



Home First

A longitudinal study of outcomes for families who have
experienced homelessness - Final Report

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Final Report

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This is the final report documenting findings of a two-year longitudinal study, which seeks to better understand the pathways out of homelessness and housing crisis for Australian families. The study was developed out of Hanover's continuing concern about the ever-increasing levels of family homelessness and from the lack of knowledge on the long-term outcomes for families after an experience of homelessness.

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Melbourne
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Abbreviations

ABS	Australian Bureau of Statistics
ACOSS	Australian Council of Social Service
AIHW	Australian Institute of Health and Welfare
BSL	Brotherhood of St Laurence
CHP	Council to Homeless Persons
DHS	Department of Human Services
FaCS	Commonwealth Department of Family and Community Services
FHPP	Family Homelessness Prevention Pilot
HFLOS	Hanover Family Longitudinal Outcomes Study
HOME	Household Organisational Management Expenses Advice Program
NDCA	National Data Collection Agency
OoH	Office of Housing
SAAP	Supported Accommodation Assistance Program
SEI	Self-Esteem Inventory
TAFE	Technical and Further Education
VCE	Victorian Certificate of Education
VHS	Victorian Homelessness Strategy

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EXECUTIVE SUMMARY

Aim & Objectives:

This final report on the findings from the Hanover Family Longitudinal Outcomes Study (HFLOS), is an integrated account of the changes that families experienced over the two-year period of the study. As such, it includes findings based on five waves of data collection referred to as: the baseline, 6-month wave, 12-month wave, 18-month wave, and the 24-month wave. It focuses on the changes experienced in the key areas highlighted in the two earlier reports: housing, income, employment and education, use of welfare services, support networks, child development and parent wellbeing.

In general, the aim of the HFLOS was to gain a better understanding of the pathways out of homelessness, and to identify the key issues associated with establishing and maintaining housing and family stability (Horn and Cooke 2001). The study was guided by several specific research questions:

- To what extent does a family's housing stabilise in the longer term after a period of homelessness and crisis assistance?
- What issues contribute to decisions about housing moves and location of housing?
- What is the association between housing moves and job opportunities?
- What are the barriers to accessing and retaining stable housing?
- How important is the development of support networks on stable housing?
- What is the correlation between long-term housing outcomes and homeless program exit outcomes?
- How is children's development and family wellbeing affected in the long-term after a housing crisis?

A total of 42 families were recruited from five crisis support agencies covering metropolitan, regional and rural areas. Over the course of the study, contact was lost with twelve families. Bearing in mind the background and experiences of the families, the overall retention rate of 71 per cent is an extremely positive outcome for a longitudinal study of this type. To ensure some continuity, the findings in this final report were based on data collected from families who participated in at least *three waves* of interviews.

Profile sample of families:

Typically, participants were female, aged between 19 and 50 years with an average age of approximately 30 years, Australia-born, non-Indigenous, and had left school early (Year 10). They had an average of 2.3 children, ranging in age from a couple of weeks to 20 years. When the study began, three-quarters were sole parents; family structures changed during the course of the study and by the final wave, the proportion of sole parents had decreased to two-thirds. Half the families lived in the metropolitan area, a quarter in a regional area, and a quarter lived in the country. For the sub-group of children, the majority were aged less than 12 years and were in the early years of primary school.

- ***To what extent does a family's housing stabilise in the longer term after a period of homelessness and crisis assistance?***

A complex range of reasons had precipitated families' housing crisis. These included relationship and family breakdown, domestic violence, physical/emotional abuse, financial difficulties and substance abuse. A number of families had been evicted from their housing, mostly because they had fallen behind with their rent. Prior to their housing crisis, some families had experienced relative housing stability. In terms of house moves, for example, over half (51 per cent) had moved house only once or twice in the two-year period before the study. In fact, 40 per cent had lived in the one house for between two and seven years, while 9 per cent had between 10 and 22 years residency in one dwelling.

Of the original 42 families recruited to the study, 80 per cent had exited homeless support services and moved into private rental or public housing (Horn and Cooke 2001). As mentioned, contact with a number of families (29 per cent), was lost at various data collection periods. This was, of course, due to the families moving house.

It is likely that for most, the move was not by choice rather; it may have been prompted by another crisis. This indicates, therefore, that housing had not been stable for over a quarter of the families.

Among those families who had stayed in the study, the majority had experienced stable housing: 83 per cent had not moved house over the two-year study period or had made a positive change, for example, moving from transitional to permanent housing. In addition, most families perceived their housing as stable. Certainly, for a few families stable housing remained elusive. In these cases, accommodation had included SAAP transitional housing, or staying with family or friends. Despite the difficulties that some had experienced, in the last three waves (18 months) of the study no family had returned to SAAP crisis services.

- ***What issues contribute to decisions about housing moves and location of housing?***

Few families were able to exercise any real choice about where to move. Financial constraints were the major stumbling block for those families who had rented privately. For those in public housing, on the other hand, it was public housing waiting lists that determined when and where they moved. Nevertheless, two main reasons emerged that had influenced families in their decision to live in a particular area: *proximity to extended family and proximity to schools/kinder*, a combination of both personal and practical considerations.

Employment had not emerged as a motivating factor for families in deciding where to live. Initially, families would have been focused on their housing crisis; employment would not have been a priority. Further, at least half the participants were sole parents who were generally not even part of the labour force (that is, neither in paid work nor looking for paid work); instead, they had the main responsibility of raising their children.

- ***What is the association between housing moves and job opportunities?***

Most families were initially reluctant to move house in order to gain or maintain employment. This was not surprising given that stable and secure housing was not easy to access, particularly public housing. However, as the study progressed and concerns about employment and financial difficulties increased, so too had the preparedness to move house for job opportunities.

Most families who were willing to move for employment reasons were from the country, while those reluctant to move were mostly from the city. Overall, only one participant had moved for employment reasons, from one country area to another.

- ***What are the barriers to accessing and retaining stable housing?***

Affordable housing:

The findings showed that affordable housing was, of course, guaranteed for the families who were in public housing. No one in this group paid more than 30 per cent of their income on rent.

In general, over the two-year period the proportion of families who were in affordable private rental housing had more than doubled from 25 per cent (baseline) to 55 per cent (24-month wave). It should be noted that when the study began, a substantial number of eligible families, those in private rental, had not received Rent Assistance; as a result many paid in excess of 30 per cent of their income in rent, which landed them in housing stress. The delay in receipt of Rent Assistance appeared to be addressed by the end of the first year of the study. After the two-year period, all eligible families, with the exception of one, received Rent Assistance.

Financial concerns were a common and consistent concern for the families throughout the study. It prompted a number of families to seek support. It may be that with time there was better engagement with support workers, which meant better identification of families eligible for Rent Assistance. The findings suggest that assessment for eligibility for those on income support does not adequately identify families who may be eligible for Rent Assistance. In addition, Rent Assistance is paid as part of the Family Tax Benefit Part A; while the sample families were aware of this, they were not able to specify the exact amount of their Rent Assistance.

Further, despite receiving Rent Assistance, a high proportion of families still experienced housing stress (45 per cent). Thus, while it was effective for some, the findings show that for a number of families, Rent Assistance had proved inadequate as a means of accessing affordable housing.

The differences in housing affordability between the families in urban and rural areas were marginal. Put another way, the families in rural areas did not necessarily have greater access to affordable housing than families in urban areas. In a couple of cases, families had moved to the city because of the difficulties they had in accessing affordable housing in the rural areas. One of the families successfully accessed housing and employment; the other was unsuccessful and returned to the country. One city-based family had moved to the country to explore available housing options.

Underlying vulnerabilities:

The housing crisis for families who participated in the HFLOS had been precipitated by a number of difficulties, including relationship/family breakdown, physical/emotional abuse, domestic violence, substance abuse, eviction and financial problems. As the study progressed and housing stabilised, families continued to be worried about these and other issues, such as employment, for example. Throughout the course of the study, one of the main worries for families was financial hardship, intimately linked to income and employment.

Income:

The main source of income for the families came from income support payments, which was consistent for the two-year period of the study. This primarily included the Parenting Payment and the Family Tax Benefit. Relatively few participants had been on the Newstart Allowance; at the baseline, for example, there were five and by the final wave there were two.

Income from paid work was limited to a handful of families. It was relatively more typical among families who rented privately compared to those in public housing. In general, those in private rental tended to be two-parent families who had greater potential to pursue employment opportunities. In contrast, those in public housing tended to be sole parents whose primary responsibility was caring for their children.

Income support payments were the key source of income for families, primarily the Parenting Payment and the Family Tax Benefit. In a few cases, employment had increased, but the majority of families had remained on income support payments. For sample families with two children, the median weekly income was around \$50.00 below the Henderson Poverty Line (\$461.00 for sole parents with two children; and \$557.00 for couple families with two children). As a reference point, this indicates that the level of income support received by sample families fell short of enabling them to cover the cost of their basic needs. Thus, it was not surprising that financial problems remained a widespread issue despite improved housing affordability.

The findings indicate that income support payments to families should be increased to enable families to meet the costs of basic needs. Rent Assistance should also be increased so that low-income families are able to access and maintain affordable housing. Centrelink need to provide more explicit information to families in relation to their entitlements in a language that is reader-friendly, to increase consumer understanding. In relation to Rent Assistance, Centrelink need to review their assessment procedures to ensure timely receipt by all eligible families in private rental.

Employment:

The proportion of participants who had paid work remained relatively low over the course of the study. Nevertheless, those in paid work had doubled from 11 per cent at the baseline to 23 per cent at the final wave. As mentioned, two-parent families had greater opportunity to pursue employment than sole parents. For example, at the 24-month wave, 73 per cent of couple families had at least one parent in paid work, compared with 16 per cent of sole parents who were in paid work. Thus, couple families had done relatively well because in a number of cases, at least one parent was in paid work.

The majority of participants were not in the labour force, essentially because of young children and parenting responsibilities. However, with income support payments around 20 to 30 per cent below the poverty line (BSL 2002), employment represents the only viable pathway out of poverty. The findings showed that participants were conscious of the future and wanted to improve the situation for themselves and their children. It was acknowledged that insecure low-paid casual work would not provide a pathway out of poverty. A high proportion of participants had, in fact, undertaken some type of study/training during the course of the HFLOS. In some cases, there was certainly an expectation that this would result in better employment prospects. The

findings showed that the only way out of poverty for the families was through appropriately remunerated paid work.

The findings showed that the best, and indeed the only, way out of poverty is through paid work. Better approaches to job creation and training that are aimed at getting the long-term unemployed and low skilled into paid work need to be developed. Incentives are also needed to support and encourage sole parents to participate in the labour force.

Eviction:

Financial problems meant that some families were still worried about maintaining their housing and had expressed concerns about the possibility of being evicted. Concerns about eviction had fluctuated during the course of the HFLOS; but in the final six months of the study, such concerns had actually increased. It was surprising to find that a few families were public housing tenants. The basis of their concerns was related to financial difficulties, which had resulted in rent arrears.

Their concerns were justified. When public housing tenants default on rental payments, they are at risk of being evicted. There is certainly an opportunity to negotiate paying back rent arrears, but there is a limit to the period in which arrears need to be repaid, as well as a limit on the number of times rent can be in default. Such an approach is essentially punitive in nature and has no legitimate place when it comes to responding to the needs of families in crisis. Indeed, the Victorian Homelessness Strategy Ministerial Advisory Committee and Project Team identified the need to reduce 'at-risk' public housing tenancies as a key priority (VHS 2002:34). This resulted in the implementation of two initiatives: a 12-month pilot looking at public housing tenants at risk of eviction, and an 18-month pilot focused on Indigenous tenants at risk of eviction (OoH 2003).

These initiatives will, no doubt, be an important component in addressing 'at-risk' public housing tenancies. The Office of Housing, however, has yet to make changes to its overall policies and procedures. It remains imperative for the Office of Housing to review its procedures in relation to 'at-risk' tenancies, to ensure that vulnerable families do not face eviction, but are linked to appropriate support services that can address financial and other difficulties.

- ***How important is the development of support networks on stable housing?***

The findings suggest that support networks, especially extended family, were important to both stable housing and family wellbeing. For participants, one of the main considerations when deciding where to live was to be close to family. In fact, most participants lived within an hour's drive from their extended families, and had regular contact (Kolar 2003).

The majority of participants had someone to turn to for support. When in need, most had turned to their extended families for support; most commonly it was their mothers. Friends were also an important support, as was a participant's partner. In a few cases, participants had also relied on agency support workers or other professional such as a therapist/psychologist. Most commonly, participants needed emotional support or advice, financial help, help with looking after children and with housework.

Where support was lacking, especially from extended family, the stress and pressure on participants was significant. This was highlighted among some of the families who had struggled over the course of the study and did not have access to extended family support. For those families whose circumstances were unchanged or had improved, support networks tended to be relatively more common. It seems reasonable to assume, therefore, that the availability of support networks had a positive influence on stable housing.

- ***What is the correlation between long-term housing outcomes and homeless program exit outcomes?***

It was originally anticipated that as housing stabilised, demand for welfare services would fall (Horn and Cooke 2001). However, a key finding in the study showed that as housing had stabilised the use of welfare services had actually increased. Why had this occurred? As has been highlighted, families who had spiralled into crisis had usually faced multiple and complex problems. This suggests that a response to their crisis needed to encompass a comprehensive and holistic approach. Access to safe, secure and affordable housing certainly improved outcomes for families and children. However, it cannot be assumed that it can address other difficulties such as health, relationship or employment problems, for example. Importantly, stable housing can

provide the foundation from where families can begin to resolve their difficulties. Thus, based on these interpretations, it was not surprising that a rise in stable housing had not necessarily resulted in a fall in the use of welfare support.

After an initial 'honeymoon' period, demand for housing support (short-term accommodation, independent housing, financial help with bond or rent) was relatively high. As families became settled, demand dropped markedly. In the latter half of the study, demand increased only slightly as some families waited to move from temporary to secure housing; some received financial assistance to help pay the rent or bond.

In contrast, the demand for *non*-housing support had fluctuated but remained relatively high throughout the course of the study. In fact, by the final wave, 70 per cent had accessed some type of *non*-housing support; six months earlier, it was 56 per cent. The type of *non*-housing support received included basic support such as food (especially food vouchers), counselling for emotional or family or relationship issues, financial and material help as well as financial counselling.

The need for food was one area where support had consistently increased over the two-year period. Indeed, by the final wave the majority of participants (63 per cent) had accessed *non*-housing support specifically to obtain food for themselves and their families. Improved housing affordability meant that families could now afford to have a roof over their heads; they could not, however, afford to meet the cost of basic daily necessities such as food. These findings further highlight the inadequacy of income support payments. It can only be assumed that as long as income support payments and employment opportunities remain inadequate, the need for welfare services and support will not diminish.

Family transitions:

Most families had received the services and supports that were needed. There was opportunity to address and resolve difficulties, and this certainly happened, up to a point. For some, the situation had improved by the latter half of the study. The catalyst for change was usually associated with positive outcomes in relationships, health and finances. In addition, most families had access to stable support networks. There were certainly a number of families who, over the two-year period, experienced relative stability and had few underlying issues. Therefore, their need for ongoing support was minimal. In other cases, however, families had generally struggled during the course of the study; they had relied on support services but continued to experience multiple and complex problems that further undermined their wellbeing and stability.

This illustrates the significance of a variety of response models. One size does not fit all. It is imperative that support services encompass crisis response, prevention and early intervention models. There is a need for the Supported Accommodation Assistance Program (SAAP) to become more sophisticated at matching assessment of needs to resources. The circumstances of families with multiple and complex needs illustrate the necessity for a holistic and integrated response such as, for example, the Family Homelessness Prevention Pilot (FHPP). A recent evaluation concluded that the FHPP was '*successfully assisting the stabilisation of families*' circumstances that may have otherwise lead to family homelessness' (RPR Consulting 2003:7). The success of the FHPP has been enhanced through a collaborative partnership between Centrelink and participating community agencies.

These findings suggest that there needs to be an increase in funding to improve crisis support services. Also important is the need to minimise the longer-term adverse impact of homelessness and transience on families by increasing resources at housing assistance services to enable prompt resolution of crisis. Further, preventative and early intervention programs need to be expanded to incorporate partnerships and a collaborative and integrated approach to service delivery models, such as the FHPP, for example.

- ***How is children's development and family wellbeing affected in the long-term after a housing crisis?***

The detrimental impact of homelessness on family health and wellbeing has been widely acknowledged (McCaughey 1992; Bartholomew 1999; Efron et al 1996; Walsh et al 2003). Among children the issues include emotional and behavioural problems, learning difficulties and disrupted schooling, medical problems, poor nutrition and social isolation. Parents can also experience multiple problems such as emotional and physical health issues, poor nutrition, isolation, and relationship difficulties. These issues can hinder parents in the way that they relate to their children and their capacity to fulfil their parenting responsibilities.

Children's development and wellbeing was explored in terms of general behaviour, health, school performance, social interaction and family relationships. These issues were explored in relation to one child in each family and collected via interviews with parents. Overall, the findings showed that, as might be expected, stable housing translated into positive outcomes for children.

In general, longer-term positive outcomes continued for the sub-sample of children. There were improvements in general behaviour, health and family relationships. For those children at school, the benefits of stable housing continued to be reflected in their school performance.

Importantly, stable housing had a marked impact on school absenteeism, which almost halved over the two-year period. For instance, when the study began, the average number of school days missed, in a six-month period, was almost twelve. By the final wave that figure was reduced to six. Where absenteeism was affected by illness, a similar pattern was observed. School performance had also improved, although in some cases, ongoing health issues may have affected school performance.

Overall, the findings emphasise the significant impact of stable housing to the development and wellbeing of children. A child simply cannot be expected to thrive if that child is homeless. It is imperative, therefore that homelessness experienced by children be targeted and eliminated. Further, it is essential to develop crisis, early intervention and prevention service response models that specifically focus on the needs of children in poverty, particularly those who have experienced, or are at-risk of, homelessness.

Parent wellbeing:

In terms of parental health, data were only available for the last three interview waves. The absence of health data following the exit from crisis support services makes it difficult to comment on a possible link between housing circumstances and the general health of participants. The available data indicated that participants' health had fluctuated over the latter part of the study. By the end of the study, most parents reported that they were in good health. However, a relatively high proportion of parents (42 per cent) said they were in average or poor health. In terms of emotional wellbeing, the findings indicated relatively positive self-perceptions. While there was a slight drop at the end of the study, it was nevertheless positive among most of the parents.

Essentially, emotional wellbeing had deteriorated among parents who had experienced multiple problems and had struggled over the course of the study. Among this group, over 70 per cent had received a *low* SEI score, while the majority of parents whose circumstances were relatively positive received *high* SEI scores. The findings suggest that since circumstances had failed to improve for those who had struggled, parents' emotional wellbeing had weakened. This group of participants had multiple and complex problems. Despite their difficulties, most remarked that they had handled their situation well. They were also able to comment on their hopes for the future.

Stable housing is central to family stability and wellbeing. However, it is also imperative that families have access to services and supports in order to resolve underlying difficulties. This means having the opportunity to improve their housing situation, relationships, health and finances, as well as have access to employment and study/training. Family support programs need to be strengthened by focusing on the prevention of crisis; increasing early intervention to reduce the loss of housing; and targeting ongoing support for 'at-risk' families with multiple and complex issues over the longer-term. It is essential to develop mainstream and targeted programs to address and eliminate the level of family and domestic violence.

POLICY RECOMMENDATIONS

Past research has shown that homelessness has a serious negative impact on children's development, education, health and wellbeing. The HFLOS has clearly demonstrated that children experienced positive changes in these areas once family homelessness has been addressed. In other words, housing is crucial to the development and wellbeing of children.

To reflect the urgency of children and their families who are homeless, and the extent of community concern about it, the priorities for the next Australian Government should include:

1. A national housing strategy that, after a period of transition, will adjust housing assistance and the tax treatment of housing in a way that will ensure that it is better targeted to those most in need.
2. The establishment of strategies to more adequately integrate employment and housing assistance in a way that will ensure that each of these children has a parent able to gain paid work.
3. The implementation of the Rebound strategy of targeted assistance to children of homeless families as a national program.
4. The expansion of the Australian Government's pilot of the Family Homelessness Prevention Program that has proved to be remarkably successful.
5. The establishment of a target to reduce by 20 per cent the homelessness experienced by families in the next term of federal government.

Implications for research:

Given the unexpected finding of increased reliance on support services despite stable housing in most cases, it was deemed important to explore this further. It was decided, therefore, to undertake an additional wave of data collection. The proposed additional wave will provide a longer-term timeframe, at least three years, to assess the factors that lead to housing crisis for vulnerable families and consider more effective interventions that build resilience, especially for families with ongoing complex issues. This will provide an opportunity to better understand the reasons for the families' increased reliance on support services.

The willingness of families to participate in additional follow-ups was raised during the fifth wave of interviews. The response was unanimous; all 30 families were happy to remain involved in the study. It is now between 12 to 18 months since families were last interviewed. Thus, it is an opportune time to undertake an additional wave of data collection.

It is expected that the findings will strengthen advocacy for enhanced policy measures leading to prevention of family homelessness, and to support programs to ensure family functioning and social participation for families with complex needs.

1. INTRODUCTION

Over the last ten years, Australia has experienced a sustained period of economic growth; the benefits, however, have not flowed on to all households. In the early 1990s, a collaborative partnership between Hanover Welfare Services and the Australian Institute of Family Studies (AIFS) embarked on a collaborative partnership to explore the rise in the numbers of families experiencing homelessness and housing crisis. In the foreword to the study's report, the then director of AIFS, Don Edgar, described family homelessness as '*a growing social scandal*' (McCaughey 1992). Now in the 21st century, 12 years later, that 'growing social scandal' continues unabated.

'Being without a home effectively disenfranchises a person from a broad range of rights and the responsibilities all community members share, which together constitute citizenship. In this way, homelessness is one of the most potent markers of social exclusion' (VHS 2002).

Last year, over 41,000 families with accompanying children Australia-wide were assisted by homeless services. In 1996, Hanover Welfare Services collaborated with the Royal Children's Hospital in Melbourne on a study that focused on the impact of homelessness on children (Efron et al 1996). The findings highlighted detrimental outcomes that affected children's physical, emotional, social and educational development. Not surprisingly, safe, secure and stable housing was essential to enable positive outcomes for children.

1.1 The Hanover Family Longitudinal Outcomes Study

Building on the foundations of the two earlier studies (McCaughey 1992; Efron et al. 1996), Hanover Welfare Services launched the Hanover Family Longitudinal Outcomes Study (HFLOS) in 2000. Importantly it was designed as a longitudinal study to follow a sample of 42 families over a two-year period. The First Report (Horn and Cooke 2001) was based on data collected from first-stage interviews with families who had experienced homelessness or unstable housing. The Second Report (Kolar 2003) incorporated analysis based on data from the first 12 months.

This final report details the changes that families experienced over the course of the two-year study period. As such, it includes findings based on five waves of data collection referred to as: the baseline, 6-month wave, 12-month wave, 18-month wave, and the 24-month wave. The report continues to explore the changes experienced in the key areas highlighted in the two earlier reports: housing, income, employment and education, use of welfare services, support networks, child development and parent wellbeing.

The HFLOS was essentially an exploratory study using data from a volunteer sample of families. It employed both quantitative and qualitative research methods. Over a period of two years, families participated in five waves of interviews, which occurred at six-monthly intervals.

1.2 Research objective

In general, the aim of the HFLOS was to gain a better understanding of the pathways out of homelessness, and to identify the key issues associated with establishing and maintaining family and housing stability in the long-term. Additionally, there was a need to explore whether service exit outcomes are maintained in the longer term (Horn and Cooke 2001).

More specifically, the study was guided by several research questions:

- To what extent does a family's housing stabilise in the longer term after a period of homelessness and crisis assistance?
- What issues contribute to decisions about housing moves and location of housing?
- What is the association between housing moves and job opportunities?
- What are the barriers to accessing and retaining stable housing?
- How important is the development of support networks on stable housing?

-
- What is the correlation between long-term housing outcomes and homeless program exit outcomes?
 - How is children's development and family wellbeing affected in the long-term after a housing crisis?

1.3 Analysis and interpretation

The underlying premise of the longitudinal nature of the HFLOS was to understand the pathways out of homelessness from the perspective of families themselves: their subjective perceptions, thoughts and feelings. Rather than produce results that were statistically generalisable, the goal was to explore the longer-term outcomes for families who had experienced housing crisis.

Given that data collection was facilitated through the use of a semi-structured interview schedule, and a structured self-esteem instrument, this report incorporates both quantitative and qualitative data analyses. Together, they provide the opportunity to explore in-depth the meaning and nature of key variables, as well as to enable comparisons of key variables to be made between the various data collection periods. The quantitative analysis, however, is limited in its scope because of the small sample sizes, which has limited statistical analysis and has made the interpretation of findings between sub-groups particularly tentative.

Qualitative analysis has been used to categorise data into broad themes. In order to highlight or elucidate those themes, extensive use has been made of participants' quotes. As far as possible, those quotes have been used intact. There are two exceptions that need to be noted. The first is that in order to maintain confidentiality and privacy family member names and place names have been removed. The second change to quotes has been to include words that appear in square brackets, in order to clarify certain references.

In order to provide some context and facilitate interpretation, each quote provides details of family type and housing tenure. Where findings related specifically to the focus child such as, for example, school performance, the age of the focus child was also included. In the main, the quotes presented in this report relate to the 24-month data. Case studies have also been included.

