

Preventing Family Homelessness:

Results of the final evaluation of the Family Homelessness Prevention Pilot

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The FHPP in context

Family homelessness has emerged as an issue of increasing importance in Australia—a trend already identified in the USA and European countries a decade earlier (Fantasia & Isserman 1994; Vostanis et. al. 1996). During 2002–03, 37,400 support periods were provided by the Supported Accommodation and Assistance Program (SAAP) to Australian families with children, representing one quarter of all support periods to people using SAAP (AIHW 2003, Table 6.2). The development of SAAP over the past two decades, and the increasing whole-of-government approach being taken to address homelessness, reflects a growing concern about the impact of homelessness on individuals, families and communities. These responses have been driven by both recognition of the need to address social inequalities highlighted by homelessness and by the economic costs involved in allowing homelessness to grow (Eberle 2001; CMHPSR 2001).

In light of past research on the pathways to family homelessness—resulting from the combined effects of structural factors such as barriers to affordable housing and employment, and individual characteristics such as family violence, substance abuse, financial problems and other health issues (Walsh 2003; Kolar 2004)—the Family Homelessness Prevention Pilot (FHPP) was designed as an early intervention program to prevent families from drifting into homelessness. Its objective was to increase individual families' capacity to prevent homelessness *as well as* to build community capacity within the service system to respond more effectively to families at risk.

Specifically, the program aimed to:

- stabilise family circumstances (in relation to economic, employment, education & training, accommodation and health circumstances);
- develop family capability (by strengthening family relationships and strengthening community support networks);
- develop innovative collaborative partnerships (to assist in enhanced local capacity building); and
- effectively engage families at risk of homelessness (by identifying those at risk, developing supportive relationships with them and linking them to relevant services).

Non-government organisations (NGOs) in eight sites across Australia (one in each state and territory) were funded under the pilot—located primarily in regional centres or outer metropolitan areas. One site targeted Aboriginal & Torres Strait islander families only; another was located in an area with high concentrations of people from diverse cultural and linguistic backgrounds.

The FHPP service model

The service model was a collaborative one—a partnership between the funded NGO and Centrelink. A part-time social worker was employed within Centrelink to work with up to two NGO caseworkers by: identifying families at risk; undertaking joint assessments of

families' circumstances; and developing and implementing a plan for change. The pilot placed an emphasis on flexibility—encouraging services to use action research to determine the most effective ways of engaging families. From the beginning, the pilots were built around a service delivery model that:

- was strengths based and holistic—families were encouraged to identify their strengths, and case goals were built around these as well as around problems identified. Although housing and financial issues may have been the primary reason for families initial engagement, families were encouraged to examine other issues that may place them at ongoing risk of homelessness;
- provided a range of intervention approaches in a range of settings—practical support, counselling, advocacy and referral, social events and skill-based group programs provided in settings such as families' homes, coffee shops, community centres, as well as the NGO office; and
- used brokerage funds to help implement plans jointly developed with families.

Potential clients of the pilots were initially identified by other agencies and by Centrelink staff, and priority was given to families with (particularly young) children. The early-intervention focus of the program meant that families who were sleeping rough, receiving SAAP assistance, or in the process of being evicted, were ineligible for assistance.

The evaluation strategy

The evaluation strategy was developed early in the program implementation phase and included:

- the design of a Management Information System (MIS) to be established before sites became fully operational;
- a pre-test/post-test client survey; and
- qualitative information gained through site visits and key informant interviews.

MIS

The MIS was designed following a data modelling workshop with service provider and FaCS representatives, designed to: clarify the pilot service delivery model and expected outcomes; identify key explanatory variables; and resolve measurement issues. The resulting data collection system included comprehensive information about: family structure, socio-demographic characteristics of family members (including children), financial circumstances, housing stability, family complexity issues impacting case management, case goals, and support intensity and duration. Before and after measures were included to measure change in circumstances. Information was recorded by service providers onto paper forms, which were then sent to FaCS for processing.

