gandangara Local Aboriginal Land Council  
Thurawal Aboriginal Land Council  
South Western Sydney Area Health Service  
DOCS Liverpool  
DOCS Ingleburn  
DOCS Campbelltown  
DOCS Orange  
DOCS Help line  
Probation and Parole Liverpool  
Probation and Parole Campbelltown  
Local Court Magistrates Liverpool and Campbelltown  
Legal Aid Liverpool and Campbelltown  
DPP (Department of Public Prosecution)  
Department of Housing Miller, Liverpool, Minto, Campbelltown  
St George Community Housing  
Argyle Community House  
South West Women Housing  
Ashcroft High School (Counsellors, Principal, teachers)  
Ashcroft Public School (Counsellors, Principal, teachers)

Sadleir Public School  
Cartwright Public School – Teachers as Parents program  
School Home Liaison Office  
Exodus Foundation  
Woolworths Home Shopping  
Births Deaths and Marriages  
St Vincent DePaul  
Credit Line Fairfield  
Wesley Uniting Employment  
Triple Care Farm  
Independent Living Program Ashfield  
Minto Family Support  
NSW Ambulance  
NSW Scouting Association  
Liverpool Evening College  
Mounties Soccer Club  
Liverpool NRL  
Police and Community Youth Centre  
St John Ambulance  
AHA Australian Hotels Association  
Corella (Detox Unit)  
Huz N' Buz Child Care Centre Miller  
St Anthony's child Care  
Fern Valley Child Care  
Liverpool Family Day Care  
Play group Association  
Sydney Self Defence Centre  
Aboriginal Housing Enquiry line  
Fairfax House  
Stepping out  
Dympna House  
Victory Outreach for Women  
T&T Interpreting Services  
Interpreting Solutions  
FLYHT (Adolescent and Mental Health Team)  
Liverpool Mental Health Team  
Child Support Agency  
Blacktown Council  
Barnardos Auburn  
Barnardos Penrith  
Salvation Army Liverpool  
Blooms Chemist Miller  
Elizabeth Drive Pharmacy  
Soul Patterson Casula

Counsellors: John Baldwin  
Margaret Chambers  
Elisabeth van der Veer  
Andrew Callinan  
South West Sydney Counselling and Therapy Service  
Australian Breast Feeding Association  
Interrelate Family Services  
Radio Rentals  
Office of the Public Guardian

Guardianship Tribunal  
Citizen Advocacy  
People with Disabilities  
SW Child, Adolescent and Family Service  
Vision Valley  
NSW Sport and Recreation Department  
Adult Migrant English Program  
AMES Burwood  
ACL Liverpool  
Mission Australia Home Tutor Scheme  
ATO  
The Junction  
Smith Family  
DAWN Women's housing Scheme  
Aboriginal Housing Company  
Nigara Housing Collective  
Innari Housing  
Marrickville Area Community Housing Co-operative  
Tenants Advice Service  
South Western Regional Tenants Association  
Miller Leisure Centre  
Whitlam Leisure Centre  
Liverpool City Library  
Miller Library  
Sisters of Charity Parent Support and Volunteer Training Program  
Villawood Community Centre  
International School of Music  
Liverpool Academy of Music  
Liverpool School of Creative Arts  
Valley Community Music Centre  
Green Valley Family Support Service  
The Drum  
St Johns Ambulance  
Red Cross  
Royal Life Saving Society  
Greater Union Cinema Liverpool  
Mounties (Mt Pritchard Community Club)  
Liverpool Catholic Club gym and ice skating rink  
Liverpool BMX Club  
NSW Marriage Guidance  
Rape Crisis Centre  
Fairfield Parent Support Centre  
Parent Line  
Sydney Dental Hospital  
Liverpool Dental Clinic  
Domestic Violence Advocacy Service  
Liverpool Women's Health Centre  
Indigenous Women's Legal Contact Line  
South Western Sydney Tenancy Advice and Advocacy Service  
Victims Compensation Tribunal  
Centre for women's Health – Campbelltown  
STARTTS – Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (NSW)  
Campbelltown Legal Centre  
Relationships Australia  
Women's Domestic Violence Court Assistance Scheme

Campbelltown Family Support Centre  
Life Care Counselling and Family Services  
Green Valley Domestic Violence Team  
Benevolent Society (SCARBA)  
Good Beginnings  
Twice Blessed  
Local paediatricians  
Ashcroft Pharmacy  
El Toro Hotel Liverpool  
Miller Medical Centre  
Family Planning Association  
Liverpool Migrant Resource Centre  
Wesley Disability Support Service  
Big Brother Big Sister  
Hills family Centre  
Community Early Childhood Nurse  
Boys town  
Dyslexic National Diagnostic Service  
Attention Deficit National Diagnostic Service  
Redbank House  
Park House  
Carers NSW  
UnitingCare Burnside  
South West Metro Women's Brokerage  
Catherine Villa  
YWCA Emergency Accommodation Service  
Women's Information and Referral Service  
Homeless Persons Info Centre  
Guthrie House  
Bonnie Women's Refuge  
St Mary's House  
Gene's Place  
St Michael's Family Centre  
Claffy House  
Safe Haven  
Vantage Community Services  
ITSA (Insolvency and Trustee Service Australia)  
24 hour Domestic Violence Line  
Liverpool Youth Accommodation Assistance Company (LYAAC)