1.4 Selection of sample families

The qualitative emphasis of the HFLOS meant that the sample was based on families who volunteered to participate in the study, as opposed to being randomly selected; it also meant that the sample size was limited to 50 families. After a period of several months, a total of 42 families were recruited through five homeless services in Victoria (Horn and Cooke 2001). While the sample was not randomly selected, the HFLOS aimed to gain a cross-section of families from both metropolitan and non-metropolitan areas. Thus, two services that assisted in the recruitment of families were in Melbourne and three were the Melbourne metropolitan area (one regional and two rural).

Families were asked to take part in the HFLOS following their exit from a service. The first wave of interviews took place between August 2000 and March 2001. Families participated in a total of five interviews, at six-monthly intervals. The last wave of interviews was completed in March 2003. Information regarding the selection of families and participating agencies is detailed in Appendix One.

1.5 Changing sample size

A longitudinal study presents many challenges. A key challenge, of course, is to minimise attrition and keep the sample size as intact as possible. To this end, the HFLOS, adopted several strategies, which included the recruitment of experienced interviewers, assigning interviewers to the same participant for follow-ups, collection of three contact details, sending newsletters and Christmas cards, as well as providing a free-call number for participants to ring (Horn and Cooke 2001). In spite of these efforts some attrition was perhaps inevitable, especially since participating families had experienced chaos and trauma in their lives.

Table 1.1 details the overall result of these efforts. It illustrates the changes that occurred in the sample sizes, at what point they occurred, and the underlying reasons for the changes. An original 42 families were first interviewed for the HFLOS. With a steady loss of families at each data collection period, the Study was completed with a final sample size of 30 families.

Table 1.1: *Completed interviews and reasons for non-response, by interview wave*

	Baseline (N)	6-Mths (N)	12-Mths (N)	18-Mths (N)	24-Mths (N)	Total non- response
Total number of interviews completed	42	38	33	32	30	-
<i>Reason for non-response:</i>						
Moved/lost contact	-	4	4	2	1	11
Deported	-	0	0	0	2	2
In crisis	-	0	1	1	0	2
Sub-Total non-response	-	4	5	3	3	15
Contact regained (interview completed)	-	0	0	2	1	3
Total non-response	-	4	5	1	2	12
Interview omitted (only 1 or 2 waves completed)	4	3	0	0	0	-
Sample size	35	35	33	32	30	-
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>						

The overall loss of 12 families represents a non-response rate of 29 per cent. Nevertheless, this still means that of the original 42 families, who were first interviewed two years ago, 71 per cent had remained involved in the HFLOS; and all of these families had commented that they would like to continue that involvement.

1.6 Non-response numbers

The main reason for a non-response, as shown in Table 1.1, was that families had moved house. Usually, in these instances, families had few or no follow-up contacts, so attempts to trace their whereabouts were difficult. Analysis of the baseline data also indicated that the families who had dropped out at the 6-month wave had reported that multiple issues had contributed to their housing crisis, which, in three cases, included domestic violence. It is likely therefore, that these families had moved because of continuing difficulties, or perhaps things had deteriorated even further and thrown them into another crisis.

It may be that these families were the most marginalised of all the families in the sample, especially those who had experienced domestic violence. It is also possible that they may have reconnected with SAAP or other crisis support services. Such circumstances would, no doubt, have overshadowed their participation in a longitudinal study.

In contrast, the five families who dropped out at the 12-month wave had, with one exception, reported few or no issues that had caused them concern. It may be that in these cases things may have improved, or at least remained stable. As such, they may have thought that they were no longer eligible to remain a part of the study; or perhaps it may have seemed irrelevant to them.

Two families were deported at the time of the final wave, and another two had experienced major hardships. From an initial total of 15 'lost' families, the study had some success in re-establishing contact with three families; this included the two families who had been in crisis and one family who had moved house.

Table 1.1 also shows that a total of seven of the twelve families were excluded from the analysis of the baseline and 6-month data. Primarily, this applied only to those families who had completed no more than one or two interviews when the study first began. By omitting this group, it meant that analysis could more accurately reflect the progress and changes over the two-year period of families who had remained with the study over the longer term. This left a final sample size of 35 families for both the baseline and 6-month waves. Refer to Appendix One for the demographic particulars of the non-response families.

1.7 Limitations of study

There are three main limitations to note that affect the interpretation of the findings. The first is that the HFLOS was based on a volunteer sample of families. As already noted above, the findings cannot necessarily be generalised to the wider population of homeless families. However, the exploratory and qualitative emphasis of the project was designed to contribute to an understanding of the pathways out of homelessness.

The second relates to the issue of self-reports, which can be affected by biases. That is, it is possible that in some cases participants may have given socially desirable responses; this may have occurred, for example, when commenting on a child's behaviour, or perhaps their school performance, or even family relationships. On the other hand, of course, the longitudinal nature of the project, which has resulted in an on-going relationship and rapport between interviewer and family, may well counter or at least minimise any potential self-report bias.

Finally, it is important to note that the interview schedule was changed markedly between the second and third data collection periods. The bulk of the questions, especially from the 6-month interview schedule, were included in the subsequent schedules intact. Nevertheless, some questions were slightly modified to provide clarity, or as a natural evolutionary process that is part of a longitudinal research inquiry. Some questions, therefore, were not directly comparable. Where this has occurred and is pertinent to the findings presented, it has been acknowledged in this report.

2. PROFILE OF FAMILIES

The demographic details presented in this section pertain only to those families who participated in at least *three interview waves*. As noted in the previous section, where participation was restricted to only one or two waves, these families were excluded from the analysis. This has enabled a more in-depth and accurate analysis of what has changed, over time, for these families in the key areas of housing, income and employment, use of welfare services, support networks, child development and parent wellbeing.

2.1 Participating families

The profile of families focuses on family composition, sex and age of participants, country to birth, indigenous background, educational attainment, and location. A profile of children is also included.

Family composition:

Table 2.2 shows the shift in family dynamics over the two-year period. It is interesting to note just how fluid family composition can be. At the baseline, for example, close to three-quarters of participants (n=26) were sole parents. By 12 months, this had dropped to over half (n=18), and by the final wave almost two-thirds of participants (n=19) were a sole parent. Some changes were a result of reconciliation between biological parents, while others were a result of the formation of new relationships and households.

Sex and Age of participant:

The vast majority of participants were mothers. The 12-month wave shows a drop in the number of mothers interviewed while the number of fathers interviewed rose from five to six. This occurred because in one case, the situation at the time made it difficult for the mother to be interviewed; the father was available, so he participated instead. While this occurred in only one case, it highlighted the need for flexibility in responding to the circumstances faced by families. By the final wave, two fathers were no longer part of the Study.

Age was relatively evenly spread across the three age categories, with relatively little change over the course of the Study. By the final wave, the youngest parent was aged 20 years and the oldest was 50 years; the median age was 31.5 years.

Country of birth:

The vast majority (around 80 per cent) of participants were Australian-born but a few were born overseas, including England/Wales and Scotland. Also included were New Zealand, Fiji and the Philippines. The high numbers of HFLOS participants born in Australia reflect the high proportion of SAAP clients who were Australian-born (CHP 2002). In contrast, families from non-English speaking backgrounds were under-represented in the HFLOS compared with SAAP clients in Victoria, 15 per cent of who were born in a non-English speaking country.

Indigenous background

Around one-four participants reported that someone in their family was Aboriginal or Torres Strait Islander. Focusing on the broader SAAP client base, 16 per cent were Indigenous Australians (CHP 2002). This suggests that families with an indigenous family member were over-represented in the HFLOS.

Table 2.2: *Demographic profile of participating families, by interview wave*

DEMOGRAPHIC PROFILE	Baseline (N=35)	6-Mths (N=35)	12-Mths (N=33)	18-Mths (N=32)	24-Mths (N=30)
<i>Family composition:</i>					
Sole parent family	26	18	18	20	19
Biological parent family	6	10	8	8	6
Step parent family	3	7	7	4	5
<i>Sex of participant:</i>					
Female	30	30	27	27	27
Male	5	5	6	5	3
<i>Age of participant:</i>					
19 to 29 years	12	12	10	11	10
30 to 35 years	12	12	12	11	10
36 to 50 years	11	11	11	10	10
<i>Country of birth</i>					
Australia	28	28	27	25	26
England/Wales/Scotland	4	4	4	3	2
Other	3	3	2	4	2
<i>Aboriginal/Torres Strait Islander:</i>					
Yes	10	10	8	9	7
No	25	25	25	23	23
<i>Educational attainment:</i>					
Some tertiary	2	2	2	2	2
Year 12	7	7	7	6	5
Year 11	8	8	8	7	6
Year 10	14	14	13	13	13
Year 9 or below	4	4	3	4	4
<i>Location:</i>					
Metropolitan	18	18	19	17	16
Regional	7	7	7	7	6
Rural	10	10	7	8	8
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

Education:

Table 2.2 shows that the majority of participants had completed Year 11 or below. Around one-in-five participants had completed Year 12 and only a handful had gone on to tertiary education. There were no participants, in this sample of families, who had completed any TAFE studies. These data reflect the fact that the majority of participants were mothers who had their first child at a relatively young age, leaving little opportunity to pursue educational goals.

Consistent with the summary presented in the First Report (Horn and Cooke 2001:15), the typical participant was an Australian-born mother, who had left school early. The biggest changes were highlighted in family composition. The change in family relationships meant that the distribution of sole parents and two parents changed over the course of the Study. At the time of the first-round interviews, just over half of the families had been recruited from metropolitan welfare agencies, round a quarter came from regional agencies and a quarter were from rural agencies.

Location:

When families were initially selected to participate in the HFLOS, half (n=18) were from the Melbourne metropolitan area, 20 per cent (n=7) from Geelong, and 29 per cent (n=10) from Gippsland. With the exception of the 12-month wave, the almost even split between families in metropolitan and non-metropolitan areas remained relatively consistent over the course of the study. During the last twelve months of the study, three families moved from the regional and rural areas to Melbourne.

2.2 Profile of children

There are two parts to this section. The first looks at the total number of *all* children represented in the HFLOS, their ages and family size. The second presents details for only *one* child in each family. It was necessary to select only one child in order to explore issues of child development and wellbeing in some depth. Referred to as the 'focus child', this sub-sample of children was originally nominated by parents and tended to be the first-born. The details pertaining to the 'focus child' include their age, sex and school level.

Age of all children and family size:

Table 2.3a shows the age profile for *all* children in the sample families, the average number of children and the changes that occurred over the two-year period. The age profile for the sub-sample of children is compared with children (n=50,700) who used Supported Accommodation and Assistance Program (SAAP) services in Australia for the most recent NDCA data collection period, 2002-03 (AIHW 2003).

With the baseline wave of interviews, 35 sample families comprised a total of 78 children, with an average of 2.2 children per family. Given the variations in sample size, it was not surprising that the number of *all* children fluctuated over the course of the study. By the final wave, two years later, a total of 73 children resided in 30 sample families; the family size ranged from one to seven children, with an average of 2.4 children per family.

Table 2.3a: Age profile of all children and average number children, by interview wave, compared with SAAP data for Australia (2002-03)

Age of all children	Baseline	6-Mths	12-Mths	18-Mths	24-Mths	*SAAP client group
	%	%	%	%	%	%
<i>Age categories:</i>						
0 – 4 years	38.5	36.1	37.2	40.0	39.7	44.4
5 – 12 years	48.7	47.0	44.9	46.1	43.8	43.3
13 – 15 years	3.8	7.2	7.7	7.7	9.6	9.0
16 years and older	9.0	9.6	10.2	6.2	6.9	3.3
Total number children	78	83	78	65	73	53,700
Total number families	35	35	33	32	30	n.a
Average number children	2.2	2.4	2.4	2.0	2.4	n.a
<i>n.a = not available</i> <i>Sources: Hanover Family Longitudinal Outcomes Study, 2004;</i> <i>*SAAP NDCA Annual Report 2002-03 Australia (Table 9.2).</i>						

In the main, the study's sample comprised families with young children; most were either aged between 0-4 years or 5-12 years. A relatively small proportion was aged 13 years or older. These data are consistent with the age profile of children who used SAAP services. A total of almost 54,000 children were in SAAP services Australia-wide during the period 2002-03 (AIHW 2003). The majority were aged between 0-12 years. Children aged 0-4, however, were slightly under-represented in the sample families compared with the SAAP client group (44 per cent).

For older children, the SAAP NDCA data only focused on those aged 16-17 years (3 per cent), while the study sample included the broader category of 16 years and older. Hence the higher proportion of older children in the sample families compared with the SAAP client group.

Age and sex of focus child:

As shown in Table 2.3b, the majority of the children selected to be the focus of the study were young, generally aged between a few months to 12 years. Of this group, a high number were of primary school age, between 5-12 years. The number of teenagers who were the 'focus child' remained relatively small over the two-year period.

When the study began, the numbers of girls and boys was relatively even. Over the two-year period, girls slowly outnumbered the boys. By the final wave, for instance, 18 children (60 per cent) in the sub-sample were girls and 12 were boys (40 per cent).

Current school level for focus child:

The generally young age of the focus children was reflected in the current school level. Not surprisingly, most were in kinder/prep or the early years of primary school. This remained consistent over the course of the Study.

Table 2.3b shows that, at six months, two young people were at TAFE and another young person was at university. Six months later, these three young people had left their studies. In two cases, the young person had become a first-time parent. By the final wave, one young parent had completed a TAFE course and the other was busy being a full-time mum. In the third case, the young person was unable to continue with the degree because her family was in Australia without a valid visa. Another young person had successfully completed her VCE and was taking time out to decide on her future.

Table 2.3b: Demographic details of Focus Child by interview wave

DEMOGRAPHIC DETAILS	Baseline (N=35)	6-Mths (N=35)	12-Mths (N=33)	18-Mths (N=32)	24-Mths (N=30)
	n	n	n	n	n
<i>Age categories:</i>					
0 – 4 years	12	11	7	8	7
5 – 12 years	19	18	20	17	17
13 – 15 years	1	3	3	4	4
16 years and older	3	3	3	3	2
<i>Sex of Focus Child:</i>					
Female	19	19	18	19	18
Male	16	16	15	13	12
<i>Current school level:</i>					
Not yet of kinder age	11	7	5	6	6
Kinder/Prep	4	9	7	6	4
Years 1 - 3	10	7	10	10	11
Years 4 - 6	4	5	3	1	2
Years 7 - 9	3	4	4	5	3
Years 10 - 12	2	0	1	1	1
TAFE	0	2	0	1	0
Tertiary	1	1	0	0	0
Not attending school/uni	0	0	3	2	3
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

3. FAMILY CONCERNS

According to the Study's First Report (Horn and Cooke 2001), the common difficulties experienced by families that resulted in housing crisis included: relationship/family breakdown, physical/emotional abuse, domestic violence, financial difficulty, eviction and substance abuse. Given the centrality of these issues to the housing crisis experienced by families, any changes would impact on the housing stability and wellbeing of families. This section focuses on these areas of concern and the changes that occurred over the two-year period. Also included, are a number of detailed case studies.

3.1 Number of concerns

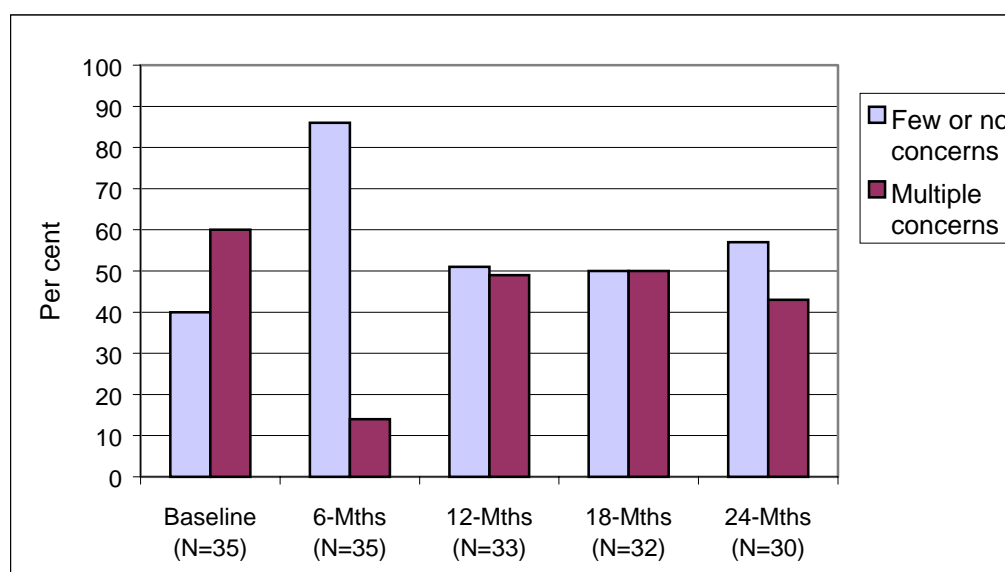
A total of 11 items were presented to parents; they included: eviction, relationship/family breakdown, physical/emotional abuse, domestic violence, sexual abuse, financial difficulty, employment factors, health issues, gambling problems, end of emergency accommodation, and substance abuse. From this list, parents were asked to identify the ones that concerned them. Those parents who nominated up to two issues were identified as having *few or no concerns*; those with three or more issues fell in the group of *multiple concerns*. It should be noted that these are arbitrary labels used for analysis and reporting purposes. There is no attempt to rank concerns according to the nature or severity of the issues, and thus the labels should not be interpreted as such. Nor are the labels, especially *few or no concerns*, meant to undermine the difficult and complex issues that families faced.

Overall, Figure 3.1 indicates some good news. For example, in the first wave, the majority of families had reported *multiple concerns*. This is not surprising given that at that time, many had only recently exited crisis support services into independent housing (Horn and Cooke 2001). Over the two year period, circumstances for families gradually improved; by the final wave, the situation was reversed: the majority of families now reported *few or no concerns*.

Before circumstances improved, however, they had actually deteriorated. As illustrated in Figure 3.1, six months after the first wave, the situation for families was dramatically positive: 86 per cent (n=30) had reported *few or no concerns*, while only 14 per cent (n=5) of families had reported *multiple issues*. Then, at the 12-month wave, 49 per cent (n=16) of families had reported *multiple issues*.

Why had this occurred? A possible explanation may be that having exited crisis support services into independent housing, families would have experienced a number of powerful, and most likely, very positive emotions. They may have felt positive and optimistic, especially since they and their children finally had a roof over their heads. In other words, any concerns that families may have had may have been overshadowed by the euphoria and relief of no longer being homeless. As housing stabilised, some families faced unresolved concerns, while others had to deal with new issues. Put another way, with the housing crisis resolved, other concerns had become a priority such as, for example, employment.

Figure 3.1: *Number of concerns/difficulties by interview wave*



Source: Hanover Family Longitudinal Outcomes Study, 2004

3.2 Common concerns

Several common areas of concern were identified: financial difficulty, employment factors, relationship/family breakdown, physical/emotional abuse, health issues, eviction and substance abuse. Figure 3.2 maps the changes that occurred in each of these areas over the two-year period.

Financial difficulty

At the first-wave interviews, over half the families (54 per cent, $n=19$) reported that they were thrown into housing crisis because of financial difficulties. At each subsequent wave of interviews, the situation appeared to deteriorate with more and more families reporting concern about their financial situation. This peaked at the 18-month wave with more than 90 per cent of families ($n=23$) reporting they had financial concerns. By the 24-month wave, however, there was a sharp drop in the proportion of families reporting financial concerns even though it remained relatively high at 52 per cent ($n=13$).

This marked turnaround is interesting because it immediately suggests that a high proportion of families, in a six-month period, resolved their financial difficulties. However, this was not necessarily the case. For a number of families, financial difficulty had not declined; instead it was their response to their predicament that had changed. A number of families had experienced two years of stable housing, which for some, meant that they were better equipped, psychologically and emotionally, to handle the financial difficulties, instead of being overwhelmed by them. For example, a couple of parents explained:

The financial [situation], it's just the way it's going to be forever, it's not going to change, but everything is getting done. It's never going to be any better, I don't think, unless I win Tattslooto. I'm not worrying about it, even with the bills, the bills can be overdue...but as long as you're paying something and they [utility companies] can see it coming down...they'll even let it [payments] go right up to the next bill' (sole parent, public housing).

'Financially, it's still a slow process but at least, emotionally...we're more stable and it's just a lot better that way...I'm finding that that [emotional stability] washes through to things like handling your money better and making long-term plans and not stuffing it up...that's what has really helped (two parent family – public housing).

Employment factors

In contrast to financial factors, only 15 per cent of families (n=5) reported that their housing crisis was related to employment problems. Following this initial wave, however, employment became a common concern; it peaked at the 18-month wave with close to half the families (48 per cent, n=12) concerned about it. By the final wave, employment remained a concern for a high proportion of families (40 per cent, n=10). This reflects some very good news, at least for a couple of families where a parent became employed in the last six months of the study (refer to Section 6).

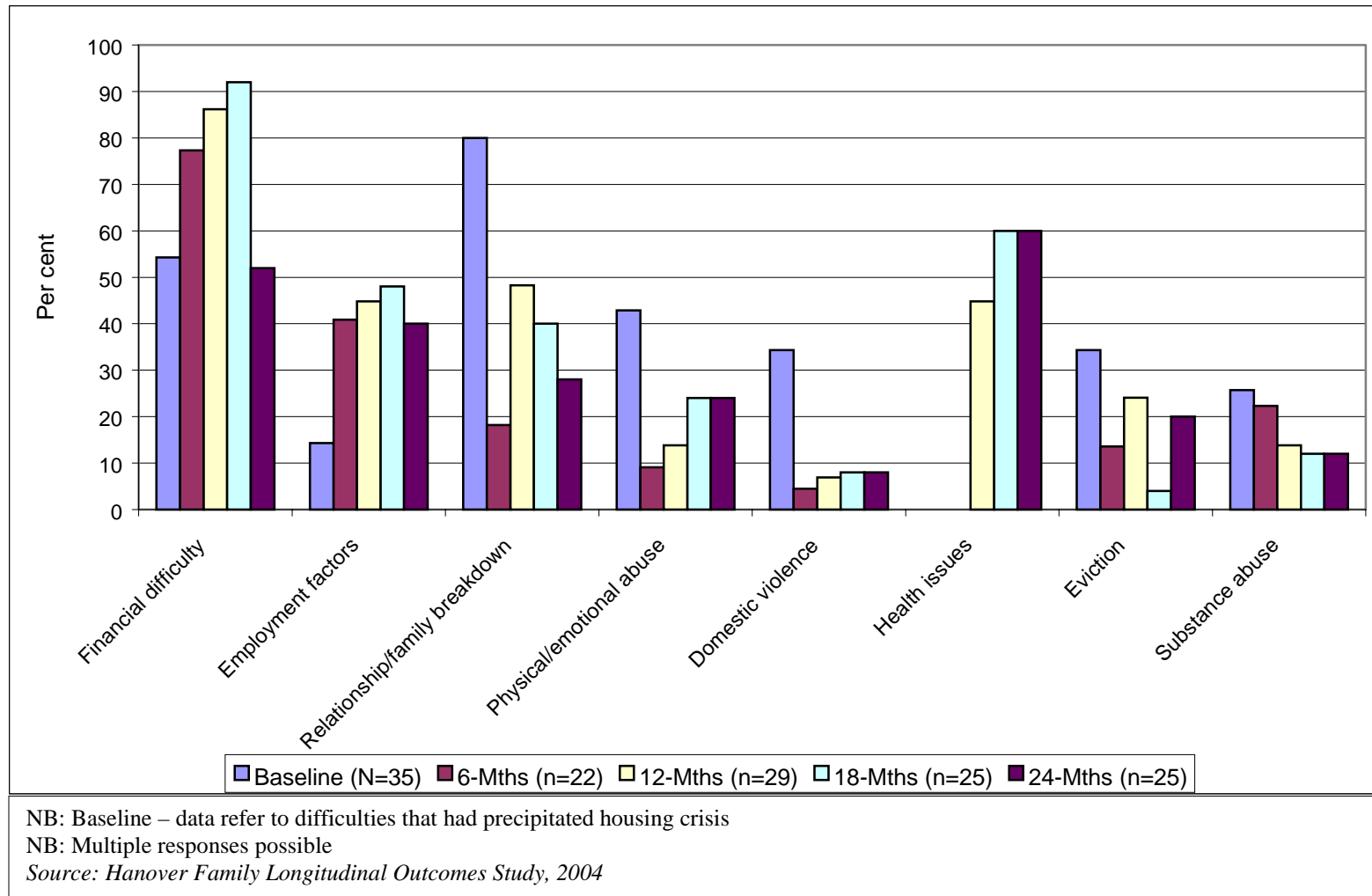
Relationship and family issues

Figure 3.2 shows that relationship/family difficulties resulted in housing crisis for the majority of participants (80 per cent, n=28). Things improved markedly by the second interview wave with less than 20 per cent of participants (n=4) concerned about relationship/family issues. By the third wave, however, things had deteriorated with almost half the participants (49 per cent, n=14) again highlighting relationship/family breakdown concerns. Some relationship/family issues are not easily resolved, while in other cases, they can be exacerbated by the impact of other concerns, such as for example, financial or employment difficulties. During the 18- and 24-month waves, relationship/family concerns eased off.

Physical/emotional abuse and domestic violence

A high proportion of participants had experienced housing crisis as result of physical/emotional abuse (43 per cent, n=15) or domestic violence (34 per cent, n=12). As a result of escaping the abuse and violence, reflected in the high proportion of participants who were sole parents (74 per cent, n=26) at the baseline wave, those who reported these issues at the 6-month wave as area of concern was relatively low. Thereafter, however, concern increased in relation to physical/emotional abuse but relatively unchanged in respect of domestic violence.