Client survey

The client pre-test and post-test surveys captured client views on their strengths and issues, and included psychometric scales to gain before and after measures on family hardiness (McCubbin et al. 1991), mastery (Pearlin et al. 1981) and well-being (Goldberg 1972). Additionally, recommended indicators of social and family functioning (Zubrick et al. 2000) were used, and clients were asked to estimate overall change in their situation and the extent to which this was linked to the service they had received. The self-completion surveys were distributed to clients by the FHPP sites, and were returned directly to RPR consulting through the use of reply-paid envelopes.

Qualitative data

Site visits allowed those involved in the pilot to discuss the process, outcomes and issues they felt had emerged from the pilots. A combination of data-gathering techniques were used including phone interviews and meetings with reference groups and action research community members, focus groups with clients, semi-structured interviews with Centrelink and NGO staff and managers, participation in national forums, and the collection of case studies.

Limitations

Limitations of the evaluation were similar to many program evaluations and resulted primarily from budget and time constraints, as well as the need to protect client confidentiality. In summary, these included:

- the lack of a suitable control group to accurately attributes any observed changes to FHPP intervention—instead, pre- and post-intervention measures are used to assess change;
- reliance on NGO administration of the client survey and (as a result) considerable variability in participation rates across sites;
- a client sample biased towards longer-term clients who were more likely to have been effectively engaged by pilots;
- because of the biased sample obtained from the client survey, a reliance on MIS data which is based almost entirely on caseworker assessments of circumstances and change; and
- no information on the long-term sustainability of program outcomes.

Who were the families?

The cases of 459 families were available for analysis, although over the life of the program 874 adults and 1,146 children were assisted by the FHPP pilots as at 30 June 2004. A significant proportion of families assisted were of Aboriginal and Torres Strait Islander origin (23%), while 11% of families had at least one adult member born in a non-English speaking country. Adult family members were most likely to be: under 35 years old (62%),

female (67%), on some form of Centrelink payment (79%); and educated to year 10 or less (65%). A comparison of A&TSI and non-A&TSI families shows some key differences, particularly in relation to housing and family size:

- A&TSI families were most likely to be in public or community housing (43%), while non-A&TSI families were more likely to be in private rental (49%);
- A&TSI families moved 3 times or more in the last 2 years (55%), while non-A&TSI families moved twice or more (47%); and
- A&TSI families had younger and more, children in comparison to non-A&TSI families.

A complexity measure was developed, based on a series of issues previously identified in the literature and by service providers as contributing to the risk of homelessness. Common factors identified included need for emergency financial assistance, social isolation, family conflict and violence, literacy, lack of access to transport and telephones. Caseworkers were asked to record which of 41 complexity factors significantly impacted the management of the case. Families were then classified into *low*, *medium* and *high* complexity, according to their position in the overall distribution of case complexity¹. Not surprisingly, A&TSI families were significantly more likely to be assessed as having high complexity.

What was their risk of homelessness?

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

- the average duration of housing at program entry was 1.8 years;
- 42% non-A&TSI and 69% of A&TSI families entered the program with less than one year at their current address;
- the average number of moves in the two years before program entry was 2.1;
- 32% of families had moved for housing affordability issues or family breakdown, while 24% moved due to family violence and 17% due to eviction;
- almost half of all families were in private rental at program entry;

¹ A relative definition of complexity was used. Roughly one-third of cases were classified into each of three complexity levels: *Low*, *Medium* and *High*.

- 78% of families had some level of debt;
- 31% of adults had experienced homelessness in the past 2 years and 18% were previous SAAP clients.

What were the key outcomes?

The pilots were successful at improving families' situations in relation to most of the program's aims. Key findings are summarised in Table 1; however, readers interested in a comprehensive discussion of findings are directed to the final evaluation report (FaCS, forthcoming).