Figure 3.2: *Types of concerns/difficulties, by interview wave*



Health issues

It should be noted that in the first and second interview waves, health was not included as a specific item in the list presented to families. It did not, therefore, register as a concern for participants. When health was specified in subsequent waves, things changed dramatically. Health, in fact, was a very important issue; at the 12-month wave close to half (45 per cent; n=13) were concerned about health, either their own or perhaps that of their children or partner. By the 18- and 24-month waves, health was a concern for the majority of participants (60 per cent; n=15). Indeed, by the final wave, health was the most common concern for families.

Eviction

At the first interview wave, one-in-three families reported that their housing crisis had been precipitated by eviction. Since that time, the proportion of families concerned about eviction has fluctuated. At the fourth interview wave, one parent (4 per cent) was concerned about eviction; six months later it had increased to five (20 per cent).

Substance abuse

At the baseline interviews, around one-in-four participants (26 per cent; n=9) reported that substance abuse was a reason for their housing crisis. Over the subsequent waves, the proportion had slowly decreased; by the final wave, about one-in-ten participants (12 per cent; n=3) identified substance abuse as a concern. This was the only area where participants' concern for an issue had not increased over the two-year period.

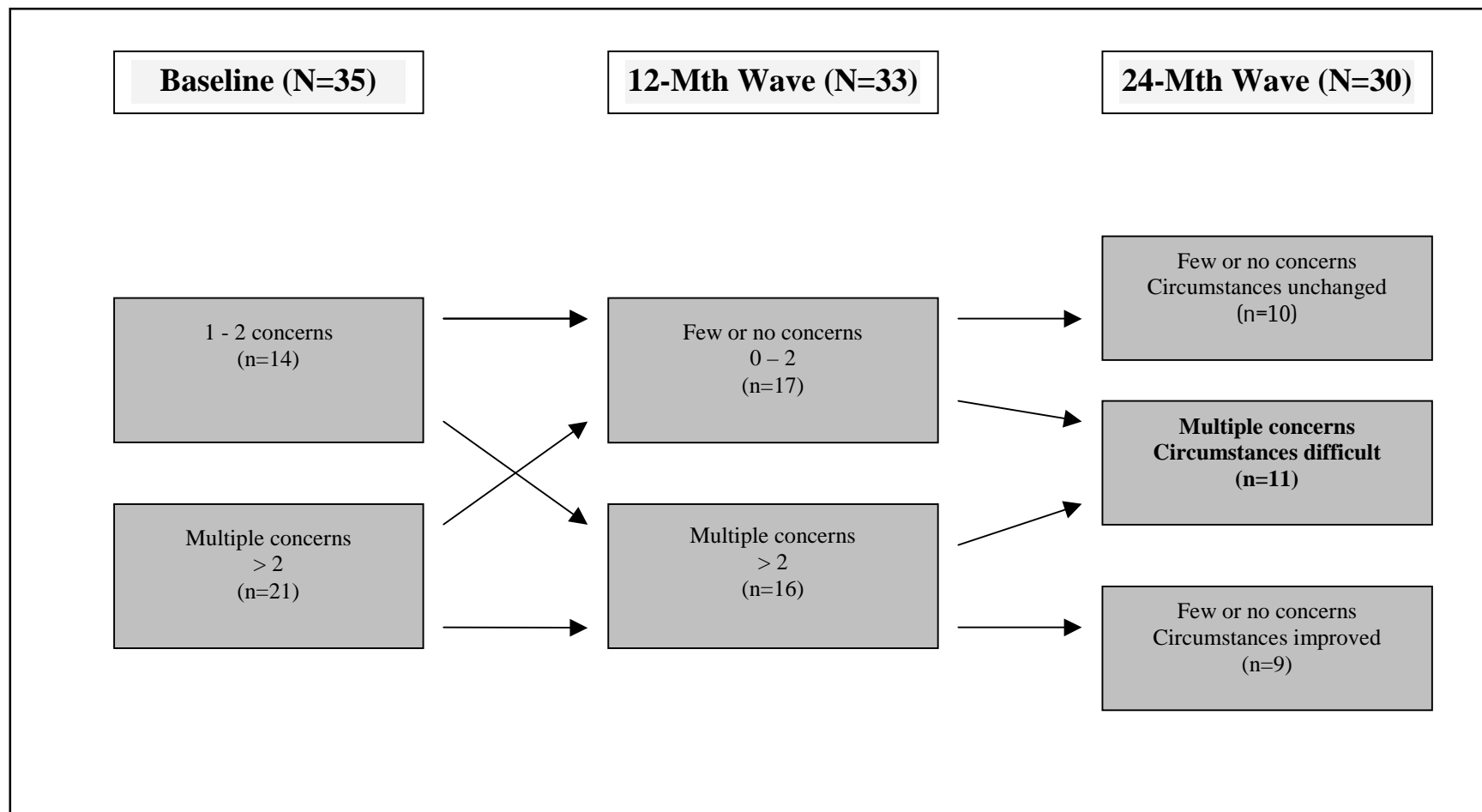
3.3 Family transitions

Figure 3.3 maps the transition of families and how their circumstances had changed during the course of the study. Following the first year, for example, there were two groups of participants. Based on the *number of concerns* reported, one group had *few or no concerns*, while the other had identified *multiple issues*.

By the end of the study's second year, a few changes had occurred. Figure 3.3 suggests that, in general, circumstances had improved for most of the families. For instance, for those families who had *few or no concerns*, most experienced unchanged circumstances. For a few, however, things had deteriorated; their circumstances were now difficult and they faced multiple concerns.

Among families who had experienced *multiple concerns* at the 12-month wave, some had experienced improved circumstances. For example, at the end of study, they reported *few or no concerns*. For others, however, circumstances had remained difficult over the course of the study.

Figure 3.3: Family transitions – changing family circumstances



Source: Hanover Family Longitudinal Outcomes Study, 2004

What was the catalyst for improved circumstances? Not surprisingly, housing was an important factor. All nine families whose circumstances had improved were in independent housing, mostly private or public; one family owned their own home. The majority (78 per cent; n=7) regarded their housing as stable. In the remaining two cases, families had moved; but in both instances, the move resulted in positive housing outcomes. Housing provided the foundation that enabled other changes to occur, which markedly transformed families' circumstances. Essentially, the catalyst for the changes related to support received in the areas of *health, money and relationships*.

Health problems were pervasive and debilitating; they encompassed physical, emotional and mental health issues. By receiving family and relationship counselling and other specialist health and medical services, including drug/alcohol support, health problems tended to be alleviated. This usually resulted in positive outcomes in other areas of family life.

Case Study – “Julie and David”:

This case study highlights the enormous stress and pressure that can be wreaked by health and financial problems. For this family, it had escalated into a complex situation that encompassed multiple difficulties. The family's circumstances slowly improved in the latter half of the study. It also highlights the benefit of intensive and integrated support.

When the study started, Julie and David were in their mid thirties. They had two daughters, three and four years of age. Their four-year-old daughter was the focus child. They were facing eviction from their private rental because the landlord wanted the property back. They had lived there for two and a half years. This was very stressful for Julie and David because they wanted to remain in the same area. Julie had a physical disability that required daily assistance, which had by this stage become established. The possibility of leaving the area would result in the loss of that support and would isolate them from their social support network. The accommodation also had to be accessible for a wheelchair. Knowing that they were good tenants, the real estate agent helped them find another house in the same area.

Financially, things were difficult. The rent was expensive. At one stage, both children were in hospital; David had to take unpaid time off work and there were extra costs associated food, bills and rent, as well as the cost of moving house. David had a full-time job, which earned him about \$450.00 per week after tax and Julie was on a Disability Support Pension but their circumstances forced them to seek financial aid. They were on the waiting list for supported accommodation.

One year into the study, Julie and David's situation had become complicated. Their lease had expired, which made them feel very unstable. Apart from financial difficulty, they were now confronted with relationship/family problems, employment and escalating health problems. Suffering from depression, David had attempted suicide five months earlier. As Julie explained, *It's dealing with everyday life, the housing; it gets us all to breaking point at times...*. David was also in a job that he hated, but due to their financial predicament, there was nothing he could do about it. David was put on anti-depressants, counselling was too expensive to access. David's parents were overseas but the family received a lot of support from Julie's mother; she looked after the children, helped with the house cleaning and did all the driving during the week, for example, to and from appointments and taking the four-year-old to kinder.

Both daughters also had health problems. Julie described her oldest daughter as intelligent, compassionate and personable but that she was 'much more difficult than average' because of her health issues. They included Ehlers-Danlos Syndrome (a disease of the joints) and recurrent ear infections. The child was also suffering from, as yet, undiagnosed 'turns' during which she became aggressive and difficult to handle. According to Julie and David, their daughter's health was deteriorating.

In the following six months, things improved for the family. They were still in their private rental and made sure that the rent was always paid on time. The family was on a list for permanent housing so they expected to move some time in the future. However, health and financial problems were ongoing concerns and there were a few setbacks before things got better.

David was still on medication, which helped to stabilise his psychological health and he no longer felt trapped in every situation. A new boss at work resulted in a positive change in the whole environment; David became much happier at work. Financially, things were still difficult to manage; the youngest child had attended crèche but the cost made it prohibitive. As Julie said, the \$50.00 saving, from no longer attending crèche, 'buys a lot of food or a pair shoes'.

The family's support needs had increased, especially when their five-year-old daughter started school. The child required special assistance at school but there were delays and it was still not in place when the child started school, despite the fact that Julie and David had completed all the necessary paperwork. The lack of assistance from the school caused the family a lot of worry. The child's health issues prevented her from spending a full day at school. Julie's mother had also fallen in the backyard while hanging out the family's washing and cracked a rib. The family's case manager organised respite care and someone to transport Julie and her daughter to medical appointments.

Despite the delay in getting formal assistance that their daughter needed in school, Julie said that she was developing well, especially in her drawing ability and interest in numbers and reading; she also 'loves the social side of it'. Their daughter did, however, have a huge obstacle to overcome at school:

The playground issue is a major one, it's everything. She's had to cope emotionally with understanding that she is different...she cannot work out why her body won't do what other people's does, and that she can't climb. It's a great distress to her so there's a bit of grief in that, she's coming to terms with that...'

Both Julie and David were seeing a psychologist, which helped them to address their stress and anxiety about their oldest daughter's situation. They finally received confirmation that funding would be available to provide a school aid for their daughter. As Julie put it, 'now that that has happened, there's a huge stress gone...'

By the final wave, the family had been in their house for just over two years, but they were preparing to move. The family's case management team secured a house for the family through the Office of Housing. It will be adapted for the family's needs; for example, the bathroom will be accessible for a wheelchair. As Julie explained it, 'one agency provides the housing and one provides the care, a sort of shared package'. The family would remain in the general area and therefore, would still be close to their social and support networks.

Health difficulties continued and the family continued to receive respite care. Their now six-year-old daughter was under the care of the Child and Adolescent Mental Health service. She was also due to be admitted to hospital to undergo extensive medical tests in order to diagnose the mystery 'turns' that progressively got worse.

The child's health difficulties have resulted in a case manager being appointed, and she has been important in bringing together the Children's and Monash Hospitals as well as a community paediatrician to address the child's health difficulties. As Julie put it, 'she is coordinating the whole picture, how everyone is working together and that's really helping us...'. It also means that the child's future needs are also considered and provided for, for example, like what to do about her schooling. The six-year-old missed a lot school because of ill health. This integrated and intensive support means that a significant pressure has been lifted from Julie and David.

Financially, it's been tough on the family, primarily because of all the health difficulties and associated expenses. Their youngest daughter also needed an operation done quickly. Julie has also had to cope with her own mobility and fatigue, but David's improving health has resulted in him being more available to help Julie. Their six-year-old daughter's deteriorating health has been a significant problem and pressure; but her now daily 'turns' meant that doctors were finally able to see what the child was going through and how this impacted on the whole family. As Julie put it, 'they suddenly realise what the pressure is at home and, of course, things have started moving really quickly'.

Despite the ongoing health difficulties and associated financial problems, the future looked positive. Their daughter was getting much needed medical care and attention, David had a full-time job that he now enjoyed, and they lived in an area that they enjoyed, were close to their support networks and were soon to move to new accommodation. The family was extremely excited about the house, which was relatively new, and represented affordability, long-term security and stability.

In a couple of cases, finances were the major stumbling block. In the case of one family, for example, car repayments were a financial nightmare that undermined every aspect of the family's wellbeing and sense of stability. The car was eventually repossessed, immediately alleviating the intense pressure point. This family also received much needed support for a child's behavioural difficulties, following earlier futile attempts to secure support. These two issues came to a head for this family; the outcome could well have been very detrimental. Fortunately, they received the support that was needed and with the financial pressure gone, this family's circumstances changed for the better, as illustrated in the next case study:

Case Study – “Karen”:

At the first-wave interview, Karen was thirty-two years old and the sole-parent of three children aged ten, six and two years. Her six-year-old daughter was the focus child in the study; she had Attention Deficit and Hyperactivity Disorder (ADHD) and was on Ritalin. The family's housing had been precarious; in the past two years they had moved ten times. Over that period, the family had been evicted, gone through relationship/family breakdown, physical/emotional abuse, domestic violence and financial difficulty.

The family was referred to a crisis support agency where they received extensive support including domestic violence counselling, family and emotional counselling, drug/alcohol support, and legal support. In addition, the agency paid off Karen's rent arrears from a previous tenancy in public housing. This support enabled the family to move into a three-bedroom dwelling in a public housing estate. Importantly, their public housing was close to family and a school that had experience in dealing with children with ADHD. According to Karen, her daughter's school performance 'improved 100 per cent' since they had moved into their current house. Karen was close to her family and they provided extensive support. She had been working part-time for her father but had not been paid on a regular basis.

By the third wave, Karen still faced multiple difficulties including family breakdown, employment and health concerns. Her daughter's ADHD was so extreme that Karen had not been able to leave the siblings alone. Her daughter would, without provocation, become aggressive and violent towards them. While the child was on Ritalin, her behaviour was compliant but she had absolutely no appetite. She was so underweight that her three-year-old sibling weighed more than she did. The doctors seemed unconcerned, but Karen was. On the weekends and school holidays Karen took her daughter off the medication so that she would eat. This is when Karen has to be on her guard, her daughter could be completely out of control. Notwithstanding the ADHD and low weight, Karen described her daughter as healthy. The child also loved school and was doing very well.

The pressure of a child with ADHD left Karen feeling psychologically and physically exhausted. She had recently started seeing a psychiatrist. Karen lost her part-time work when her father's business went into liquidation. Without work, she felt lost and financially restricted. Karen had received financial counselling and a food hamper for the family. A few months ago the family had also received family counselling, which lasted three months and had proved to be beneficial. However, once this ended, the relationship between Karen and her daughter once again became fraught with difficulty. Karen had strong support around her, but her daughter's extreme behaviour meant that no family member would look after the child to give Karen a break.

Over the next several months, things went from bad to worse. Multiple problems continued and Karen's ex-husband was harassing her on a regular basis. She had an intervention order against him that had expired and was not able to get another one because there was no evidence that he had done anything. Financially, things were spiralling out of control; Karen was behind with paying the bills, the gas and electricity had almost been cut off. She had also fallen behind on her car repayments. There was no threat to her public housing since the rent was being direct debited. However, her circumstances left her feeling stressed and destabilised.

Karen's greatest stress and worry was her daughter, whose behaviour had increasingly gotten worse. The child had recently slashed two beds; Karen had to find the money to go out and buy new ones. She had made every attempt to get support for her daughter, without any success. For example, Karen tried to get respite care for her daughter but was told that the child does not qualify because of her ADHD. Karen has also turned to her child's doctor and counsellors for support only to be told that she needs to change her parenting practices. As Karen said, *'they see her when she is on her medication, when she's good, they don't see her now [without the medication]'*.

The only place where Karen received any kind of support for her daughter was from the child's teacher. According to Karen, the current teacher offered a lot of feedback on her child's progress, and the teacher always listened and helped where she could. Nevertheless, Karen's emotional and physical wellbeing continued to deteriorate. She was feeling stressed and exhausted and suffering from regular migraines. Karen was not taking any medication and had stopped seeing the psychiatrist because he was no help at all. Karen summed up her circumstances in the prior several months the following way: *'I feel that I've lost control over everything and I don't feel like I'm a mother to the kids, [they] don't even treat me like a mother'*.

By the final wave, things had changed dramatically. Firstly, Karen got a referral for family support and counselling. The child's doctor finally saw how she behaved without the medication. He was shocked and immediately wrote a referral. This enabled Karen to access family support and counselling without delay. There were still some difficulties between mother and daughter but the relationship had certainly improved.

Secondly, Karen's car was repossessed. The car repayments proved to be a major financial burden. With the car gone, so was the stress, and she felt much more settled again. Also, the money that would have gone on repaying the car would now be used to pay her bills and get her back on track financially. A close friend encouraged Karen to enrol in a course on cartoon drawing. Indeed, her friend paid for the artwork that Karen would need. It is something she has always been interested in and has finally been able to do it. Karen will complete the part-time diploma course over a three-year period. Things were finally looking a lot better for Karen and her family.

There is little doubt that troubled relationships can be debilitating for family stability and wellbeing, while strong relationships can have beneficial outcomes. In some cases, troubled relationships were improved through

counselling. In other instances, participants were in new intimate relationships that were supportive and respectful and therefore, had positive outcomes for family wellbeing.

Interestingly, these issues (relationship/family problems, financial, health issues) were also the difficulties experienced by families who experienced complex difficulties and struggled over the course of the study. In addition, most of these families had very limited or no family support, which seemed to exacerbate their difficulties.

Case Study – “Jane”

This case study highlights the daily struggle that Jane and her family had endured over the course of the study. For this family, housing had been relatively stable but expensive. There were multiple issues including relationship difficulties, health problems and financial hardship.

When Jane, from the urban suburbs of Melbourne, first participated in the HFLOS, she was 30 years old, had a six-year-old son and was six months pregnant with her second child. Her relationship with her partner (her son’s father) was difficult and they had separated before the study began. At the time, she was renting privately, paying almost half of her income in rent. She received some maintenance but it was not always regular. Jane had fallen behind with the rent and had received a court notice for eviction. She visited a crisis support agency and received financial assistance, financial counselling and emotional counselling.

Jane’s six-year-old son, the focus child, was having a rough time at school; he had been bullied and abused. He was seeing a social worker at the time of the first wave interviews. The child had also been diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD) and the paediatrician had prescribed Ritalin. According to Jane, her son’s school performance was ‘below average’ and received special assistance with literacy and reading. According to Jane, her son was sociable and made friends easily.

Twelve months into the study, Jane and her partner were back together. With the birth of their second child, a daughter, the family moved into a bigger house but remained in the same area. Thus, Jane’s son did not have to change schools and Jane continued to live close to her friends, who were a strong support for her. Jane’s friends have been there for her emotionally and have also helped to look after the children. When Jane has not been able to afford to buy something for her children, her friends have helped out financially. For example, a couple of her friends bought her son his school bag. Jane also received support from her mother and in-laws, although the relationship with her mother was strained.

By this stage, Jane’s son had been diagnosed with depression and anxiety, in addition to ADHD. He was under the care of the Child and Adolescent Mental Health Service (CAMHS). It is very likely that these health issues impacted on the child’s school performance. Jane’s son had just started Year 2. In the previous six months he had missed eight days of school, mostly to attend medical appointments. The child’s school performance was ‘below average’; he experienced difficulty concentrating and completing set tasks, and still received special assistance with reading.

Jane’s own health was poor; she too suffered from depression as well as chronic fatigue. She had regular fortnightly visits with her doctor. The difficulties between Jane and her partner persisted, primarily due to his drinking problem. This meant that he could not share in the parenting responsibilities; his absence and unpredictability were especially difficult for Jane’s son, who missed his dad very much.

In terms of paid work, Jane had been employed casually in a café and house cleaning. Suddenly, she lost her job in the café to someone younger and her baby daughter became ill; she tried to maintain her house cleaning work as best she could. The financial pressure was

relentless; there were times when once the bills were paid Jane had nothing left to buy the food with. There were times when she had to turn to support agencies to get food parcels.

By the fourth wave, Jane's health had deteriorated and her young daughter had also become unwell; doctors, however, were unable to diagnose her daughter's illness. Jane had also stopped giving her son Ritalin and had changed paediatricians. The new paediatrician confirmed that her son was suffering from depression and anxiety, not ADHD. Despite this, Jane described her son's general health as very good, and his appetite, in particular, had improved immensely since he stopped taking the Ritalin. Jane's son continued to have problems at school. Jane organised a private tutor and her son began to improve; after four weeks, he could read a book. Problems surfaced with her son's teacher. Jane attempted to sort things out but as she explained:

'[Trying to talk to the teacher was] a constant battle. She [teacher] just won't listen...she sort of takes it out on [my son] as well, like every time we go up to the school and complain, the next thing you know [my son's] not allowed to go to the toilet until play and things like that...'

By the final wave, Jane and her family had been living in their current housing for the past 18 months, so things were stable in that regard, however, financially, things had been especially tough in the prior two months. As Jane explained:

'I'm really stressed at the moment, I'm probably a bit more snappy with the kids then I should be...I've got to get money to pay the bills and [my daughter's] sick and I've had to take days off [work] but I've still got to pay for her child care otherwise, I lose the position. There's just no money to do anything with at the moment.'

Jane and her partner were once again separated and her personal health problems meant that she had been unable to earn any extra income (from house cleaning). This meant that she had fallen behind with the rent. Even though the real estate agents 'have been really understanding with the rent', Jane was nevertheless, concerned about her and her family being evicted. She has had limited support from her mother but was lucky with her neighbours, with whom she had become good friends, and who had been able to help her out on occasions. She had also received food vouchers.

Despite recovering from a major operation and suffering from chronic fatigue, Jane had applied for a part-time job in a café. She was, in fact, due to attend the job interview for that position on the day that she participated in the final study interview. Her young daughter's condition was still not diagnosed; it has caused the young child to wake every hour or so from around midnight until the morning. It is hardly surprising that Jane has suffered from chronic fatigue and that the family has been in a constant state of stress. Jane's eight-year-old son would usually help to get his baby sister up and ready in the mornings.

At school, things went from bad to worse. According to Jane, her son was ridiculed, abused and utterly humiliated by his own teacher! Things got so bad for him that he refused to go to school and wanted to kill himself. Jane enrolled her son in another school, 'a friendlier school'. Initially, her son was worried that he would be picked on and bullied again, but this has not happened. He is now settled and happy in his new environment and has a much more positive attitude to school and learning. The eight-year-old continued to receive help from CAMHS and has also had some sessions with the school guidance counsellor. According to Jane, there were plans for the two services to liaise in order to more effectively address her son's difficulties. Health problems have been a pervasive and ongoing worry. She longs to feel better and for her children to be healthy.

Case Study – “Alison and Peter”:

This case study highlights some very difficult and complex issues. It has been a difficult two-year period for the family. Their problems included drug abuse and mental health issues, financial difficulties, family instability, and isolation from extended family support.

When Alison was first interviewed for the HFLOS she was in her late twenties and Peter was in his early thirties. Alison has a five-year-old daughter from a previous relationship and Peter has a 12-year-old and 10-year-old son from a previous relationship. Together they have two daughters, one aged two years and one five months old. Alison’s five-year-old daughter was the focus child.

Both Alison and Peter had drug problems. Peter had been in and out of jail over the past ten years. While in jail, Peter attempted to address his drug issues by applying to enter drug programs. The family had moved house three times in the previous two years and were homeless when they contacted crisis support services. Over a period of several weeks they were given accommodation assistance, financial aid, emotional counselling, and drug support. They were able to secure immediate access to public housing but it meant that the family had to move from the city to the country. This suited them because they were able to escape the ‘drug scene’. The move, however, meant a separation from their family support, leaving a distance of some 200 kilometres between them.

The family settled into their new area and Alison’s five-year-old daughter started school, which she enjoyed, and received a ‘fantastic report card’. The couple continued to receive professional support. Alison and Peter both had drug problems. They were on a methadone program, had drug counselling and Alison also received psychiatric care. She suffered from depression, anxiety and agoraphobia. They had also needed food vouchers.

One year into the study, the separation from family had started to have an impact. As Peter explained:

‘I wanted to get away from Melbourne but I can honestly say...that I wish that I was a bit closer to my mum and my family...’

Neither had been able to work because of their health difficulties. Alison had lost a lot of weight and had to have her sugar levels monitored because of suspected diabetes. Through it, she had to continue to care for the children, mostly on her own, because Peter had been too unwell to help.

Meanwhile, Alison’s daughter, whom she described as an easy child to care for, continued to progress well at school. Feedback from the child’s teacher had generally been positive. However, the child was having some problems with her reading; Alison and Peter thought that perhaps there was a problem with her eyes and were due to take her for an eye test. Alison’s daughter had regular contact with her biological father and has *‘always had a good relationship with her dad’*, and socially, she made friends easily.

By the fourth wave interview, however, health difficulties had overwhelmed the family and they were in significant crisis. Given the circumstances, the only appropriate and ethical course of action was to leave the family in peace. Thus, no interview was completed.

Alison was prepared to participate in the final wave, despite the significant problems that they still faced. In the intervening period, Peter had suffered a breakdown and had been admitted to a psychiatric hospital. Alison explained:

‘He’s better now, it was just...[he was] stressed out and because he had no family up there [the country], he just lost control...so we ended up coming back [to Melbourne] cause that’s where all our family is. It made it a lot easier’.

While Peter was in hospital, Alison had overdosed, stating that she was in 'a deep state of depression and took too much medication'. Alison was in a comatose state when her daughter found her. The now seven-year-old child was unable to wake her mother and thought she was dead. The episode prompted Alison to send her daughter to live with her father, hoping that things would be a lot more stable for her there. The relationship between mother and daughter had become strained. According to Alison, her daughter was not angry:

'Just withdrawn sometimes, she doesn't say anything about it [finding her mother unconscious]. If I try to bring it up, she doesn't really want to talk about it'.