Case goals related to parenting, family violence and conflict were less likely to have been fully met than were those relating to housing, employment or health. However, a significant improvement was found in children's regular school attendance—those not attending school regularly dropped from 14% at the start of support to 9% at completion.

Factors associated with outcomes

Ordinary Least Squares regression was used to develop a predictive model of case plan goal achievement. The strongest predictors of the percentage of goals fully met at the completion of support are case complexity, intensity of support and the amount of brokerage funds used. Controlling for all other variables in the model, each additional case complexity factor identified has a predicated effect of *reducing* the proportion of case goals met by 3.4%. An increase in brokerage funds in the order of \$100 is predicted to increase the proportion of case plan goals met by 1.3%, while an additional 10 hours spent working on the case is expected to increase the proportion of case goals met by 3.3%.

Positive change in employment status after support was significantly linked to a higher number of agencies involved in the case plan; positive change in employment and education status was also linked to support lasting over 13 weeks.

Better outcomes also appear linked to sites with:

- highly skilled caseworkers and the agency had previously provided early intervention work with families;
- good relationships with a wide variety of other agencies; and
- a commitment to developing culturally competent practices.

Table 1: Key findings of the Final Evaluation of the FHPP

Program objective	Before support	After support
Stabilise housing	<p><u>Expected duration of housing:</u> 24% < than 3 months 51% >1 year or more</p> <p><u>Housing affordability:</u> 43% had housing costs of up to 30% income 21% spent 30-39% of income 22% spent > 40% of income</p>	<p><u>Expected duration of housing:</u> 5% < than 3 months 74% > 1 year or more % of secure tenure arrangement case goals met: 73.4% fully met, 13.6% partly met, 13% not met</p> <p><u>Housing affordability:</u> 57% housing costs up to 30% of income 21% spent 30-39% of income 13% spent > 40% of income</p>
Stabilise financial circumstances	<p>60% had sought emergency financial help in past six months and only 4% had any 'buffer' funds for emergencies</p> <p>79% in debt:</p> <ul style="list-style-type: none"> ● 17% owed < \$700 ● 21% owed \$700 – \$1900 ● 22% owed \$2000 – \$5,999 ● 18% owed \$6000+ <p><u>Employment status:</u> 17% employed 56% not employed and not looking for work</p>	<p>18% had buffer funds</p> <p><u>Debt reduction:</u> 21% of debt wiped out 37% debt reduced 39% remained the same</p> <p><u>Employment status:</u> 25.5% employed 48% not employed and not looking for work 17% of adults had positive change in employment status. A&TSI adults reflected same positive change.</p>
Develop family capability	<p>10% survey respondents knew someone in neighbourhood to have child minded regularly 42% had not attended a community event in past 6 months 11% had attended 2 events</p>	<p>Significant increases on Family Hardiness Index (McCubbin et al. 1991) and Mastery scale (Pearlin et al. 1981). Improvement for A&TSI families was higher than for non-A&TSI families, but not significant due to small numbers completing before and after scales.</p> <p>24% survey respondents knew someone in neighbourhood to have child minded regularly 29% had not attended a community event in past 6 months 26% had attended 2 events</p>

Implications from the program

- early intervention to prevent family homelessness is achievable
- families at risk of homelessness have complex multiple issues
- issues relating to parenting capacity and family violence are harder to impact upon, although this may happen over a greater length of time
- prevention of family violence is a significant community issue that underpins risk of homelessness for many families
- a successful service delivery model is one that emphasises family strengths, has flexible delivery approaches, provides intense support over the length of time needed by a family, has access to other agency support and brokerage funds
- although A&TSI families had more issues and greater disadvantage at the start of support, the pilots managed to achieve significant outcomes with families by working in a more culturally competent way.

This paper is based on the final evaluation of the Family Homelessness Prevention Pilot, undertaken by RPR Consulting under contract to the federal Department of Family and Community Services. The views contained in this paper do not necessarily reflect the views of the federal Department of Family and Community Services.

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