Two days after Alison's overdose, the two younger children were taken into foster care for a couple of months. The two younger children were back with Alison and Peter, but Alison's seven-year-old daughter continued to live with her father.

On their return to Melbourne, the family were accommodated in a SAAP transitional house, where they had been for the past three months. With assistance from a crisis support service, they were put on a priority list for public housing. Transitional housing, by definition, is temporary and Alison did not feel stable. They were able to stay in the transitional accommodation until their public housing became available.

The family were closer now to their extended family support, but they still needed assistance from support agencies. On a few occasions, the family received food vouchers, Alison saw a drug and alcohol counsellor and Peter saw a psychiatrist. They have a long way to go, and will probably need intensive and long-term support before their multiple and complex difficulties can be resolved. As Alison said:

'I'm always stressed out, worrying all the time about money and, you know, just everything. I'm suffering from panic attacks all the time...sometimes, I just can't go out. It's gotten worse since [my daughter] has been gone because I'm coping with guilt issues...'

The following case study highlights the difficulty experienced by a young mother trying to access housing and support. Eventually, the family received the housing and support that they needed. The stability in housing had positive effects for family wellbeing, which was maintained over the course of the study. The main longer-term issue for Beth was to gain educational/training skills in order to eventually obtain well-paid, interesting and secure employment.

Case Study: "Beth"

Beth was 23 years old, single and with two young sons, three years of age and twelve months old. The three-year-old was the focus child. Beth had been homeless for the past five years, mostly living in squats. The longest time that she had spent in one place had been five months. Underlying her homelessness were relationship/family problems, financial difficulty and substance abuse. According to Beth, she had grown accustomed to the transient life, but since having children, she had felt extremely stressed and isolated.

Beth had tried to get some type of accommodation, without any success; she had no references so real estate agencies were not interested. She had also approached a number of support agencies and received no help. Beth had become desperate and unable to cope. She really needed help but did not know where to turn. Luckily, the police found her and took her and her two young children to a crisis service.

Over a period of almost three months, Beth received assistance with housing, emotional support, employment and training assistance, she was able to retrieve personal belongings, and the agency advocated on her behalf. Beth and her two young children moved into a relatively new semi-detached public housing unit. The only drawback was that the area was unfamiliar and she was isolated from family and friends. However, she settled into the area and the house, which was central to shops, public transport and schools.

Beth had two young children to care for so employment was difficult, and she still experienced financial problems. She was able to cope, and on occasions, the children's father offered support. The family had not accessed any support services, which was typically the response at each interview. Beth's oldest child started kinder and slowly became more comfortable and settled with his surroundings. Beth had originally described her oldest child as shy and insecure, and she had attributed this, not surprisingly, to their homelessness.

Halfway through the two-year study there were still financial concerns, but Beth was feeling stable and a lot less stressed. Beth supported her family on the Parenting Payment and was going to focus on employment after her youngest child started school. Importantly, the housing had provided safety and security for Beth and her children. She had also gained hope, clarity and focus: 'I can at least see that I can get somewhere'. Beth said that her son was in good health and she had noticed that he was becoming more confident. The children's father, who had undergone mental health treatment, had a close and loving relationship with his sons, and provided emotional support for Beth; but she missed her family who lived interstate. She had asked to be moved near her family but the Office of Housing does not move people interstate.

The following period had continued to run smoothly for the family. The biggest change was that her oldest son was in his first term of school. According to Beth, her son did not like school; the number of children in the class proved a little overwhelming. At school, he was quiet and 'more likely to watch than participate'. The child's teacher was concerned so the young child underwent one-on-one testing. The results showed that he was very intelligent.

By the final wave, Beth's son had settled into school very well. As Beth said, 'he's coming out of his shell'. Beth was starting to focus on her employment prospects; she wanted a future for her and her children, to be able to achieve something and get ahead. Beth had left school in Year 10 and had never been employed. Her passion was performing but she knew that was 'real hard' to make a living from; but she was also interested in nursing, fire fighting and social work. Beth's only reason to ever move house in the future would be to be closer to her family.

The final case study also highlights a relatively smooth transition for parent and child, following a crisis. After the initial period of crisis support, which lasted several months, the family required no further agency support. Mother and child were in stable housing and had strong family support, which meant a relatively smooth two-year period for the family. The family lived in private rental in a country area and had a good relationship with the landlord. Main concern has been financial but in the last wave it changed to employment and health.

Case Study: “Kathleen”:

Following the suicide death of her husband, Kathleen found herself in crisis. She was in her mid-thirties and had a young baby. From living in her own home, Kathleen started renting and eventually found herself in SAAP emergency accommodation. Kathleen was in supported accommodation for several months and also received emotional support and counselling. With the help of her family, Kathleen and her now one-year-old son moved from the supported accommodation into a private rental property in the country. It was a private arrangement with no agents involved. At the first wave, mother and child had been living there for only a couple of months. Kathleen had completed Year 12 and had previously been employed in hospitality. Her priority at the moment was the care of her young child whose health, according to Kathleen, was ‘very good’.

Kathleen and her son settled into their house and life moved along relatively smoothly. Twelve months on, Kathleen felt secure in her housing; she described the owners of the property as ‘really friendly people’, and any maintenance was promptly attended to. Since moving into the house, Kathleen had not needed to seek further agency assistance. There were financial constraints, as Kathleen explained:

We only get a certain amount of money and you really do have to be careful with it. We plan out all our bills so we pay everything by the fortnight; we don't get behind in anything.

Kathleen’s family lived in Melbourne, but their relationships were strong and very close. There were frequent phone calls and regular visits. They provided Kathleen and her son with extensive support, including emotional and financial. There was also regular support from friends who lived close by.

Kathleen’s son was growing up strong and healthy. At two-years of age, he started going to crèche for five hours every week. This gave her son the opportunity to interact with other children the same age, and it gave Kathleen a chance to do the things that she needed to do.

Financial difficulties had persisted and by the fourth wave, Kathleen had organised for her family assistance payments to be made on a weekly basis. She had also done this with utility bills. With a loan from Centrelink and financial help from her parents, Kathleen managed to buy a television. She had five weeks to go before the loan was repaid. For Kathleen, this was a major achievement:

We stay home a lot but having the [TV's] great, it's fabulous...[it's not long] til my loan's paid off then I'll say how wonderful I am with what I've achieved and how great it is...I find that...since I lost my husband I have to plan things and have things to look forward to...

A friend of Kathleen’s had recently died in a car accident, which brought back the grief and trauma that surrounded her husband’s death. She thought she was ‘losing the plot’ and would need to have counselling again. It was a rough two-week period for her but she got through it, with help from her friends.

By the final wave, financial constraints were still present but they were no longer a concern for Kathleen. By now she was resigned to the fact that financially, ‘it is a struggle, always with a pension...if you haven't got it you can't spend it’. The rent was automatically deducted so that was always paid first. Kathleen was lucky to have her family, who were in a position to help out financially; they bought their grandson the things that he needed.

The main issues for Kathleen now were employment and health. In two years time, her son would five years old and ready for school, and she wanted to go back to work. Kathleen was a pragmatist; she loved living in the country and thought it a great place to raise her son. She recognised, however, that opportunities were limited, both in terms of employment and education. Kathleen was prepared to make the move back to Melbourne in a couple of years. She also thought about doing further studies to pursue a new direction in life.

Kathleen was starting to feel the effects of smoking. She had cut back but wanted to stop completely. The last winter had been very bad in terms of the flu, which kept Kathleen unwell for much of that time; she had also experienced trouble breathing. Meanwhile, her young son had a 'lazy eye' that required patching and exercising; otherwise he was developing in 'leaps and bounds'.

The death of her husband left Kathleen struggling on every level. She and her son had survived and they had come a long way. She acknowledged this and said 'I'm really proud of myself'.

3.4 Duration of initial intervention

Could it have been the length of the initial intervention that families received that may have influenced later outcomes? According to the baseline data, just over half the participants (52 per cent, n=15) had received short-term support that, in some cases, lasted up to three months. For six participants (21 per cent), support had lasted for between four to six months, while eight (28 per cent) received relatively long-term support, which lasted for between seven months and three years.

Focusing on family circumstances, Table 3.1 shows that the median number of months of assistance received varied slightly between the groups. For example, as might be expected, the median length of support was relatively longer for families whose circumstances had been difficult (median = 7 months) than those whose circumstances were either unchanged (median = 6 months), or had improved (median = 5 months).

Table 3.1: *Baseline data – duration of initial intervention*

	Circumstances difficult (n=11)	Circumstances unchanged (n=9)	Circumstances improved (n=9)
<i>Duration of initial intervention:</i>			
Less than a month	4 (36%)	3 (33%)	2 (22%)
1 to 3 months	2 (18%)	2 (22%)	2 (22%)
4 to 6 months	1 (9%)	1 (11%)	4 (44%)
7 to 12 months	2 (18%)	3 (33%)	0
13 to 36 months	2 (18%)	0	1 (11%)
Median number of months assisted	7 mths	6 mths	5 mths
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>			

Short-term intervention:

Focusing on those who had 'struggled', a third (36 per cent, n=4) had received short-term support. All except one had highlighted multiple factors that had precipitated their housing crisis. All had received financial aid but in only two cases was counselling provided. For these four participants, ongoing difficulties were characterised by relationship and health problems and financial pressures; additionally, there was no extended family support. Yet, the only professional support received in the six months prior to the final wave was food vouchers and, in only one case, counselling. Among this group, the housing experience had been mixed. In the main, however, participants were unhappy with their housing because of cramped living conditions or expensive rent. Three families were in private rental

Long-term intervention:

Another four participants who had received *long-term support* (between 7 months and 36 months) had also struggled over the course of the study. Their backgrounds were difficult and their housing crisis had been caused by multiple and complex problems. These families had received support that had incorporated the use of multiple services. However, their difficulties had continued to undermine their wellbeing. As with the group above, these participants faced relationship/family, health and financial problems, as well as the absence of extended family support. Their use of welfare support was also limited to accessing food vouchers; two families had, however, also received financial support, another had used a mental health service for children, and another was, at the time, waiting for the focus child to receive counselling.

3.5 Family transitions and types of concerns

Table 3.2, which pertains only to the 24-month wave, shows the three family circumstances and the types of concerns that emerged. In general, financial difficulty, employment factors and health issues were *common concerns* for all three situations. However, when focused on the *main concern*, some interesting differences are highlighted. For example, for those families whose circumstances were difficult, the main concerns were health (82 per cent, n=9) and relationship/family problems (56 per cent, n=6). For families whose situation had remained unchanged, it was employment factors (57 per cent, n=4); and for those whose circumstances had improved, it was financial difficulty (71 per cent, n=5).

Table 3.2 also shows, not surprisingly, that the families who were in difficult circumstances faced a greater range of concerns compared with those whose circumstances were unchanged, or had improved. In fact, families who were in difficult circumstances reported almost three times as many concerns than those whose situation was unchanged or had improved. Further, there were some families, whose circumstances were unchanged or improved, who had reported *no concerns*. In contrast, among those who were in difficult circumstances, all 11 families had identified at least *one concern*.

Table 3.2: 24-month data – Family circumstances and common concerns

	Circumstances difficult n (%)	Circumstances unchanged n (%)	Circumstances improved n (%)
<i>Type of concerns:</i>			
Eviction	3 (27%)	-	2 (29%)
Relationship/family breakdown	6 (56%)	1 (14%)	-
Physical/emotional abuse	3 (27%)	-	3 (43%)
Domestic violence	1 (9%)	-	1 (14%)
Sexual abuse	2 (18%)	-	-
Financial difficulty	5 (46%)	3 (43%)	5 (71%)
Employment factors	4 (36%)	4 (57%)	2 (29%)
Health issues	9 (82%)	2 (29%)	3 (43%)
Gambling problems	1 (9%)	-	-
End of emergency accommodation	2 (18%)	-	-
Substance abuse	2 (18%)	-	1 (14%)
Number of families with concerns	11	7	7
Number of families with NO concerns	0	3	2
Total number of families	11	10	9
NB: Shaded area highlights common concerns (reported by at least 27% of participants in each group) NB: Multiple responses possible <i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>			

4. HOUSING

This section explores the housing circumstances of families over a two-year period. It focuses on housing mobility, housing tenure and housing type. It focuses also on perceptions of stability, as well as the central issue of housing affordability.

4.1 Housing history

In the first wave of baseline interviews, participants were asked about their housing circumstances over the prior two-year period. On average, participants and their families had lived in three different types of accommodation. As shown in Table 4.1, the majority of participants had lived in private rental (83 per cent, n=29). Around half (49 per cent, n=17) had stayed with family or friends; some had found shelter in SAAP crisis accommodation (31 per cent, n=11) or SAAP transitional housing (20 per cent, n=7), and some had lived in a caravan (29 per cent, n=10). Some families had spent time in hostels/hotels/motels (20 per cent, n=7) or rooming houses (9 per cent, n=3); and at some point in time a number of the families had found themselves with no shelter at all (14 per cent, n=5).

Table 4.1: *Baseline data - Type of housing 2 years prior to baseline interviews*

	Baseline (N=35) % (n)
Private rental	83% (29)
Public housing	17% (6)
Owner occupied	7% (3)
SAAP – Crisis	31% (11)
SAAP – Transitional	20% (7)
Family/friends home	49% (17)
Hostel/hotel/motel	20% (7)
Rooming house	9% (3)
Caravan	29% (10)
Car/tent/street/park/squat	14% (5)
NB: Multiple responses possible <i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>	

Just over half the families (51 per cent, n=18) had moved house once or twice during the two-year period prior to the first interview. In contrast, the remaining families had experienced multiple house moves: nine families (26 per cent) had moved between three and five times, while eight (23 per cent) had moved between six and ten times. Just over half the families (51 per cent, n=18) had lived in one house for up to 18 months; 40 per cent (n=14) had lived in one house for between two and seven years; and nine per cent (n=3) had between 10 and 22 years residency in one house.

These data imply that the past housing for many of the families had been relatively stable. Indeed, the experience of housing crisis had surfaced in the two-year period prior to this study. As discussed in Section 3, the crisis was generally precipitated by a range of multiple and complex reasons that included financial difficulty, relationship/family breakdown, physical/emotional abuse, domestic violence, eviction and substance abuse.

Table 4.1 shows that a relatively small proportion of families had also lived in public housing (17 per cent, n=6); but they had not been able to maintain their tenancy. This group of participants, all women, had lived in an average of four different types of accommodation in the two years prior to the baseline interviews. Apart from public housing, their accommodation had also included renting privately, staying with family or friends, as well as in caravans. In that two-year period, participants had moved house between one and ten times with an average of 3.5 moves. The longest time spent in one place in the past had been between 12 months and 11 years with an average of four years.

Most of the participants in this group reported a range of multiple and complex reasons underlying their housing crisis. In all six cases, for example, participants were confronted with relationship difficulties that, in nearly all instances, included domestic violence, physical and emotional abuse.

So what has happened to this group of women and their families? According to the data from the 24-month wave, things had improved. Fortunately, these women were able to escape the violence in their lives. Some of the women and their families had again moved into public housing, while others were renting privately; one woman had become an owner-occupier. Their lives had become stable. Unfortunately, in one case, a woman was not able to overcome her housing and personal difficulties and continued to struggle with those issues throughout the course of the study.

4.2 Housing tenure and housing type

As shown in Table 4.2, most families lived in private rental or public housing; but the proportion of families in private rental was consistently higher than for those in public housing. That proportion, however, steadily decreased over the course of the study. With the first wave, for example, 49 per cent of families (n=17) were renting privately; by the final wave, it was 37 per cent (n=11).

Table 4.2: *Housing tenure by interview wave*

HOUSING TENURE	Baseline	6-Mths	12-Mths	18-Mths	24-Mths
Private rental	49%	49%	46%	44%	37%
Public housing	34%	37%	39%	38%	33%
Owner occupied	0	3%	3%	6%	7%
SAAP - Crisis	11%	6%	0	0	0
SAAP – Transitional	0	3%	3%	3%	10%
Family/friends home	3%	0	6%	3%	7%
Community housing	3%	3%	3%	6%	7%
Total per cent	100	100	100	100	100
Total sample number	35	35	33	32	30
<i>Source: Hanover Family Longitudinal Outcomes Study 2004</i>					

Initially, the proportion of families in public housing increased from 34 per cent (n=12) at the first wave to 39 per cent (n=13) at the 12-month wave. However, by the final wave, this had dropped to 33 per cent (n=10). A total of five families had given up their public housing in the last 12 months of the Study. Two participants left because of problems with current and former partners; because of continuing difficulties, one family moved closer to extended family; another moved to secure much needed employment; and in the final case, the family moved because of rent arrears.

These changes in public housing translated into a rise in the proportion of families who had, in the last 12 months of the study, moved into transitional housing or with their family and friends. It is interesting to note also that during this time, no family returned to SAAP Crisis support services. Two families were fortunate enough to secure their own homes.

Table 4.3 presents data on housing type, which was only available for the last three interview waves. Given a high proportion of families with young children, it was not surprising to find that most families resided in separate houses. It was relatively less common to have families living in semi-detached houses or terraces, in caravans, in premises attached to a business, or in rooming houses/bed sits.

Table 4.3: *Housing type by three interview waves*

HOUSING TYPE	12-Mths	18-Mths	24-Mths
Separate house	67%	59%	63%
Self-contained flat or unit	24%	28%	20%
Semi-detached house or terrace	3%	6%	7%
Caravan	3%	0	0
House/flat attached to business	3%	6%	7%
Rooming house/bed sit	0	0	3%
Total per cent	100	100	100
Total sample number	33	32	30
<i>Source: Hanover Family Longitudinal Outcomes Study 2004</i>			

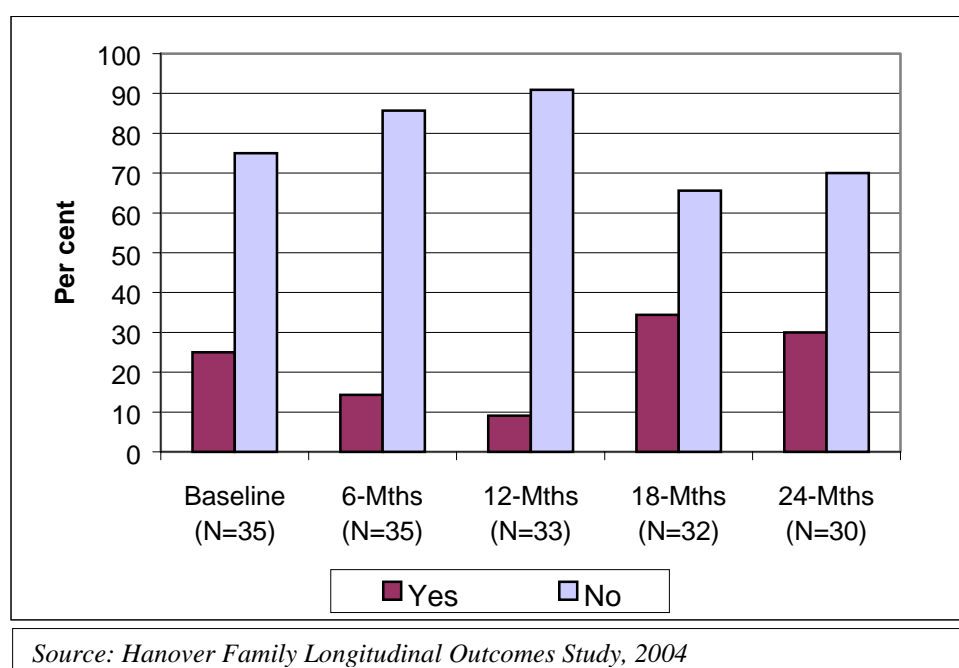
4.3 Housing mobility

The overall loss of 12 families from the original 42 was, in most part, due to them moving house. It is likely that this occurred because of another crisis, rather than by choice. This suggests that these families may have had unstable housing. Among the families who remained in the study, the majority experienced stable housing: 83 per cent had not moved house over the two-year study period, or had made a positive change.

As illustrated in Figure 4.1, at each wave, the majority of families had not moved house. Indeed, in the first 12 months, housing stability had steadily increased with more and more families reporting that they had not moved in the previous six months. By the 12-month wave, for example, 30 families (91 per cent) had remained in their housing six months prior to the interviews, while only three families (9 per cent) had moved house during that time. However, in the latter half of the study, housing mobility had increased. Compared with the 12-month wave, around three times as many families had moved house in the last two waves.

Why were families were on the move? Underlying reasons included financial factors, relationship problems, seeking work, to be closer to family, or to move into permanent housing. In most cases, by moving house, families had actually improved both their personal and housing circumstances. This is also reflected in the next section on perceptions of housing stability, which highlights an increase in the proportion of families who *perceived* their housing as stable (see Section 4.4).

Figure 4.1: *Have you moved house in the last six months?*



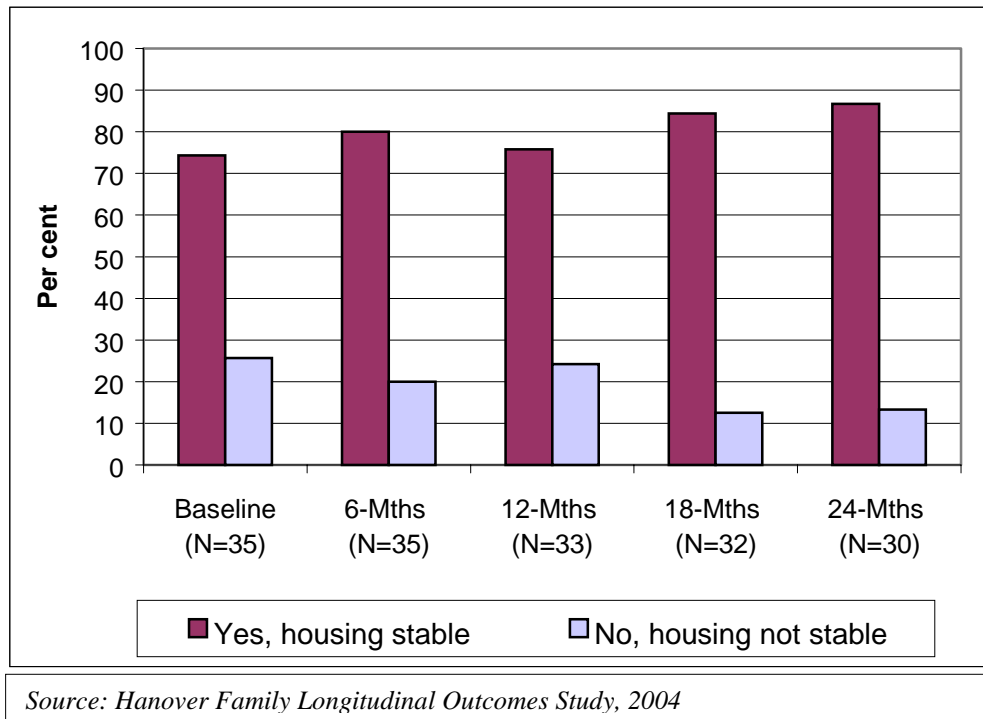
4.4 Perception of housing stability

The subjective aspect of housing stability was explored by asking families: would you describe your current housing situation as 'stable'. It should be noted that families replied to this question according to their own personal definitions of 'stable'. As illustrated in Figure 4.2, the vast majority of families said their housing was 'stable'.

'I feel like I'm going to be here forever, you know, that's how I feel and it's a really good feeling'
(two parent family, six children).

There were only marginal differences recorded in the first twelve months of the Study, while in the latter half, there had been a steady increase in the proportion of families who perceived their housing as stable. In other words, in the last two waves, some families who had previously been in 'unstable' accommodation had moved into housing that they now regarded as secure. For example, at 12 months, 24 per cent (n=8) of families perceived their housing as insecure; at 18 and 24 months, the figure had halved (13 per cent, n=4 and 13 per cent, n=4 respectively).

Figure 4.2: *Perception of housing stability, by interview wave*

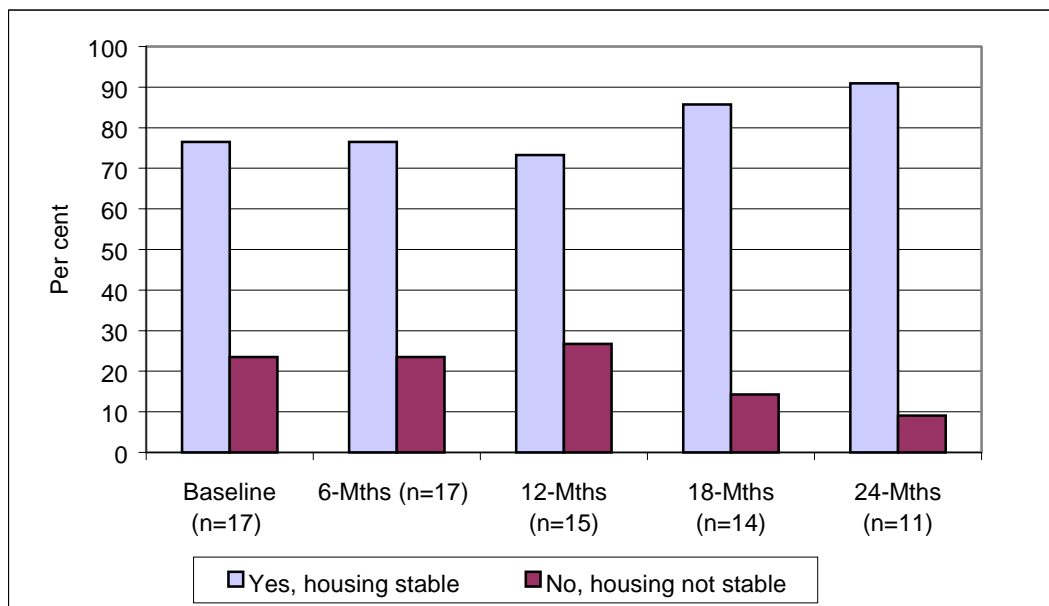


4.5 Housing stability and housing tenure

Figures 4.3a and 4.3b show how perceptions of housing stability differed among families in private rent and those in public housing. Overall, perceptions of housing as 'stable' were more common among families in public housing than among those renting privately. Figure 4.3a illustrates that the increase in perceptions of stability that occurred in the last two waves was reflected among families who were in private rental.

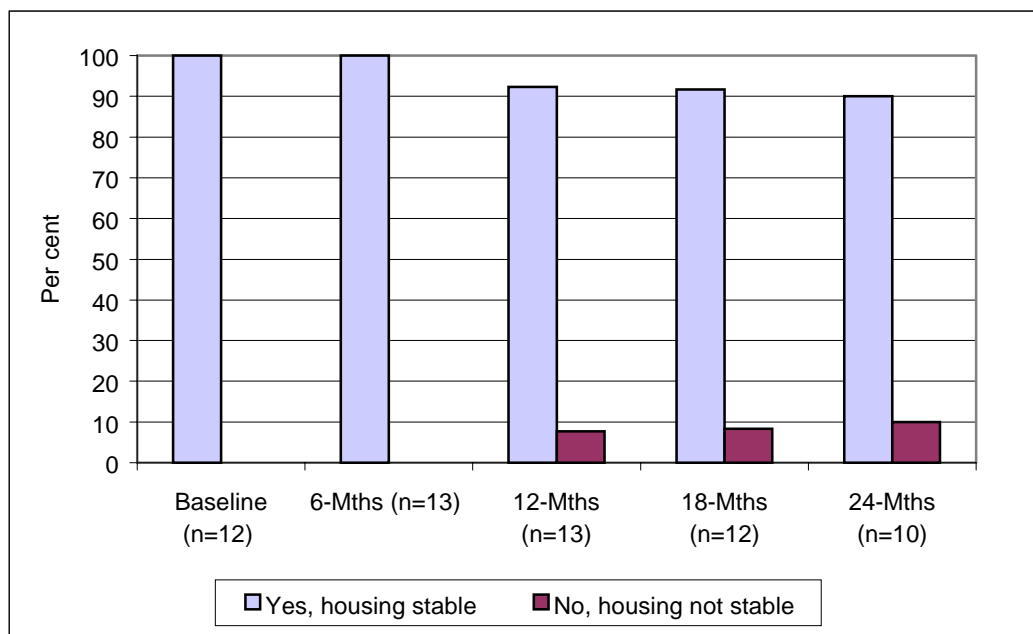
In contrast, Figure 4.3b shows that the vast majority of families in public housing perceived that housing as stable. Since the 12-month wave however, at least one family perceived their public housing as 'unstable'. These were, in fact, three individual families who were experiencing financial difficulty. In two cases, families reported being behind in their rent, while in the third, it was other financial pressures. As a result, each family had felt vulnerable. Fortunately, the problems were addressed and, with the exception of the final-wave family, their perceptions changed.

Figure 4.3a: PRIVATE RENTAL tenants and housing stability



Source: Hanover Family Longitudinal Outcomes Study, 2004

Figure 4.3b: PUBLIC HOUSING tenants and housing stability



Source: Hanover Family Longitudinal Outcomes Study, 2004

What made housing 'stable' for families? In general, four themes emerged. Not surprisingly, the financial component, specifically rent, was important. If rent was behind, this usually put families under considerable stress and pressure. The absence of financial pressure meant that families felt stable. For others, permanency was important; including housing that had been long-term, or where families had a lease, or were in public housing:

'[My housing] is permanent and I don't have to worry about organising to move anymore. It's a good feeling...' (step-family – public housing).

'It's public housing. I guess it's as long term as I need it to be...I think also, cause my main thing was cause I've never rented before I couldn't get into the [private] rental system any other way. So I guess even staying here could possibly leave me a reference for the future...' (sole parent, public housing).

In some cases, stability meant that children felt happy, settled and safe. In others, it meant having a good relationship with a real estate agent or landlord. One parent explained her relationship with the estate agent and the strategy she adopted as an insurance measure to maintain her credibility as a private tenant:

'It [housing] seems stable, but in private rental you never really know, they might sell [the property] or anything can happen, [it's] beyond your control...The real estate [agent] is really supportive...my rent has been late few times, like not often, [but I usually] pay it five days early every week, so if at any stage I'm strapped and it's [rent] couple of weeks late, it doesn't really look that bad cause I always pay it ahead' (sole parent –private rent).

In the final wave, four families reported that their housing was unstable. In three cases, the reason had to do with the *temporary* nature of the accommodation, one family was already in the process of looking to move house. In the fourth case, the family had been given notice to move because the *landlord had decided to sell* the property.

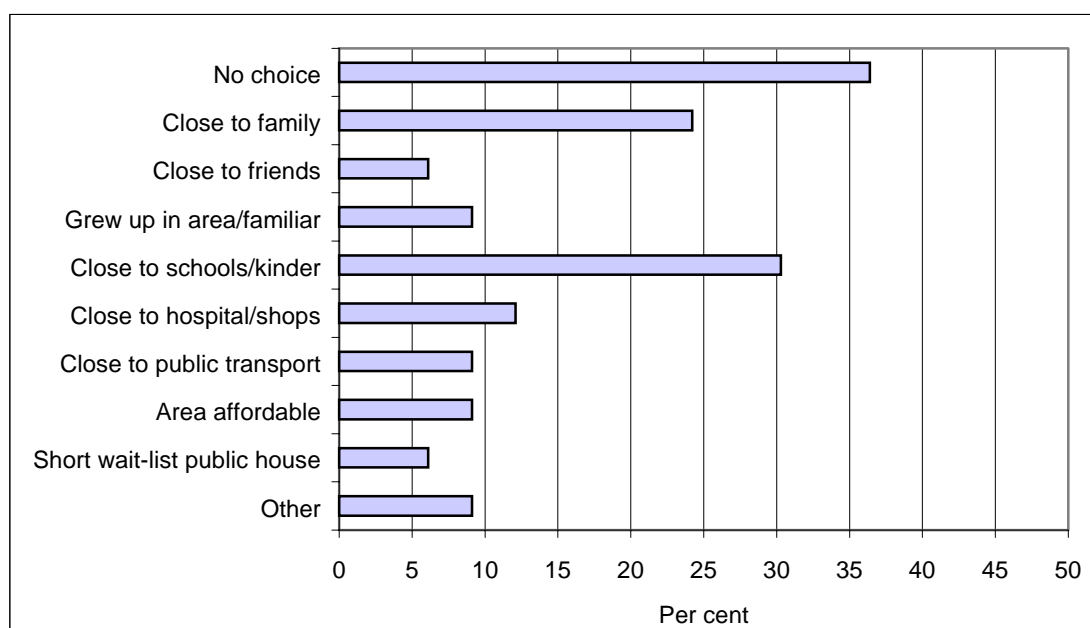
4.6 Housing location

As shown in Table 2.2 (demographic profile) earlier in this report, the proportion of families in the metropolitan and non-metropolitan areas was fairly even. When the study began, for example, half the families (51 per cent, n=18) lived in the city, and half in regional (20 per cent, n=7) or rural (29 per cent, n=10) areas. This was maintained until the 12-month wave, which saw one family from the country move to the city. By the end of the study, two more families (one regional and one rural) had also moved to the city, although one participant, from the country, returned. One family had moved from the city to the country. These changes had little impact on the distribution recorded at the 24-month wave, which remained relatively even between families in the metropolitan area (53 per cent, n=16) and those in regional (20 per cent, n=6) or rural (27 per cent, n=8) areas.

What prompted families to live in certain suburbs? Qualitative analysis of data from the 12-month wave highlighted a number of reasons underlying families' decisions to locate to a particular area. However, choice in location was not available to all families. One-in-three families, in fact, reported that they had 'no choice' in where they lived; most of the families in this group were public housing tenants. Families in private rental had relatively greater choice in where they lived, but limited financial resources tempered choice.

As shown in Figure 4.4, two main reasons had attracted families to a particular area: proximity to extended family and to schools/kinder, a combination of both personal and practical considerations. This also included proximity to other services such as hospitals, shops and public transport. Some families had been drawn to an area because of affordable housing, while others were influenced by short public housing waiting lists characteristic of certain 'unpopular' areas. Proximity to friends was another underlying reason as was the familiarity or connection to an area. The 'other' category included such reasons as wanting to move away from the 'drug scene', to get away from a former partner, and the tranquillity of an area.

Figure 4.4: 12-mth wave – What made you decide to live in the area (N=33)?



Source: Hanover Family Longitudinal Outcomes Study, 2004

It is worth noting that employment did not emerge as an influencing issue for families in deciding where to live. However, at the 12-month wave, the majority of families had not moved house in the last year. This means that their responses, in fact, reflect the reasons that were pertinent to families one year prior to the 12-month wave. At that stage, they had only just exited homeless support services. It seems reasonable to assume, therefore, that their priority at the time would have been to address their housing rather than employment.

At the negative end of the scale, an area that was deemed a bad place to raise children was one devoid of social connections; in other words, a place where there were few families around. In one case the lack of employment in an area was highlighted, while others talked about problems such as crime and drugs. Some parents talked about the lack of parks and playgrounds, as well as the limited availability of medical services.

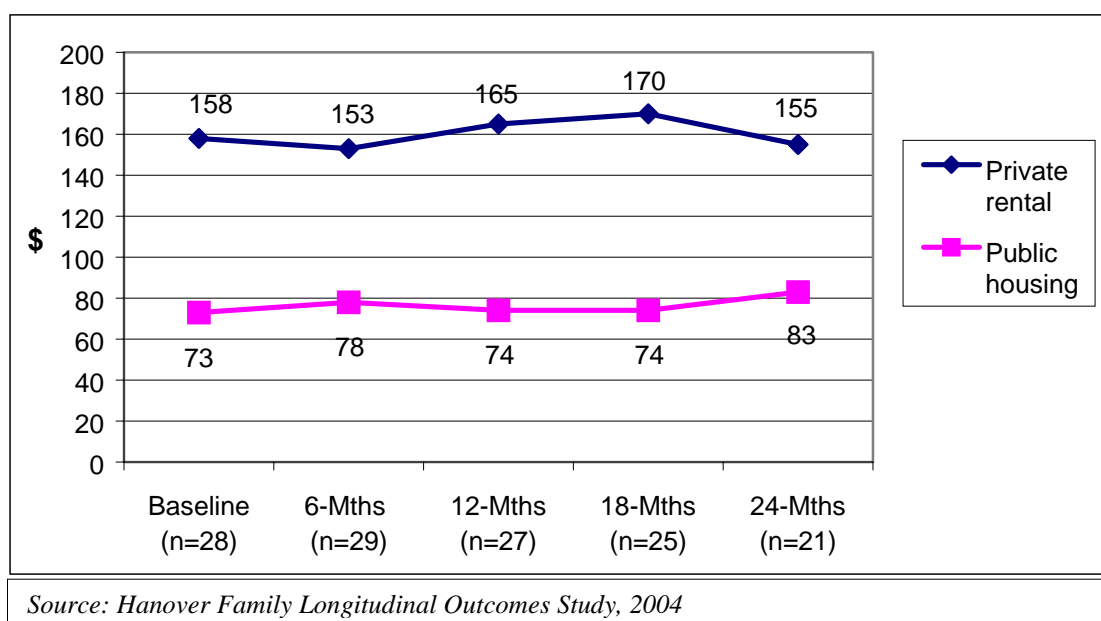
4.7 Housing cost

It is important to note that analysis on the cost of housing was based on only those families in private or public housing who were paying rent *and* receiving an income. Figure 4.5 compares the median rent paid between private and public housing tenants, over a two-year period. It should also be noted that numbers are low; therefore results should be interpreted with caution.

Figure 4.5 illustrates that, overall, private rental was a lot more expensive than public housing. Indeed, families who rented privately had paid twice as much in rent compared with those in public housing. Over the two-year period, the median price for private rental averaged \$160.00 compared with \$76.00 for public housing. Further, variable housing costs were experienced by relatively more families who were in private rental compared with those who were in public housing.

As shown in Figure 4.5, there was a dramatic drop in median private rent paid, from \$170.00 per week at 18-months to \$155.00 per week just six months later. This drop reflects the move of two families out of the private rental market. In both cases, the families were in housing stress, paying 39 and 46 per cent respectively of their income in rent. The cost of housing forced the two families out of the private rental market and resulted in the loss of contact with the study. Contact was eventually resumed with one family, but not with the other.

Figure 4.5: Median weekly rent paid by housing tenure and interview wave



4.8 Housing affordability

For the purpose of the HFLOS, housing affordability was based on weekly rent paid as a proportion of total net weekly household income. The accepted general benchmark for assessing *housing affordability* is 30 per cent. Thus, housing is defined as affordable where rent consumes no more than 30 per cent of a household's income. Where the cost of housing exceeds the 30 per cent threshold, it becomes an indicator of *housing stress*.

Public housing tenants pay less than 30 per cent of their income in rent; it is part of public policy. This is highlighted in Figure 4.6a, which shows that the housing for *all* the sample families who were public housing tenants was indeed within the 30 per cent affordability benchmark. Put another way, public housing cost no more than 30 per cent of household income. In a few instances families were paying extra in rent to cover rent arrears, but despite this, the cost of their public housing remained within the affordability benchmark.

Figure 4.6a: PUBLIC HOUSING TENANTS – Housing Affordability Indicator

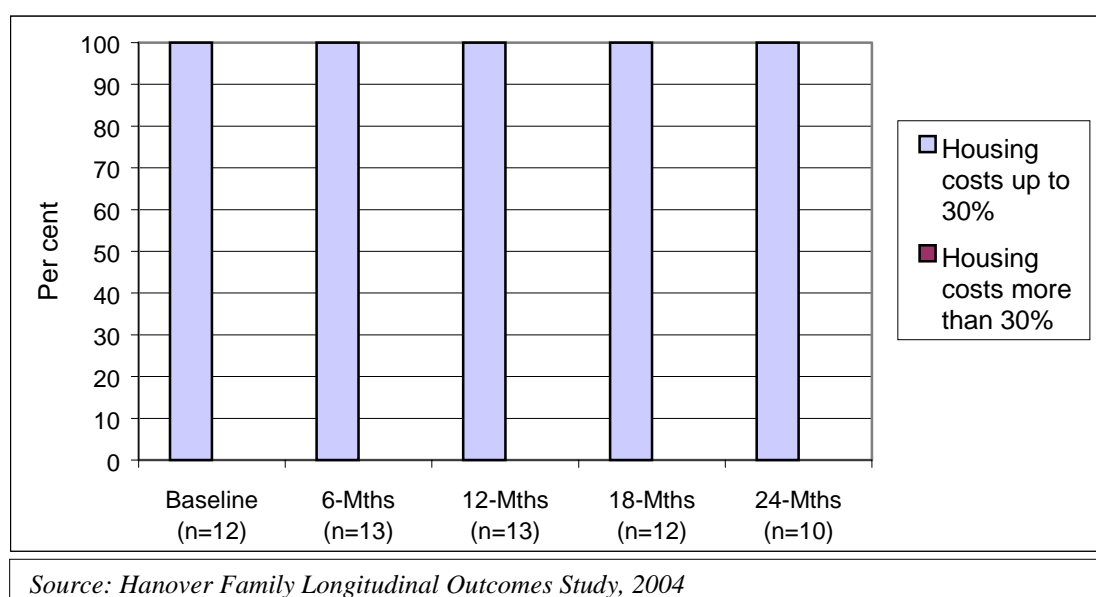
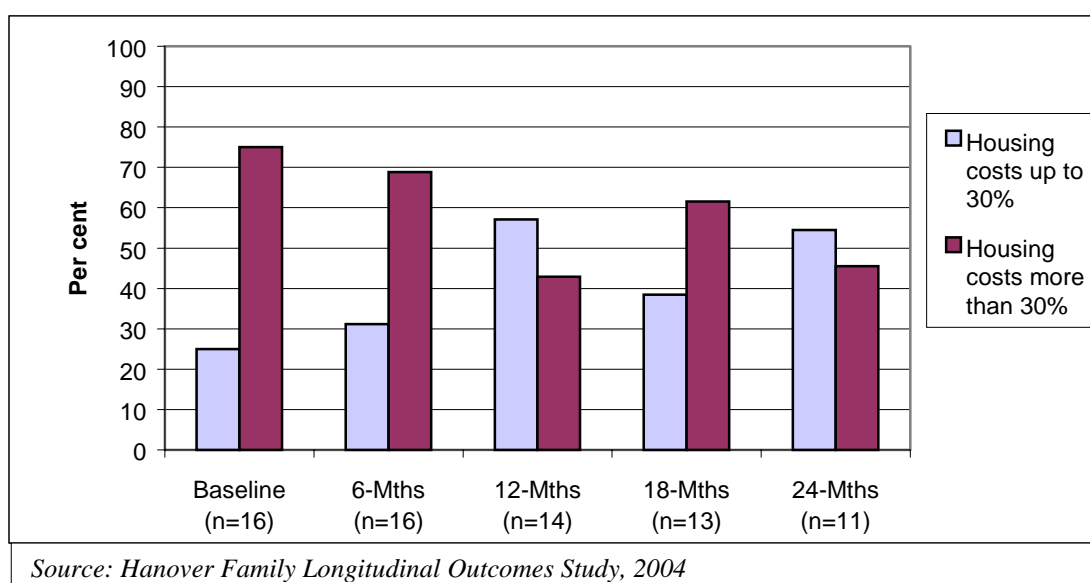


Figure 4.6b, in contrast, shows that the sample families in private rental dealt with a lot more variability in terms of affordable housing. When families initially left crisis support services and moved into independent housing, most of those who rented privately (75 per cent, n=12) experienced housing stress with more than 30 per cent of their income spent on rent. Over the following two-year period, housing affordability improved with the rent for most families (55 per cent, n=6) falling within the 30 per cent affordability benchmark. A number of families (45 per cent, n=5), however, continued to experience housing stress.

Indeed, for some of these families, the cost of housing had exerted considerable financial pressure. At the 18-month wave, for example, some families (n=5) paid between 31 and 40 per cent of their income in rent, while three families paid well over 40 per cent of income in rent. Six months later, two of these families had moved into cheaper housing, but the third family continued to pay more than 40 per cent of income on rent.

Figure 4.6b: PRIVATE RENTAL TENANTS – Housing Affordability Indicator



4.9 Housing affordability and Rent Assistance

Rent Assistance (RA) is the primary policy measure to improve access to the private rental market for families who receive income support payments (excluding Austudy). It is usually paid as part of the Family Tax Benefit Part A and the actual rate is based on the number of children, whether sole parent or couple family, and the amount of rent paid. The current maximum rate of RA per fortnight for families (sole parent and couple) with one or two children is \$110.88; families (sole parent and couple) with three or more children receive \$125.30 per fortnight (Centrelink 2004).

Table 4.4 shows how Rent Assistance affected the housing affordability of sample families who were tenants in the private rental market. As highlighted Table 4.4, not all the families received Rent Assistance. When the families first exited crisis support services and moved into private accommodation, just over half (n=9) received Rent Assistance. Six months later, the number of families who received Rent Assistance had actually dropped. Thereafter, things improved and in the last three waves of the study, nearly all the families received Rent Assistance.

Despite this, only a small number of families were in affordable housing. Put another way, Rent Assistance had not guaranteed *all* the families who rented privately access to affordable housing. At the 24-month wave, for example, ten families received Rent Assistance but only six were in affordable housing, while the remaining four families were in housing stress.

Among families in private rental without Rent Assistance, nearly all experienced housing stress. That is, they were struggling financially to meet the cost of their housing. The number of eligible families without Rent Assistance was relatively high in the first two waves before falling in the last three waves. By the 24-month wave, one eligible family remained without Rent Assistance. Paying more than 30 per cent of their income in rent, this family, from rural Victoria, continued to experience housing stress.

Table 4.4: PRIVATE RENTAL TENANTS - Rent Assistance and affordable housing

	Baseline (n=16)	6-Mths (n=16)	12-Mths (n=14)	18-Mths (n=13)	24-Mths (n=11)
YES, received Rent Assistance	9	5	12	11	10
<i>Number in affordable housing</i>	3	2	8	5	6
<i>Number in housing stress</i>	6	3	4	6	4
NO Rent Assistance	7	11	2	2	1
<i>Number in affordable housing</i>	1	3	0	0	0
<i>Number in housing stress</i>	6	8	2	2	1
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

4.10 Housing affordability by region

According to the Rental Report (the most recent remains the June Quarter 2002), there has been a decline in the availability of affordable housing in both metropolitan and non-metropolitan Melbourne. For example, the Rental Report for the September Quarter 2001, showed that 26 per cent of rental accommodation available in the Melbourne metropolitan area was affordable to low income households. The Rental Report for the June Quarter 2002 shows that this had declined to 17 per cent. For non-metropolitan areas in Victoria, the Rental Report shows that the corresponding figures were 84 per cent (September Quarter 2001) and 59 per cent (June Quarter 2002).

In general housing is more accessible and affordable in the country compared to the city. For two families from country Victoria, however, the experience of trying to access housing was terribly difficult:

'Even if I did have the money [I wouldn't be able to find housing], not enough to go around...built units came up for rent about three months ago and forty people went for it, even bidding for like rent. People are bidding against other people, making the rent go up higher. It's pretty bad here for housing at the moment, it's the worst I've seen it' (sole parent, two children – staying with a friend, country).

'We were looking for housing accommodation down [in the country] where we were, and there was no chance, so we rang up my dad and asked to come up here [to the city]...[there] seemed a lot more chances of getting a place up here, there's more rentals, there's people willing to give people a go' (two parent family, one child – staying with parent, metropolitan area).

Table 4.5 compares housing affordability for the sample families who rented privately in urban and rural areas. Families who lived in regional areas were all public housing tenants and therefore, excluded from the analysis. Table 4.5 shows that most of the families in private rental lived in metropolitan Melbourne. Over the course of the study, housing affordability improved for families in both urban and rural areas. For example, at the baseline wave around a quarter of families in metropolitan Melbourne were in housing that cost no more than 30 per cent of their income. By the final wave, it was around half (n=4). This improvement was also reflected among the families in rural areas.

Nevertheless, it was housing stress that tended to characterise the circumstances of private rental families, regardless of where they lived. By the final wave, three families in the metropolitan area and two who lived in the country still paid more than 30 per cent of their income in rent.

Table 4.5: PRIVATE RENTAL TENANTS –Housing Affordability Indicator by region

	Baseline (n=16)	6-Mths (n=16)	12-Mths (n=14)	18-Mths (n=13)	24-Mths (n=11)
URBAN areas					
Housing costs up to 30%	3	3	7	3	4
Housing costs more than 30%	8	9	4	6	3
Total number URBAN	11	12	11	9	7
RURAL areas					
Housing costs up to 30%	1	2	1	2	2
Housing costs more than 30%	4	2	2	2	2
Total number RURAL	5	4	3	4	4
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

5. INCOME

Income data were collected by asking participants to identify from a list of 13 possible sources of income, including Rent Assistance, each relevant source as well as the *approximate weekly income received after tax*. It is important to note that any variation in income may have been affected not only by changes in employment status but potentially by participant recall and willingness to disclose all relevant sources of income. Thus, caution is required when interpreting the results.

5.1 Median weekly income

Figure 5.1 shows the median weekly income only for those families who paid rent *and* received an income. At the first-round interviews, the median weekly income was \$400.00. It peaked at \$450.00 at the 12-month wave but then dropped to \$440.00 twelve months later. This represents a 10 per cent increase in median weekly income over the two-year period.

Figure 5.1: *Median weekly income by interview wave*

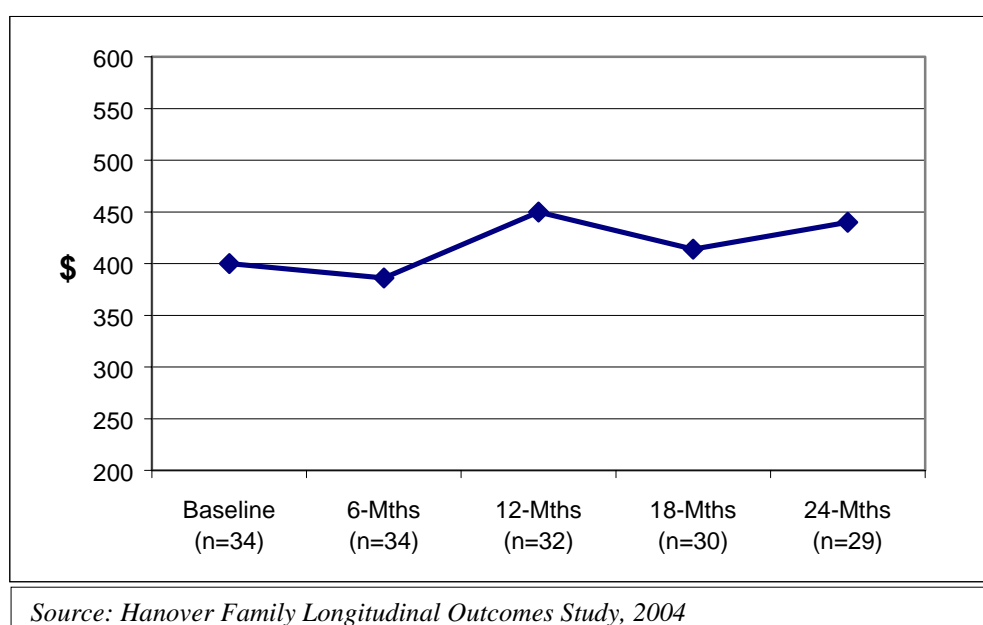
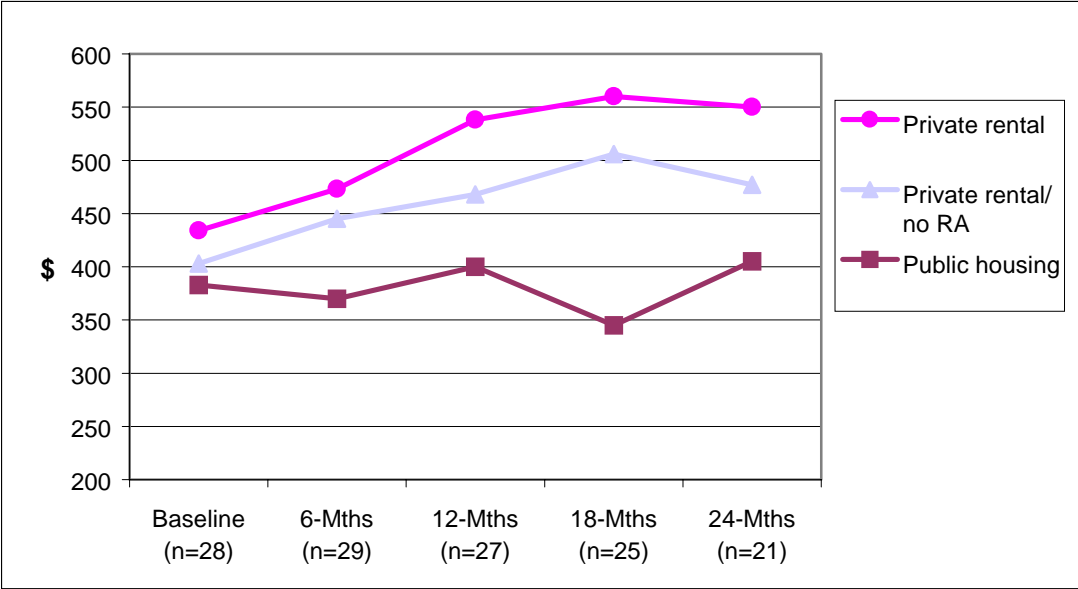


Figure 5.2 compares the median weekly income between families in *private rental* and those in *public housing*. Figure 5.2 also shows the difference in median weekly income for private rental tenants *minus* their Rent Assistance. As already mentioned in Section 4.8, Rent Assistance is normally paid with the Family Tax Benefit Part A (Centrelink 2004). It was typical then that participants were generally unable to recall the amount of Rent Assistance that they had received. As a result, the figures presented in Figure 5.2 are an estimate only and were calculated using the maximum rate of Rent Assistance.

Over the two-year period, the median weekly income for families in *private rental* was consistently higher than for those in *public housing*. With the first-wave of interviews, the gap between the median weekly incomes between the two groups was marginal. Thereafter, the income gap began to widen and by the final wave, two years later, families who rented privately appeared to be in a better financial position than their public housing counterparts. For example, the median income for families renting privately rose from \$434.00 (baseline) to \$550.00 (24-mths), an increase of 27 per cent. In contrast, the median income for families in public housing rose from \$383.00 (baseline) to \$405.00 (24-mths), a rise of just 6 per cent.

As illustrated in the previous section, all the families in private rental, with one exception, had received Rent Assistance. This certainly increased their median weekly income. However, as shown in Figure 5.2, even when Rent Assistance was omitted from the calculations, the median weekly income of the participants in private rental still remained higher than that of the participants in public housing, although the gap was not as prominent. Why was there a contrast in the median incomes between the two groups? This is addressed in the next section on income sources.

Figure 5.2: Median weekly income by tenure and interview wave



Source: Hanover Family Longitudinal Outcomes Study, 2004

5.2 Comparing median weekly income with Centrelink payments and the Henderson Poverty Line

Table 5.1 highlights the median weekly income that sample families received and compares this to Centrelink payments and the Henderson Poverty Line. The Henderson Poverty Line is an indicator of the amount of money families need to cover essential living costs. In essence, the Henderson Poverty Line represents a measure of a very basic living standard (BSL 2004). It should be noted that since amounts are based on families with two children, the actual numbers of families from the HFLOS is small. Nevertheless, Table 5.1 provides some context for interpreting income received by families in the HFLOS.

An important point to note in Table 5.1 is that weekly Centrelink payments for families with two children are well below the Henderson Poverty Line. Put another way, Centrelink payments fell short of providing families with children with enough money to cover the most basic living costs. Focusing on families who participated in the HFLOS, Table 5.1 shows that sole parents with two children (n=5), had received a median weekly income of \$403.00. This was \$15.00 above standard Centrelink payments of \$388.00 but was still \$58.00 below the Henderson Poverty Line amount of \$461.00. Four parents were not in the labour force and one parent was looking for part-time work. Apart from the standard Centrelink payments (Parenting Payment and Family Tax Benefit), two families also received the Child Care Benefit and the Carer Payment. Two more families received maintenance.

Table 5.1: 24-month wave – Comparison of median weekly income with Centrelink payments and Henderson Poverty Line

	HFLOS (24-mth wave) (n=8)	Centrelink Payments	Henderson Poverty Line
Sole parent family with 2 children	\$403.00	\$387.69	\$460.88
Couple family with 2 children	\$510.00	\$469.50	\$557.10
Figures do not include Rent Assistance <i>Sources: Hanover Family Longitudinal Outcomes Study, 2004; Brotherhood of St Laurence, Poverty line update, January 2004.</i>			

Couple families with two children (n=3) had a median weekly income of \$510.00. This was \$40.00 above the Centrelink payment (\$470.00), but this too fell short of the Henderson Poverty Line (\$557.00) by \$47.00. Among the participants, one was working casually, another was looking for full-time work and two were not in the labour force. Among the partners, one was working full-time, another was looking for part-time work and one was not in the labour force.

While some families were able to supplement their Centrelink payments from additional benefits, work, or maintenance, the extra \$20.00 or \$40.00 received still left them below the poverty line. It is not surprising that even though financial concerns had dropped markedly by the final wave, over half the families (52 per cent, n=13) remained concerned about it.

As an example, let's take the case of a typical family: a sole parent with two children. In this instance, the children were aged 8 years and 18 months. The family had lived, for the past 17 months, in a privately rented house. This family's total weekly income was \$360.00; their housing cost them \$120.00 per week. The first point to note is that even with Rent Assistance, this family was in housing stress. Minus the rent, the family was left with \$240.00 per week, or \$34.00 per day. This amount had to cover the daily cost of utilities, food, clothing, school, transport, insurance, recreation, and perhaps have a little for incidentals such as the fridge or washing machine breaking down. As noted earlier in the report, health issues were also a typical concern. For this particular family, both children and their mum had health problems. How did they manage to get by from day to day?

As illustrated by the above case study, families struggled on a daily basis. The findings suggest that without the possibility of increasing income through secure and reasonably paid work, for example, families would continue to have difficulty in covering the basic costs of living and raising their children. It would appear that they had little chance of escaping poverty.

5.3 Sources of family income

Overall, the predominant source of family income was income support payments. For example, over 80 per cent of participants received the Parenting Payment over the two-year period; an equally high proportion also received the Family Tax Benefit (previously called the Family Allowance). Around two-in-five families received Rent Assistance. For the first three waves of data collection, five participants received the Newstart Allowance; at the final interview wave, it was only two. In the case of some families, income was supplemented by child maintenance payments.

In general, paid work, whether full-time or part-time, was not a common source of income. While there was some variability in the numbers of participants who reported paid work as a source of income, the proportion who received such income had increased over the two-year period. For example, at the first-round interviews, 21 per cent (n=6) reported paid work as a source of income; at the final-round interviews two years later, it was 38 per cent (n=8).

5.4 Sources of family income and housing tenure

Tables 5.2a and 5.2b compare income sources for those families in *private rental* (Table 5.2a) and *public housing* (Table 5.2b). One family who had no income (they were in Australia without a valid visa) was excluded from the analysis. The Tables confirm that families in *private rental* had access to a relatively greater range of income sources compared with those in *public housing*. For example, some families in *private rental* (Table 5.2a) had gained full-time or part-time employment. Towards the latter part of the study, nearly all the families had Rent Assistance, while the numbers that received the Child Care Benefit had also increased.

Table 5.2a: PRIVATE RENT – Sources of family income by interview wave

Source of income for families in <i>Private Rental</i>	Baseline (n)	6-Mths (n)	12-Mths (n)	18-Mths (n)	24-Mths (n)
Full-time work	2	5	2	4	3
Part-time work (incl. casual)	4	7	5	3	1
Parenting Payment	13	11	9	10	9
Family Tax Benefit	15	13	12	12	11
Rent Assistance	9	5	12	11	10
Disability Support Pension	1	2	3	1	1
Newstart Allowance	3	2	3	-	1
Austudy	-	-	-	1	-
Youth Allowance	-	-	1	-	-
Sickness Allowance	-	1	-	-	-
Child Care Benefit	-	-	6	3	5
Carer Allowance	-	-	1	1	-
Other	4	4	6	6	3
Total number families	16	16	14	13	11
Note: Multiple responses possible Source: <i>Hanover Family Longitudinal Outcomes Study, 2004</i>					

In contrast, families in *public housing* (Table 5.2b) were relatively restricted in their earning capacity. Full-time paid work was unusual as was part-time work, although the number of families with part-time work had increased at the 24-month wave. In addition, the majority of the participants in *public housing* tended to be sole parent families who had the sole responsibility of raising and caring for their children and therefore, were not in a position to pursue employment opportunities. In the latter half of the study, there were also some participants who received the Carer Allowance (Table 5.2b), indicating that they had a child with a disability or one who needed considerably more care. This too would have made other income sources difficult to pursue.

Table 5.2b: PUBLIC HOUSING – Sources of family income by interview wave

Source of income for families in <i>Public Housing</i>	Baseline (n)	6-Mths (n)	12-Mths (n)	18-Mths (n)	24-Mths (n)
Full-time work	-	-	-	1	1
Part-time work (incl. casual)	1	1	2	1	3
Parenting Payment	10	13	13	11	9
Family Tax Benefit	11	11	12	12	10
Rent Assistance	n.a	n.a	n.a	n.a	n.a
Disability Support Pension	2	4	-	-	2
Newstart Allowance	2	2	2	-	1
Austudy	1	1	-	-	-
Youth Allowance	-	-	1	1	-
Sickness Allowance	-	-	-	-	-
Child Care Benefit	-	-	1	-	1
Carer Allowance	-	-	2	2	3
Other	3	3	2	2	6
Total number families	12	13	13	12	10
Note: Multiple responses possible n.a: Not applicable Source: <i>Hanover Family Longitudinal Outcomes Study, 2004</i>					

6. EMPLOYMENT AND EDUCATION

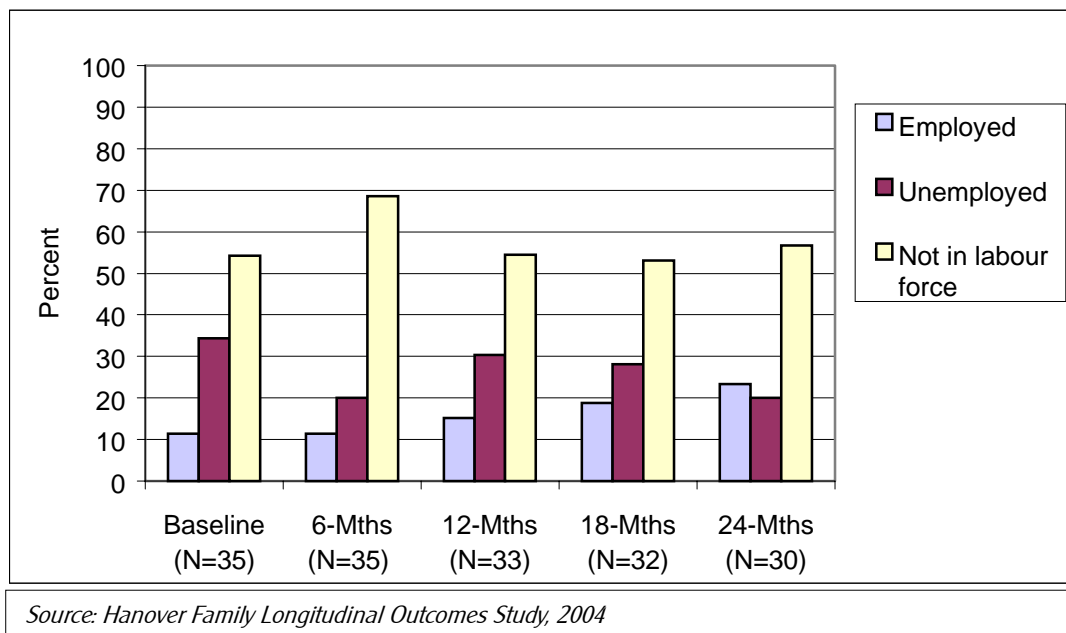
This section explores the labour force status of participants and their partners, the difficulties encountered by those who tried to get paid work, whether any families intended to move house in the future in order to gain employment, and whether any participants, or their partners, had done any study or training.

6.1 Labour force status

As illustrated in Figure 6.1, the majority of participants were *not in the labour force*. Put another way, they were neither in paid work *nor* were they looking work. This, of course, is not surprising given that the majority of participants were mothers and so the data simply reflect their status as parents with primary responsibility for child rearing.

The proportion of those *not in the labour force* was relatively consistent over the two-year period, except at the 6-mth wave, where it peaked at almost 70 per cent. The reason for this peak may have been related to the drop in the proportion of participants who were *unemployed* at that time. This did not occur because some participants got jobs; rather it had to do with moving out of the labour force. In other words, some participants with no paid work were no longer looking for paid work. Health issues or changes in family structure may have been underlying factors that influenced the change in labour force status.

Figure 6.1: Participants' labour force status by interview wave



The proportion of participants who were employed remained relatively small, although the proportion had increased steadily over the two-year timeframe. When interviewing began, for example, 11 per cent (n=4) of participants had paid work. At the completion of interviewing, that figure had doubled to 23 per cent (n=7). Most in this group had only casual or part-time work. The hours worked ranged between 8 and 38 hours per week; five participants worked less than 18 hours per week, while two worked more than 30 hours. The range of work generally included cleaning, retail, refuge support and fire fighting.

6.2 Two-parent families and paid work

Table 6.1 shows the employment status of two-parent families (biological and step). While numbers are small, Table 6.1 nevertheless indicates a steady improvement in the employment circumstances in two-parent families over the two-year period. When interviews began the majority of two-parent families had neither parent in paid work. Indeed, there were only two families (22 per cent) where at least one parent was in paid work. By the end of the final wave of interviews the balance had shifted; there were now eight families (73 per cent) with at least one parent in paid work.

Paid work had significance not only for the parents seeking it but for other family members also:

'[My son] is so much happier since his dad got a job, he's making plans, "I can do this and I can have that"...' (two-parent family, three children – public housing).

Those participants who had paid work tended to be employed on a casual basis. Where partners had paid work, they tended to be employed on a permanent basis. They were variously employed in accounts, as a storeman, truck driver, forklift driver, and labourers.

Table 6.1: *Two parent families – employment status by interview wave*

	Baseline	6-Mths	12-Mths	18-Mths	24-Mths
Neither parent in paid work	7 (78%)	12 (71%)	7 (47%)	4 (33%)	3 (27%)
At least one parent in paid work	2 (22%)	5 (29%)	8 (53%)	8 (67%)	8 (73%)
Total number 2-parent families	9	17	15	12	11
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

6.3 Sole parent families and paid work

Among sole parent families, Table 6.2 shows that a relatively small proportion of parents were employed; the vast majority had no paid work. There was little change over the course of the study. A number of parents were looking for paid work (24-mth wave: 26 per cent, n=5), while others were occupied with parenting responsibilities (42 per cent, n=8), study (5 per cent, n=1), or life's difficulties (11 per cent, n=2).

Table 6.2: *Sole parent families – employment status by interview wave*

	Baseline	6-Mths	12-Mths	18-Mths	24-Mths
Parent not in paid work	23 (88%)	16 (89%)	16 (89%)	16 (80%)	16 (84%)
Parent in paid work	3 (12%)	2 (11%)	2 (11%)	4 (20%)	3 (16%)
Total number sole parent families	26	18	18	20	19
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

6.4 Difficulties related to getting paid work

Since the 12-month wave, participants with no paid work were asked to comment on the things that made employment difficult. While the lack of jobs was identified as a barrier to paid work over the last three waves of data collection, the themes that consistently emerged tended to be related to personal factors. They included, for instance, being a full-time parent and health issues. Lack of experience was also a theme that presented a barrier to paid work. Other difficulties were associated with the cost of childcare as well as inflexible working hours and conditions. In a couple of cases, participants had experienced a recent trauma and therefore, were not in a position to even contemplate employment options.

6.5 Effects of no paid work

Over the course of the two-year study, the lack of paid work had a considerable negative impact on the majority of families. As a result, they endured financial hardship and psychological and emotional ill health. The effect of no paid work, especially over the longer-term, was highlighted in the following case:

'I'm enrolled with an employment agency...they have got my particulars and all that, and it's been nearly 12 months and I still haven't got a job...it upsets me only because...I can't get out there and do something...' (sole parent, one child – public housing; 18-mth wave).

Six months later, this same parent was still without work, and it was beginning to take its toll:

'[I'm feeling] depressed, unable to get work; well, it doesn't really affect [my son] that much, [it] affects me more that it affects him; at least he gets to go out to school everyday, [I feel locked in]' (sole parent, one child – public housing).

The lack of paid work and its associated financial constraints meant that families had to be resourceful:

'Oh thrifty city we are, things like making Christmas presents instead of going out and even contemplating buying anything...I'm really pleased that I did all my planting in the spring and don't have to buy [Christmas presents]' (sole parent, one child – private rental).

It was interesting to note that in the latter half of the study, an increasing proportion of participants had reported that the lack of paid work had *no effect* on them or their families. For example, at the 12-month wave, 7 per cent (n=2) of participants reported *no effect*; at the 18-month wave it was 19 per cent (n=6); and by the final wave it had increased to 35 per cent (n=7). These seven participants were nearly all sole parents whose circumstances, particularly in the last six months of the study, had remained unchanged. Only one participant was looking for part-time work, while most were involved in the full-time care of their children.

The data indicated that participants might have become resigned to their circumstances and tried to make the best out of a bad situation. Some may have changed their reactions or perhaps adjusted their behaviour. For example, one participant explained:

'[Lack of paid work] probably [has had no effect]...mainly because I try to manage my money as best I can and...I always make sure the kids have got everything they need and then whatever we have got left we can play with...' (sole parent, two children – public housing).

In another case, a participant was actually able to start saving some money once she moved back home with her parents:

'Well, since moving here [with own parents], I've been able to save cause I don't pay rent...if I wasn't living at home, of course, it would be a different story...' (sole parent, one child).

6.6 Future house moves for employment

Participants were asked the question: *In the future, would you consider moving house in order to gain or maintain employment*. As illustrated in Table 6.3, most participants (n=21, 60 per cent) were initially ambivalent about moving house for employment reasons. Only six (17 per cent) had given a clear indication that it was something they would consider, while eight (23 per cent) were not prepared to move.

Table 6.3: *In the future, would you consider moving house in order to gain or maintain employment?*

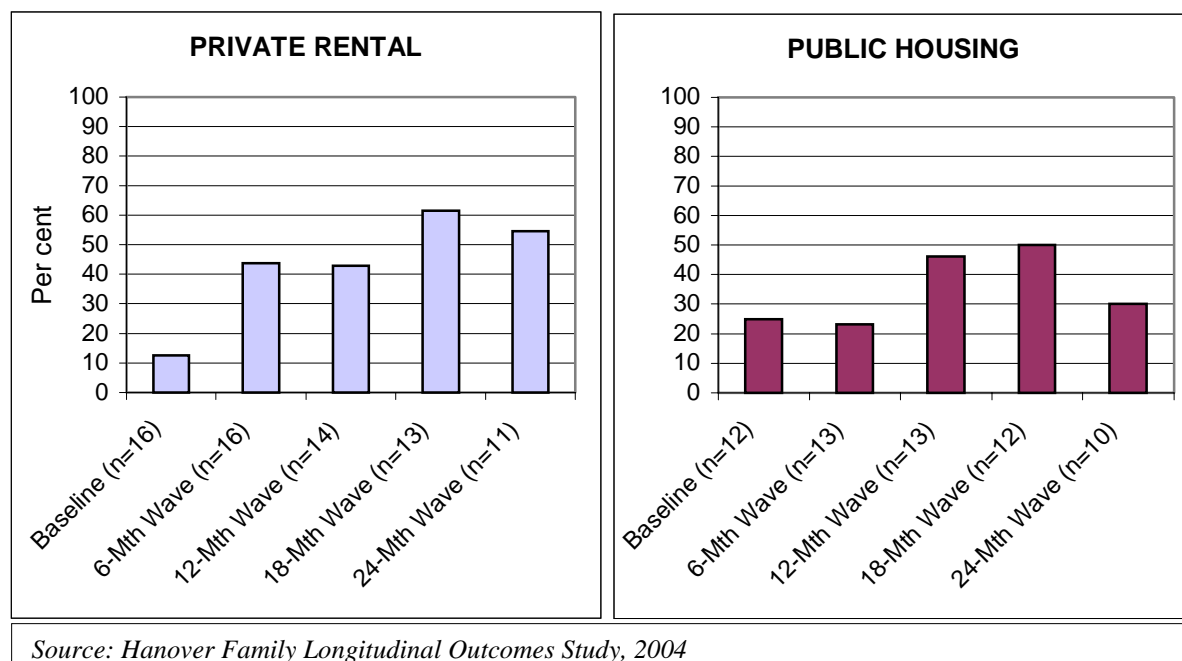
	Baseline	6-Mths	12-Mths	18-Mths	24-Mths
Yes	6 (17%)	13 (37%)	14 (43%)	18 (56%)	15 (50%)
No	8 (23%)	14 (40%)	7 (32%)	10 (31%)	12 (40%)
Maybe	21 (60%)	8 (23%)	12 (35%)	4 (13%)	3 (10%)
Total number families	35	35	33	32	30
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

Over the two-year study period, ambivalence decreased as the willingness to move rose. Indeed, by the 18-month wave, over half the participants (56 per cent, n=18) said they would consider moving. Interestingly, the rise in the willingness to move coincided with the rise in the proportion of participants concerned about financial issues. It too had peaked at the 18-month wave. By the 24-month wave, the proportion had dropped but it was still high at 50 per cent (n=15); 40 per cent (n=12) were opposed and only 10 per cent were unsure. Those concerned about financial issues had also dropped.

At the 24-month wave, among the participants who had expressed a willingness to move (n=15), most (n=9, 60 per cent) were from rural areas. In contrast, among those not willing to move (n=12), most (n=8, 67 per cent) were from the Melbourne metropolitan area. Over the course of the study, only one participant had moved for employment reasons. This occurred in the six-month period prior to the final interview. This participant, from rural Victoria, was successful in getting paid work in another rural area. Unfortunately, the work was casual with no guarantee that it would continue in the long-term future.

What impact did housing tenure have on willingness to move? Figure 6.2 shows that more families in private rental were prepared to move house for employment reasons than those in public housing. A relatively high proportion of families in private rental had experienced housing stress since the beginning of the study. It was not surprising that some were prepared to move, especially for paid work. Employment offered the possibility of addressing financial problems in general and the high cost of housing in particular.

Figure 6.2: YES, would move house in future to get/keep employment, by tenure and interview wave



Nevertheless, stable and secure public housing is not easy to acquire; waiting lists span several years. To give it up would be a difficult decision to make, and likely to affect all family members:

'It would be a big thing, not only for me but for the kids, to have to move just for me to work; I think I would prefer to drive' (sole parent, two children – public housing).

It was surprising therefore, to find that at the 12- and 18-month waves, a high proportion of families in public housing had reported a willingness to move for employment reasons. As highlighted earlier, in Figure 3.2, financial difficulties peaked during these two waves, which may well have influenced responses. By the final wave, the proportion of families willing to move from their public housing for employment reasons had fallen; so too had the overall proportion of families who had reported financial concerns. The fact that a number of families in public housing were prepared to give up that stable and secure housing to pursue employment opportunities, further illustrates the destabilising impact that financial difficulty can have.

6.7 Study/training

In the last three interview waves of the HFLOS, participants were asked about any study or training that they were engaged in at the time of each interview period. In general, the majority of participants had not undertaken any type of study or training; but a number, however, certainly had. During the 12-month wave, four participants were studying or doing some type of training. Another seven participants had taken up study/training at the 18-month wave and three had done so during the final wave.

Some in these groups had done more than one course of study/training. In terms of actual numbers they represent a total of 11 participants who had undertaken some type of study/training during the HFLOS. All participants in this group had taken part in all five-interview waves. This effectively meant that, by the end of the HFLOS, over a third of the sample (37 per cent) had additional study/training under their belts.

Participants were involved in various areas of study/training. Once completed, they would receive the following qualifications: Diploma in Community Development and Welfare, Certificate 3 in Information Technology, Certificate in Yoga Teaching, Certificate 1 and 2 in Retail Operations, and a Certificate in Responsible Serving of Alcohol.

One participant was involved in ongoing work-related training; another had attended an intensive work program aimed at sole parents that had been referred by Centrelink. In another case, a participant had attended sessions specifically related to childrearing; the topics covered were 'how to read to with your child' and 'better parenting skills'.

The three participants who had taken up study/training in the six-month period prior to the final wave would receive, when completed, a Certificate 2 in Business Studies, a Certificate 3 in Aged Care, and a Diploma in Cartoon Drawing.

In general, the study/training had been on a part-time basis and had lasted six months or less. In only two cases the study/training would take longer to achieve the desired outcome. One participant still had 18 months to go before qualifying for the Diploma in Community Development, and the Diploma in Cartoon Drawing would take three years.

7. USE OF WELFARE SERVICES

The focus in this section is on families' use of welfare services. Duration of assistance and service accessibility are also explored. Welfare use specifically related to targeted services such as crisis support provided through welfare and community agencies, rather than generalist services such as maternal and child health services, for example. Also excluded are the range of Commonwealth Government-funded income support payments, including Rent Assistance, a payment available to those who access housing in the private rental market.

Families were asked to comment on their use of welfare services over the six-month period between data collection waves. Specifically, participants were asked about their use of *housing support services*, defined as 'help with paying rent or bond, as well as assistance with finding more permanent or secure housing'. *Non-housing support* was also raised, which included things like counselling, food vouchers and respite care.

7.1 Housing Support

Table 7.1 shows how demand for housing support varied over the two-year period. Initially, of course, all families needed some type of housing assistance, whether it was SAAP accommodation, short-term accommodation, or independent housing. In the next six months, demand for housing support had dropped markedly. Thereafter, however, demand had increased at each subsequent interview wave. Nevertheless, since the first wave of interviews, the majority of families had *not* received housing support. The reason? As discussed in an earlier section, most families were in stable accommodation and had no need for further housing assistance.

Table 7.1: *Housing support received in last 6 months, by interview wave*

	Baseline	6-Mths	12-Mths	18-Mths	24-Mths
Yes, received housing support	35 (100%)	2 (6%)	6 (18%)	8 (25%)	8 (27%)
No housing support	0	33 (94%)	27 (82%)	24 (75%)	22 (73%)
Total number of families	35	35	33	32	30
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

Table 7.2 details the *type of housing assistance* received by families. Assistance received related to accommodation, permanent or temporary, as well as financial aid, which included the payment of bond or rent. At the final wave, participants reported that they had received assistance for either permanent or temporary housing. In a couple of cases, for example, families in temporary accommodation were waiting to move into permanent housing. In other cases, families had received financial aid to help pay bond money. No one, however, had contacted housing support services at the final wave to receive help with their rent payment. This may be a reflection of the fact that in most cases, rent tended to be direct debited.

Table 7.2: *Type of housing support received, by interview wave*

	Baseline	6-Mth	12-Mth	18-Mth	24-Mth
Assistance with permanent housing	✓	-	-	✓	✓
Assistance with temporary housing	✓	✓	✓	✓	✓
Bond paid	-	-	-	✓	✓
Rent paid	✓	-	✓	✓	-
Total number of families	35	2	6	8	8
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

7.2 Past NON-Housing Support

Table 7.3 shows the proportion of families who had received NON-housing support over the two-year period. It should be noted that, with the exception of the baseline wave, the emphasis was on the *six-month* period prior to each interview wave.

Not surprisingly, Table 7.3 shows that at the baseline wave, nearly all the families (n=34) stated that they had received NON-housing support. Thereafter, proportions remained high, even though they fluctuated from one wave to the next. For example, at the 6-month wave, 19 families (54 per cent) had received some sort of NON-housing support, while at 12-months it was 24 families (73 per cent). The numbers dropped to 18 families (56 per cent) at the 18-month wave and rose again to 21 (70 per cent) six months later.

Table 7.3: *Received NON-Housing support in last 6 months, by interview wave*

	Baseline	6-Mths	12-Mths	18-Mths	24-Mths
Yes, received support	34 (97%)	19 (54%)	24 (73%)	18 (56%)	21 (70%)
No	1 (3%)	16 (46%)	9 (27%)	14 (44%)	9 (30%)
Total number of families	35	35	33	32	30
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

The type of NON-housing support that families received prior to each wave is detailed in Table 7.4. It shows that families accessed a range of services. They included basic support such as food and food vouchers, counselling, financial/employment services, general support, specialist services, and other assistance such as respite care. According to Table 7.4, the range of support appears to be much more extensive at the baseline wave compared with subsequent waves. The reason is that participants were given a detailed list of possible services and asked to specify the ones that they had received. This had not occurred in subsequent waves; instead participants were asked a general question about the services that they had used. Thus, in some cases participants may have had counselling for domestic violence, for example, but reported it only as *counselling*. In subsequent waves, all general references to *counselling* were coded to *emotional/other*.

Table 7.4: *Type of NON-Housing support received in last 6 months, by interview wave*

	Baseline	6-Mths	12-Mths	18-Mths	24-Mths
Basic support and services:					
Food/food vouchers	0	10 (53%)	17 (71%)	14 (78%)	19 (91%)
Counselling:					
Incest/sexual assault	1 (3%)	0	0	0	0
Domestic violence	8 (24%)	0	0	0	0
Family/relationship	6 (18%)	1 (5%)	1 (4%)	0	3 (14%)
Emotional/other	18 (53%)	2 (11%)	10 (42%)	6 (33%)	8 (38%)
Financial/employment:					
Assistance to obtain /maintain govt benefits	2 (6%)	0	0	0	0
Employment & training	3 (9%)	1 (5%)	0	1 (6%)	0
Financial counselling	7 (21%)	3 (16%)	2 (8%)	2 (11%)	3 (14%)
Financial aid	26 (77%)*	0	4 (17%)	4 (22%)	3 (14%)
Material aid	*	2 (11%)	3 (13%)	0	3 (14%)
General support:					
Living skills/personal development	1 (3%)	0	0	0	0
Assist with legal issues/court	7 (21%)	0	0	0	0
Advice/information	0	1 (5%)	0	3 (17%)	0
Advocacy/liaison	14 (41%)	0	0	0	0
Retrieve/store/remove personal belongings	7 (21%)	0	0	0	0
Specialist services:					
Psychological/psychiatric	2 (6%)	0	0	0	0
Pregnancy support	1 (3%)	0	0	0	0
Drug/alcohol support	5 (15%)	0	0	0	0
Health/medical	4 (12%)	4 (21%)	0	0	1 (5%)
Other support:					
Respite/personal care	0	1 (5%)	2 (8%)	0	3 (14%)
Total number of families	34	19	24	18	21
Note: Multiple responses possible *At the baseline wave, financial & material aid appeared as one category Source: Hanover Family Longitudinal Outcomes Study, 2004					

It was somewhat surprising that one of the main areas of support received related to something as basic as food. Most families had received actual food hampers or food vouchers. Indeed, over the course of the study, the proportion of families who had relied on food/food vouchers had increased from 53 per cent (n=10) at the 6-month wave to 91 per cent (n=19) at the final wave.

It was disturbing that, as the study progressed, an increasing number of families had found it difficult to cover the cost of a necessity such as food. Those in receipt of financial aid had dropped markedly when compared with the baseline wave (n=26, 77 per cent); nevertheless, in the last three waves, the demand for financial aid was consistent. Use of financial counselling services, while relatively low, was consistent over the course of the study. Material aid tended to include things such as Christmas presents and furniture. These data suggest that, for a number of families, income support had not stretched far enough, particularly for the most basic necessities.

Counselling services were also in demand. At the baseline wave, a range of specific areas of counselling were specified with the most common being emotional counselling. During the course of the study, the use of emotional counselling services varied, although use remained relatively high.

In some cases, the support received had been a one-off experience, while in others services had been accessed on more than one occasion. In the main, the services were usually required for the whole family as opposed to any one individual. In other words, multiple family members benefited from the support.

It is interesting to note that while health concerns had increased, the demand for specialist services, such as psychological/psychiatric, pregnancy support, drug/alcohol support and health/medical, was effectively non-existent. This, however, is a reflection of the way in which the data were collected. In the first wave, for example, there was a specific question on the use of such services; in subsequent waves, however, the question had become more generalised. Thus, participants may have made use of such services but may have perceived that they were not relevant to the category of *non-housing support*.

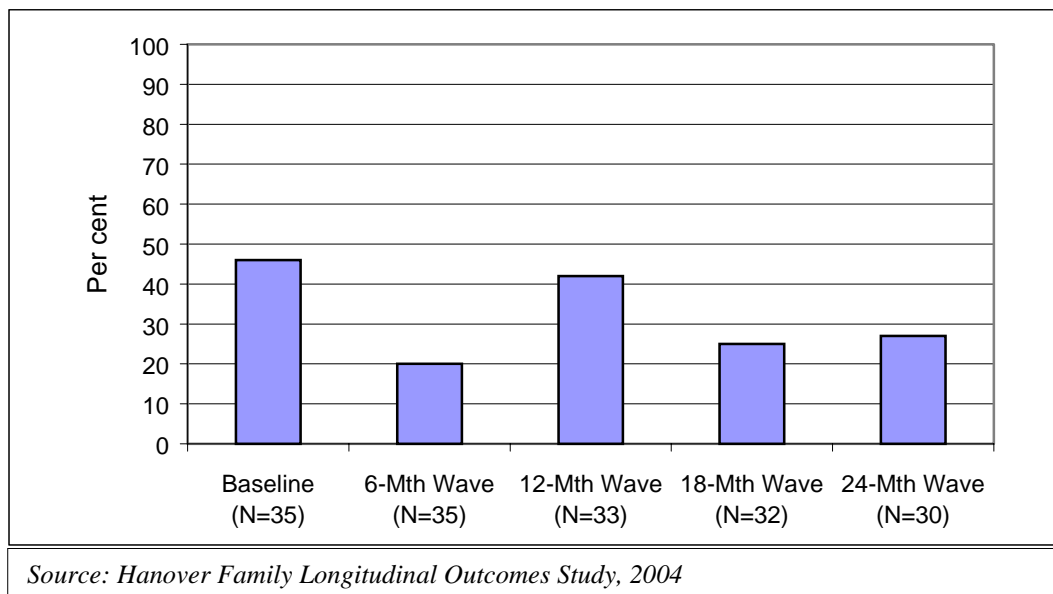
7.3 Current NON-Housing Support

Current NON-housing support refers to support that families were receiving at the time of the actual interviews, rather than during the intervening period prior to each interview wave. According to Figure 7.1, the proportion of families who were 'currently' receiving NON-housing support varied over the course of the study. The use of 'current' support was relatively high during the initial interviews; it then more than halved at the 6-month wave and then doubled again at the 12-month wave. This first half of the study reflected the deterioration of families' circumstances at that time (refer to Second Report, May 2003 for details). Thereafter, however, the proportion of families who were in 'current' use of support services dropped and remained below 30 per cent during the 18- and 24-month waves.

'Current' NON-housing support and housing tenure:

In terms of 'current' use of NON-housing support and housing tenure, further analysis indicated that for the first 12 months, use of support, in the main, was higher among families in private rental compared with those in public housing. Thereafter, however, the 'current' use of support dropped in both groups, with only marginal differences between them.

Figure 7.1: YES, current use of NON-housing support by interview wave



'Current' NON-housing support and family concerns:

With regard to family concerns, the data showed, as might be expected, that the number of concerns reported by families was related to their use of non-housing support services. In general, 'current' use of support services was relatively higher among families who had reported multiple concerns compared with those who had reported few or no concerns.

7.4 Access to formal support services

How accessible were formal support services? Families were asked to give an overall rating on the accessibility of support services. The data, in general, indicated a positive picture. For example, at the 12-month stage of the study, the majority of families (70 per cent, n=23) reported that access to services in the six months prior to their interview, in general, had been easy. A total of five families (16 per cent) reported that support services had been difficult to access.

Twelve months down the track numbers changed but, in essence, the picture remained the same. For the majority of families (67 per cent, n=16), access to support services in the six months prior to their final interview, had been straightforward. Three families (13 per cent) reported that access had been difficult. Remaining families had noted that some services had been easy to access, while others had been difficult.

The following quotes provide examples of two contrasting experiences that the participants had with accessing support services. The two examples illustrate the importance of linking services, the underlying issue in both examples:

'[Access to assistance/services has] become a lot easier especially with [one particular service] because they all link in now...and the [counsellor will] also ring the [Office of Housing] for me and liaise on my behalf, which really helps because they respect what the financial counsellor is saying...[the Office of Housing] listen and they understand [the financial counsellor]...whereas before, when you were on your own...there was no negotiation...' (two-parent family, three children – public housing).

'[Access has been very difficult]...there is no structure for everybody to work together to actually help people...like you find a door and you think, oh wow, this will open, this is the help I need, and you walk into that door and basically like it's only one room and its like, well, where's all the other doors and its like, we're not going to tell you where the doors are, if you're smart enough to find them you'll find them, if not, stiff shit...' (two-parent family, one child – private rental).

On a more specific level, families were asked: *has there been a time, in the last 6 months, when you needed some type of assistance or support and you weren't able to get it?* At the 12-month wave, a relatively high proportion of participants (39 per cent, n=13) reported barriers to service access. In the last two waves, proportions had decreased but they nevertheless remained relatively high; for example, at the final wave it was 33 per cent (n=10). As shown in Figure 7.2, of those participants who had experienced barriers to service access, the majority had reported multiple concerns. This was reflected in each of the last three interview waves.

When participants were asked why they experienced difficulty in accessing needed support, most noted that it was funding-related. Lack of funding, for example, was linked to restricted service availability. Thus, some services, particularly in non-metropolitan areas, had relatively short hours of operation. Further, in some cases, financial assistance that families had received had only been available as a one-off payment. Lack of funding also meant lack of services; for example, access to respite care had been hampered by long waiting lists.

Figure 7.2: YES, barrier to accessing support, by number of concerns and interview wave

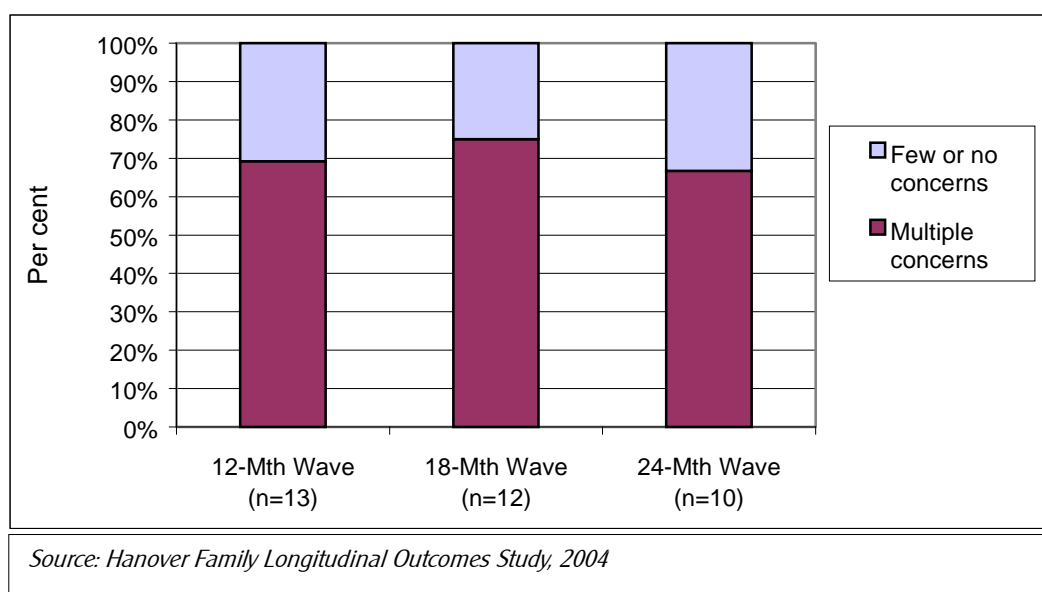


Table 7.5 highlights the types of support that families had difficulty accessing. Gaps in support were experienced in the areas of housing (including help with paying rent and finding permanent accommodation), food, counselling and financial need. This was consistent for the last three waves of the study. For the final wave, health/medical support was the only other area where unmet need was reported.

Table 7.5: *Type of support needed but not received, in the last 6 months, by interview wave*

	12-Mths	18-Mths	24-Mths
Housing	✓	✓	✓
Food/food vouchers	✓	✓	✓
Counselling	✓	✓	✓
Financial aid	✓	✓	✓
Respite/personal care	✓	✓	-
Parenting/child behaviour	-	✓	-
Health/medical	-	-	✓
Advice/information referral	-	✓	-
Total number of families	13	12	9
Note: Multiple responses possible			
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>			

8. INFORMAL SUPPORT NETWORKS

The following section focuses on informal support networks. Participants were asked to comment on *whom* they had turned to when they needed help, as well as the *type* of support that they had received in the last six months. In general, informal support networks included partner/spouse, extended family members, one's children, or friends. Participants were also able to nominate any professional staff that they regarded as part of their informal support network.

8.1 The first twelve months

As detailed in the Second Report (Kolar 2003), data from the first three waves indicated that the majority of participants had informal support networks. Indeed, during the six months prior to each wave of interviews, most had turned to their networks for some type of support. In general, family, particularly one's own parents, and friends, were two important sources of help. Partner/spouse was also a common source of help.

The most common type of support received was emotional help, particularly from friends. Participants also turned to friends, and family, when they needed financial help, or when their children needed looking after. For practical support such as help with housework or transport, participants had turned to their partners and parents.

8.2 The final twelve months

Were there any changes in the final twelve months of the study? According to the last two waves of interviews, the data indicated that for a high proportion of participants there was no change to their support networks, at either the 18-month wave (38 per cent, n=12), or the 24-month wave (47 per cent, n=14). At the final-wave, some families reported that they had more support (23 per cent, n=7) compared with the previous six months, while others said that they had less (20 per cent, n=6). In one case, a participant reported that they were now in a position where they did not need as many supports; another explained that while she had *received* support, she had now been able to also *give* support to a friend.

As shown in Table 8.1, at the 24-month wave, the common sources of support once again included friends (43 per cent, n=13), mother (40 per cent, n=12) and partner (30 per cent, n=9). For some participants, professionals formed part of their informal support networks, including support workers (10 per cent, n=3) and therapist/psychologists (10 per cent, n=3). A couple of participants mentioned their church community (7 per cent, n=2) as a source of support.

Only two participants (7 per cent) reported that they had 'no one' to turn to for support. In both cases, participants' circumstances, over the course of the study, had been difficult, with multiple concerns reported. Further, only one of the families had sought assistance from support agencies in the last six months of the study. These data indicate that the families were generally isolated and relatively more vulnerable to further crisis.

The main types of *support received* during this time included: emotional support (90 per cent, n=27), advice (67 per cent, n=20), childcare (53 per cent, n=16), financial help (47 per cent, n=14), and help with housework or transport (37 per cent, n=11).

Table 8.1: 24-month wave – Sources of support contacted in last 6 months

Sources of Support	24-Mths (N=30)
Partner	9 (30%)
Mother	12 (40%)
Father	7 (23%)
Sister/brother	6 (20%)
Friend/s	13 (43%)
Own child/ren	1 (3%)
Neighbour	1 (3%)
Mother-in-law	2 (6%)
Boyfriend	2 (6%)
Ex-partner	2 (6%)
Support worker	3 (10%)
Therapist/psychologist	3 (10%)
Church community	2 (6%)
No-one	2 (6%)
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>	

The important role of informal support networks for families is best illustrated in the following quotes:

'I think that [my partner] has been a greater support to the family, I think his health has been better since he's been on medication, he's coping better and therefore...he is more able to help out' (two-parent family, two children – private rental).

'[There's been a] definite improvement [in my support network]...if I didn't have that support from other people, when I found out from the Office of Housing, you know, we're not going to get anything done to [improve the house] for ages, I would have been just so devastated; but it's good to just have people around where I can just say, oh, this is happening, and they will give me another point of view, like Mum said to me, it's okay, eventually [Office of Housing] are going to have to do something...and it will be alright, so that has really helped...' (two-parent family, three children – public housing).

'[My friend] encouraged me more to do the drawing course, she even got me paper and everything to practice on, she was very good and every second week she has me and the kids over for tea, and she buys the girls their own colouring books, their own pencils, she's buying them Barbie dolls to have there to play...she just treats them like her own grandchildren; [my friend] and I have become closer so she is who I talk to now, [she] gives me advice' (sole parent, three children – public housing).

'I feel that I've got more support than I've ever had before, I really didn't know I had this many people around me' (sole parent, four children – public housing).

In one case, a participant offered a different view:

'I don't rely on my friends as much, I just don't need to' (step-family, two children – public housing).

The extended family plays a central role in supporting adult children and grandchildren. In one case, a family's relationship with their extended family had been very strained; slowly, their circumstances improved, which impacted positively on those extended family relationships:

Things between my family have really improved and I think that's because things with [my partner] have improved...they come and visit more...things between them and my children have really improved...now my dad comes and takes the boys out fishing...every year a different boy is going to go [away with my parents over the school holidays] so I'm really rapt...[it'll] give the kids a lifestyle [and] also a grounding in where they come from...It's hard because I'd sort of fallen off ...the tracks a little bit, I had a lot of kids and didn't have a lot of employment and all those sorts of things...so it's good for [my kids] to see that we have got a lot of pride in our family, we are like, successful people, the rest of my family, and I am going to become so too...My family has given me more respect and I think that's because they realise...[that I did] a lot on my own...looking after all these kids and I've managed to get through and improve things, so that's been really good, so I feel good about myself...' (two-parent family, three children).

For some, the absence of support, particularly from extended family, made the everyday things in life very difficult to bear. For example, one young parent who had no break from the demands and responsibility of raising a young child had no support from her family. The stress of her situation had left her feeling completely alone:

With both of our families together...they can give you all the criticism they like, "oh, you're not doing this right", but they can never offer you what you need, you know, that support, emotional [support]; like you say "I'm having a bad day, this is [what's happening]"...your parents or grandparent will say "oh, don't worry about it", they would offer you something...[but] you don't get anything you need...you've got no one to take care of your child if you're feeling stressed, or you've got an appointment to go to, or you...want to go and get a video or go to the cinema, you can't do it, you've got [your child] and there is no one to say "oh look, I know you're feeling stressed, I'll take him"...it's like I've got nobody...' (two-parent family, one child – private rental).

9. CHILD DEVELOPMENT

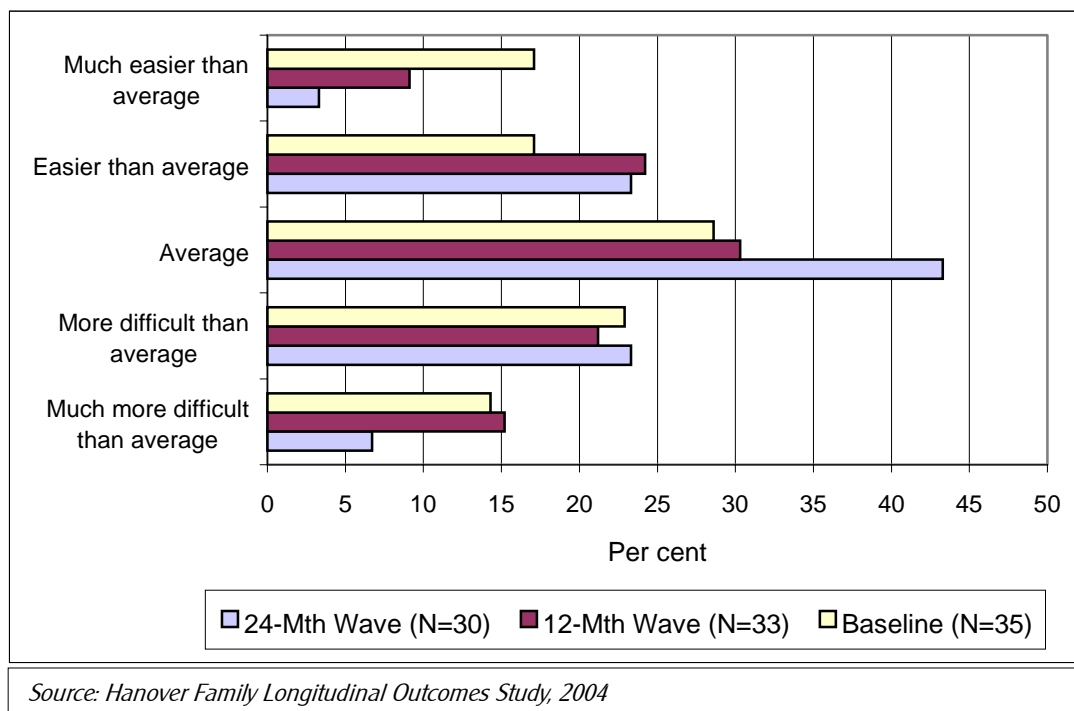
Child development is the focus of this section. Specifically, this section is concerned with how the sub-sample of children have fared over the two-year period in terms of their temperament and general behaviour, health, school performance and personal relationships. All data pertaining to the progress of children were collected during interviews with parents.

9.1 Temperament and general behaviour

Parents were asked to describe their child's character based on a general temperament rating. This rating was based on a five-point scale where one represented 'much more difficult than average', and five represented 'much easier than average'.

Figure 9.1 shows the temperament rating for the sub-sample of children for three interview waves. In general, marked differences between the three waves can be observed at the two extreme ends of the scale. Both the positive and negative ends of the scale recorded a drop in the proportion of parents who reported that their child was 'much easier than average' or 'much more difficult than average'.

Figure 9.1: *Temperament rating for focus child, by interview wave*



A relatively high proportion of parents stated that their child was 'easier than average', or 'more difficult than average'. In both categories, the proportions remained relatively consistent over the two-year period. There was a marked increase in the proportion of parents who reported their child's temperament as 'average', rising from 30 per cent (n=9) at the 12-mth wave to 43 per cent (n=13) at the final wave.

Further analysis of the 24-month data indicated that in families where the child's temperament was rated as 'difficult' (n=9), around half the parents also described their child's general behaviour in negative terms. Thus, parents mentioned things like the child being 'moody or grumpy', or 'full-on and demanding', or being affected by depression or other health issues; although, in only one case, a parent described their child's health as 'poor'. Most of the families also faced multiple issues, and most had struggled with their general circumstances over the two-year period.

It is possible that the stress and struggle of daily life may have had some influence on how some parents had perceived their child's temperament and behaviour. Indeed, it is recognised in the literature that temperament, for example, can be affected by a multitude of factors. These can include the parent's own temperament as well as the wider social context in which those relationships occur (Bowes and Hayes 1999; Luster and Okagaki 1993).

In contrast, among families where the child's temperament was rated 'average' or 'easy' (n=21), the wider picture was relatively more positive. That is, the general behaviour for this group of children tended to be described in positive terms, such as the child becoming 'stronger', 'maturing', or 'more outgoing'. Additionally, for most families in this group, parents had reported few or no concerns (n=14); and over the two-year period, some had experienced stable circumstances (n=9), while for others circumstances had markedly improved (n=7). The numbers are small but nevertheless, the data indicate that family circumstances may influence the way a child's temperament and behaviour are interpreted by parents.

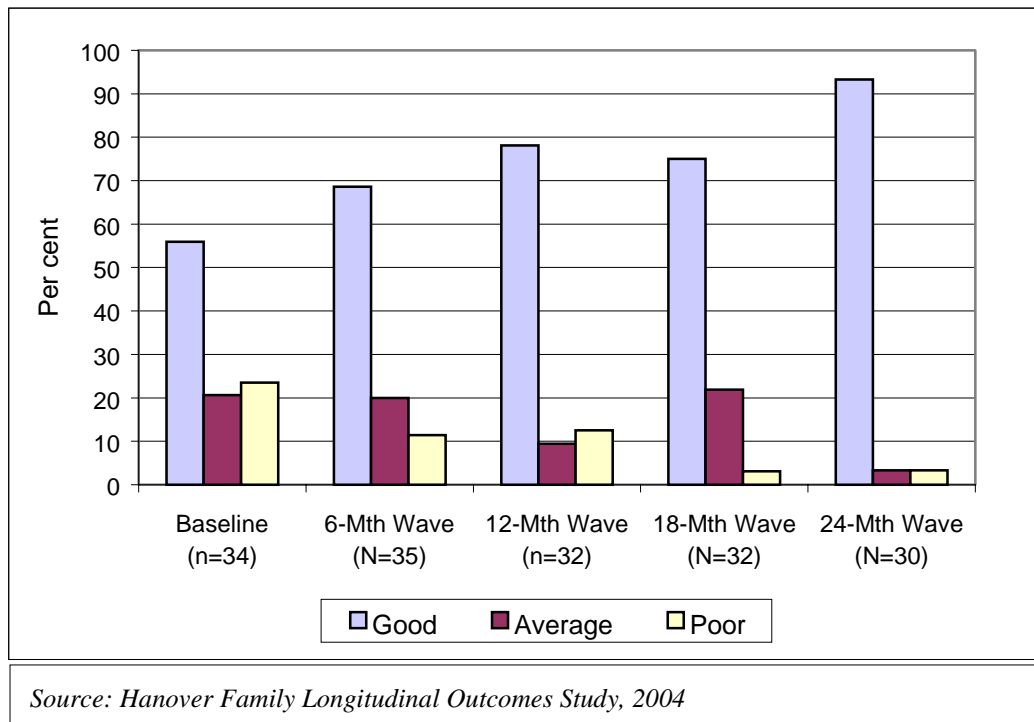
9.2 General health

Parents were asked to give an overall assessment of how their child's health had fared in the six months prior to each interview wave. The assessment was based on a five-point scale that ranged from *very good*, *good*, *average*, and *poor* to *very poor*. The first two categories, *very good* and *good*, were combined, as were *poor* and *very poor*, because of the low numbers reported at the two extreme ends of the scale.

As shown in Figure 9.2, the majority of parents reported that their child's overall general health was *good*. When the study began, over half the parents (56 per cent, n=19) said their child's health was *good*. By the final wave, almost all parents reported their child's health as *good* (93 per cent, n=28). This means that among those children whose health had been anything but good, things had improved markedly. For example, at the first-wave interviews, 43 per cent of parents (n=15) said their child's health was *average* or *poor*; over the course of the Study the proportions steadily declined falling to just 7 per cent (n=2) at the final-wave.

Had there been any change to their child's health in the previous six months? According to the 24-month data, the majority of parents (57 per cent, n=17) reported no changes to their child's health. For others, as indicated, health had improved (20 per cent, n=6), with parents commenting that their child had put on weight or that their appetite had improved. Some parents noted that health had got worse in the six months prior to the final interview; parents mentioned, for example, a child's asthma or food allergy. Nevertheless, as shown in Figure 9.2, by the time of the final wave, nearly all children enjoyed *good* general health.

Figure 9.2: *Focus child – overall general health, by interview wave*



9.3 Specific health issues

At the 12-month wave, a more specific question was put to parents. They were asked whether their child had a disabling condition, which had limited or interfered with that child's activity in any way. This was a general question, it did not relate to any particular timeframe. However, in the two remaining waves, the question was specifically focused on the six-month intervening periods before each interview. It should be noted that while the question indicates that there was some health difficulty, it does not specify to what extent the health condition was problematic. Thus, it could have been a major health difficulty or relatively minor.

Table 9.1 details the complete list of conditions reported in the 12-month wave. While the general health of children was good, 13 parents (39 per cent) identified a range of specific health issues that had affected their child's activity in some way. There was no one specific condition that predominated and in a couple of instances, children were reported to have more than one health issue. Those children diagnosed with Ehlers-Danlos Syndrome, Asberger Syndrome, Attention Deficit and Hyperactivity Disorder and depression, were on medication at the time of the 12-month wave.

Table 9.1: *Nature of disabling condition affecting focus child, by interview wave*

DISABLING CONDITION	12-MTHS (N=33)	18-MTHS (N=32)	24-MTHS (N=30)
Asthma	✓	✓	-
Sight impediment	✓	-	-
Speech impediment	✓	✓	-
Skin condition	✓	-	-
Hip problem	✓	-	-
Emotional difficulty	✓	✓	✓
ADHD	✓	✓	✓
Depression & anxiety	✓	✓	✓
Depression & glaucoma	✓	-	-
Ehlers-Danlos Syndrome (a disease of the joints)	✓	✓	✓
Asberger Syndrome (high functioning Autism)	✓	-	-
Total number reporting condition	13	12	5
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>			

In a few cases, health problems were not easily resolved and were highlighted in the last two waves of the study. This included problems such as: emotional difficulty, ADHD, and depression and anxiety. Ehlers-Danlos Syndrome was also consistently identified. For the child with this condition, health was aggravated with the development of a mystery problem that was yet to be diagnosed and referred to as “turns”:

‘[My daughter has] had a lot of time off school this year...she was really unwell and she has had more and more of these turns...in front of medical people now, and she had one in front of her specialist a few weeks ago, and she had never seen it before...We are getting somewhere now because more people have seen what happens to her, and there is no doubt that she has a problem, we just don’t know what it is...it’s all very complicated but the lack of a label [for the turns] and the lack of understanding really has caused a great deal of problems...’ (two-parent family, focus child aged 6 years).

There were, however, positive changes also. Table 9.1 indicates that, for the two subsequent waves, health had improved to the extent that for some children, activities had not been hindered, despite specific issues. Where a child was reported to have depression and glaucoma at the 12-month wave, for example, because the condition had not interfered with the child’s activities in the months leading up to each subsequent wave, it was not highlighted as a health problem. Indeed, by the final wave of interviews, the number of cases where children had continued to be affected by specific health difficulties had more than halved. Further, only two of the children who had a health difficulty were on medication.

9.4 School performance

Parents were asked to compare their child's school performance to that of other children in the same year, based on a five-point scale. This included options ranging from *very well*, *quite well*, *average*, *below average* to *very poorly*.

As shown in Table 9.2, over the two-year period, the majority of school-aged children had done *very well* or *quite well* at school. However, school performance had only steadily improved in the first half of the study, peaking at nearly three-quarters of school-aged children (72 per cent, n=18) who had done well. Thereafter, the proportion decreased but still more than half the school-aged children continued to have positive outcomes in the latter half of the study. In the final wave, in a handful of instances, children's school performance was *average* (24 per cent, n=5) or *below average* (14 per cent, n=3).

As noted in the previous section on health, school can be interrupted by ill health. Thus, health issues may be related to the decline in the proportion of school-aged children with positive school performance. For instance, the parent of the child with Ehlers-Danlos Syndrome was unable to comment on her child's school performance because the child had missed so much school. Given the small sample sizes, the slightest change can make a big difference to percentages.

Table 9.2: *Focus child – general school performance, by interview wave*

SCHOOL PERFORMANCE	BASELINE	6-MTHS	12-MTHS	18-MTHS	24-MTHs
Very well	10 (42%)	7 (25%)	6 (24%)	8 (33%)	7 (33%)
Quite well	4 (17%)	10 (36%)	12 (48%)	6 (25%)	5 (24%)
Average	5 (21%)	7 (25%)	3 (12%)	5 (21%)	5 (24%)
Below average	4 (17%)	2 (7%)	4 (16%)	2 (8%)	3 (14%)
Very poorly	1 (4%)	0	0	1 (4%)	0
Don't know	0	2 (7%)	0	2 (8%)	1 (5%)
Total number school children	24	28	25	24	21
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

Had there been any changes in the children's schoolwork in the six months prior to the final interview? According to the parent, generally, yes. For example, a number of parents had mentioned that there had been improvements in their child's school work, or that their child "loves school", or enjoys things like study, music and drawing. In one case, a parent said:

'[His school work has] actually improved so much, he's really happy at school, it's something that's always [been] secure' (sole parent, focus child aged 9 years).

Other parents observed that their child's schoolwork had been up and down, or that they were "a bit lazy with work", or that they are "trying at school". In one case, a parent remarked that their child's marks had dropped.

Challenges faced at school:

What sort of challenges had the children faced at school? In the main, parents tended to refer to social aspects, work-related issues such as reading or writing, and health factors. In a few cases, parents noted that there were no particular challenges; this may imply that the child's progress had been relatively stable.

One parent explained that for her child, school was always a challenge because:

'He's got glaucoma...He sits up the front...if he's got himself caught in the glare and he can't see the black board, he'll say something, and they [the teachers] all know...' (step-family, focus child aged 15 years).

Teacher feedback:

What about feedback from teachers? Overall, parents had received positive feedback from teachers. In a few cases, feedback had been positive but came with a qualification, such as, for example, 'child is very intelligent but a bit slow with work'. In only one case, a teacher's comments were negative; and in three instances, there had been no teacher feedback. Examples of the types of things that parents said in the last wave of interviews are illustrated below:

'Oh, [teacher feedback is] always good. I must admit they [teachers] always say she's a wonderful child, she's doing well in school, and sometimes she goes and helps the preppies...she loves to get involved with the other kids, she really does' (sole parent, focus child aged 7 years).

'Oh, she [teacher] said he is doing a lot better...his reading and writing is a lot better, his concentration is better, you know, cause she [teacher] has put him on certain tables with certain people, which is helping, so she [teacher] is quite happy' (two-parent family, focus child aged 5 years).

'[My son's] school teacher this year actually said...she wouldn't even have realised that [my son] had come from an abusive relationship with his behaviour this year [improved so much]. So that is really good feedback because that just shows that he is pretty much over his problems. [My son] is extremely intelligent and always has been. Because he has settled down in the last 18 months to two years at school, he has been able to show he's above average when it comes to spelling and maths and stuff like that, and it's coming across in his test results now' (step-family, focus child aged 9 years).

Teachers, understandably, were an important influence in a child's school performance. The findings indicated that where a child's performance had improved, it was usually linked to a change in teachers; sometimes that also meant a change in schools. In one case, for example, a child had had difficulty concentrating at school when in grade one; the child's mother had attributed this to their housing crisis. When the child entered grade two and got a new teacher, things changed; the child's performance improved, due mostly to the new teacher and his patience, empathy and understanding of children's behavioural difficulties. In another case, a young child received a steady stream of negative comments from the teacher. This child's performance also improved with a new teacher whom the parent described as *'extremely encouraging'*. Thus, the data generally illustrated positive experiences for children in terms of educational outcomes.

Unfortunately, one young child was not so lucky and instead, endured a particularly horrific experience at school, and at the hands of his teacher, that left him reeling from humiliation. This child, only eight years of age and who suffered from depression and anxiety, refused to go back to school. His mother explained:

'[My son] has depression and anxiety and he had to change schools because with his old teacher, she wasn't very good and she sent him out of the room one day, down to a grade 3 class and he was in grade 2. Because he had drawn on his face with texta, everyone had sort of laughed...and that teacher cracked it and sent him down to grade 3. She made him stand up in front of the whole class and made all the class laugh at him and said "does this boy look nice or does this boy look stupid", and they [grade 3 class] all said "stupid", and she said "should this little boy go to school or kindergarten", and they all [grade 3 class] said "kindergarten", and she said "all have a good laugh at how silly he looks". He just didn't want

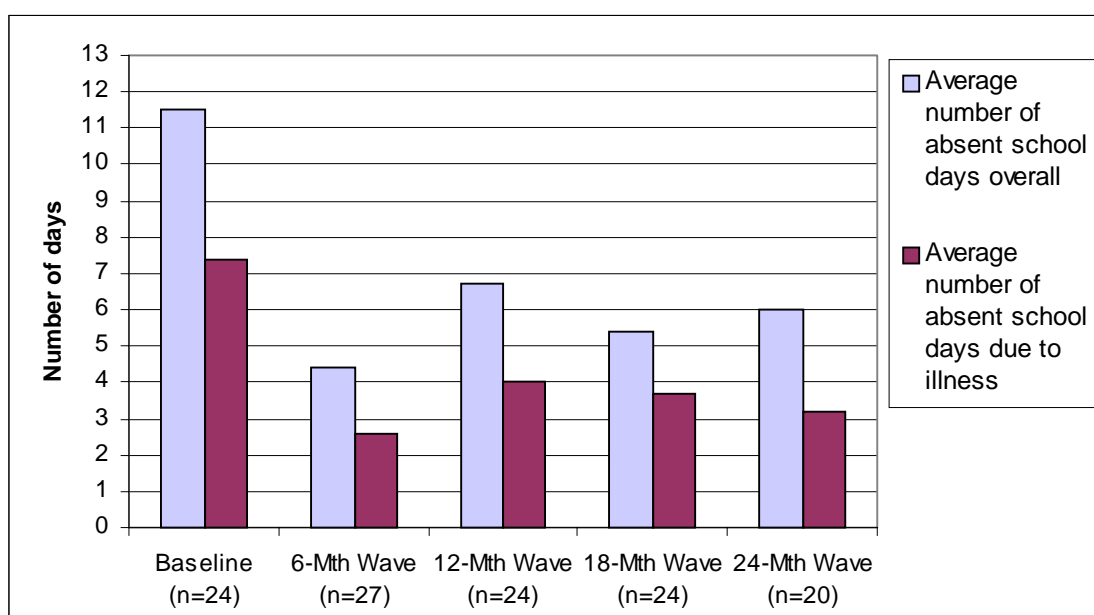
to go back to school, he just flatly refused to go back to school, so he had one and a half weeks off until I could get him into the other school...he got really depressed and wanted to kill himself...but since he has been at the new school he's a lot happier' (sole parent, focus child aged 8 years).

9.5 Number of days absent from school

Parents were asked about the number of days that their child had been absent from school, and how many of those days was a result of their child being ill. The data, presented in Figure 9.3, refer to the interim six-month period prior to each interview wave. Overall, school attendance had improved. When compared to the baseline wave, the average number of days absent from school almost halved over the two-year period. Absenteeism related to illness had also dropped. Initially, an average of seven and a half days was lost from school because of illness. Two years later, this had dropped to an average of three days.

In the main, school days lost for reasons other than illness included medical or dental appointments; access visits; moving house; and new baby. There were instances also where a child was too tired to go to school, and another had refused to go.

Figure 9.3: *Focus child – average number of days absent from school in a six month period, by interview wave*



Source: Hanover Family Longitudinal Outcomes Study, 2004

9.6 Social interaction with peers

Parents talked about their child's social interactions with other children, excluding siblings, in generally positive terms. Over the course of the study, most children were described as sociable, while for others parents reported an improvement in their child's sociability. In a few cases, however, interaction with peers had been difficult. During the 24-month wave, for example, one parent described their child as "a bit of a loner"; another mentioned that their child had gone through some teasing at school. One parent was displeased with the child's choice of friends, commenting that they were a bad influence.

9.7 Current family relationships

Parents were asked to comment on a range of familial relationships involving the focus child. This included the child's relationship with both parents, as well as with siblings. The quotes from parents come from the final wave of interviews, unless otherwise specified.

Parent(s)/child relationship:

Over the course of the two-year study, the parent/child relationship has, in the main, been described in positive ways. For some, relationships have remained stable and close with few or no changes. For others, the parent/child relationship has been characterised by many changes, again positive, usually because of improved family circumstances, which have also then enhanced these important relationships. Parents have learnt to communicate more effectively, to set boundaries, and to get their child into a routine. But it is also the case that the children themselves have changed; they've grown, matured, become more independent:

'Good, yeah, [relationship has been] pretty steady. I think when it comes to raising kids things are always changing but it's been pretty steady' (sole parent, focus child aged 5 years).

'Pretty good, actually it's getting better I think, just because he's starting to grow up and realise what's going on in the world and school...[he's] starting to be independent...so yeah, our relationship has grown stronger in the past six months or so...' (sole parent, focus child aged 6 years).

'Well, it's [relationship] changing...where I speak to him more like an adult now and I can start to load him up with more adult ideas...like respecting people and also more responsibility at home and things like that...[the relationship is] really good. [The relationship with his dad], well, that's the thing that's really changed. [My son] trusts him a lot more, he's seeing that he's [his dad] consistent...that's been really good' (two-parent family, focus child aged 5 years).

'Yeah, big changes [in the relationship]...I'm feeling a lot better and I'm not in pain as much as I was...[my daughter and I] used to have big arguments...[agency worker] said to me when parents are often down kids take on the role of parent and they will do the looking after you, and [my daughter] does do that...though it's starting to turn around now...' (sole parent, focus child aged 3 years).

'It's [relationship] improved heaps, I listen to him a bit more, not that I wasn't listening to him before but I tend to do what I'm doing...I could fold up the washing and just keep folding and let him talk to me, but now...I like to stop [what I'm doing] and look at him and give him my full attention...I've got eye contact with him so he knows that what he is saying is important enough for me to stop what I'm doing...that I give him that much respect. It's that communication and when you've got that going, you can't really stuff up' (step-family, focus child aged 14.5 years – 18-month wave).

However, some parent/child relationships were difficult or rocky. Among those families who were struggling, for example, daily pressures and stresses inevitably intruded on the parent/child relationship:

'Umm, sort of a little bit up and down, yeah, just all the stress that we're sort of both under, sort of snappy with each other' (sole parent, focus child aged 8 years).

'Oh, alright, I had a lot to go through. You think kids don't know what's going on but they do...I thought [my daughter] needs a mum, not someone that's dredging up the past and gets upset. [I] just don't do that anymore. If I'm going to get upset I'd rather do it before I go and pick her up [from school]' (sole parent, focus child aged 7 years).

'She seems to take a lot of her aggravation out on me...I seem to cop it all and when she is angry about her dad, I cop it...' (sole parent, focus child aged 7 years).

'Yeah good, but I don't know, just seems a bit distant at the moment' (sole parent, focus child aged 7 years).

Non-resident parent/child relationship:

When interviews began, around three-quarters of the families comprised a sole parent. In about half of these cases, the focus child had contact with the non-resident parent. It was reported in the Second Report (Kolar 2003) that this group of children generally had regular contact with their other parent, which occurred on a weekly or fortnightly basis. This regular contact was again reflected in the data from the 18- and 24-month waves. Two children had daily contact with their non-resident parent, while in one case contact was inconsistent.

Generally, relationships with the non-resident parent were described as 'good'. In a couple of cases, the relationship was 'up and down'. In another, it had been reported in the 18-month wave that contact had ceased because the child had disclosed sexual abuse.

Sibling relationships:

Among the sub-sample of children, around three-quarters had sisters or brothers. Consistent with the findings presented in the Second Report (Kolar 2003), most of these relationships were again described as 'close' or 'very good':

'Yeah, good [relationship], they always have had, them two, I have no problems with them, it's been quite good' (sole parent, two children - focus child aged 12 years).

'Good...he treats them [his sisters and brother] all the same really. I guess he spends more time with [my oldest daughter], she's at high school with him, so they'll talk about the same friends they have got...' (step-family, six children - focus child aged 15 years).

For some, however, relationships had not run so smoothly:

'[My daughter and son] are pretty bad at the moment...they can't even talk [to each other] properly...they just bicker...' (sole parent, four children - focus child aged 9 years).

'No, [relationship has not improved], they still fight' (sole parent, three children - focus child aged 8 years).

10. PARENT WELLBEING

The issues explored in this section relate to parents' general health and wellbeing, their perception of how they had coped with their overall circumstances, and how they perceived the short-term future.

10.1 General health

Data on parental health were not available for the first two interview waves. For the last three waves, Table 10.1 shows that, in general, parents gave positive reports of their general health, although it had fluctuated over that period. For example, at the 12-month wave, over half the parents (55 per cent, $n=18$) reported that they were in *good* health; six months later it had dropped to 38 per cent ($n=12$) and then increased again to 57 per cent ($n=17$) at the final wave.

At the 12-month wave, a quarter of parents (24 per cent, $n=8$) reported that their health was poor. This increased to 34 per cent ($n=11$) at the 18-month wave. By the final wave, a relatively high proportion of parents still experienced poor (27 per cent, $n=8$) or average (17 per cent, $n=5$) health. These data reflect the findings reported earlier in this report that health issues were a common concern among parents. It is a finding that has been consistent over the latter part of the study.

Table 10.1 also shows the health status of partners. Overall, most had enjoyed good health and this remained relatively consistent over the three interview waves. The main change was the improvement in health among partners whose health status was poor. At the 12-month wave, five partners (35 per cent) had experienced poor health; by the final wave, it was just one (8 per cent).

Table 10.1: Parental general health, by interview wave

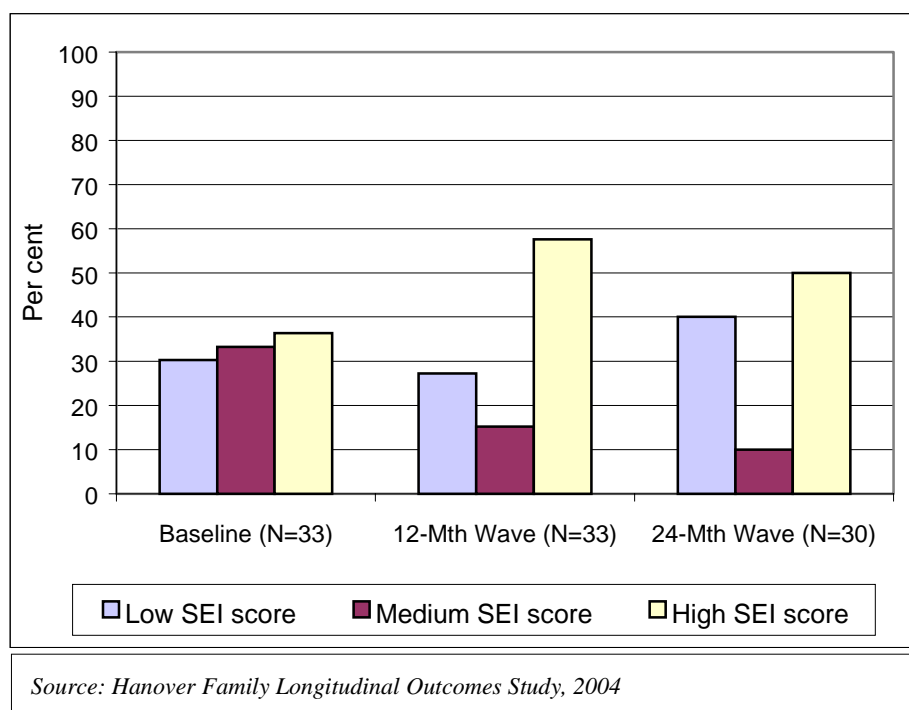
	12-MTHS	18-MTHS	24-MTHS
<i>PARTICIPANT HEALTH:</i>			
Good	18 (55%)	12 (38%)	17 (57%)
Average	7 (21%)	9 (28%)	5 (17%)
Poor	8 (24%)	11 (34%)	8 (27%)
Total number participants	33	32	30
<i>PARTNER HEALTH:</i>			
Good	8 (57%)	7 (58%)	8 (67%)
Average	1 (7%)	1 (8%)	3 (35%)
Poor	5 (36%)	4 (33%)	1 (8%)
Total number partners	14	12	12
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>			

10.2 Emotional wellbeing

In order to measure emotional wellbeing, or more specifically, self-esteem, parents were asked to self-complete the Coopersmith Self-Esteem Inventory (SEI). The SEI consists of 25 items that were designed to yield a potential maximum score of 100. In general, the SEI score is interpreted in terms of low, medium or high levels of self-esteem. Thus, a high SEI score reflects high self-esteem, while a low SEI score indicates low self-esteem. Since the criteria for allocating scores to the three categories can vary according to sample characteristics and the distribution of scores, the SEI remains a *relative* rather than an *absolute* measure of self-esteem (Coopersmith 1975).

Figure 10.1 indicates that when compared with the baseline data, emotional wellbeing had increased in the latter part of the study. This was reflected in the high proportion of participants who had a high SEI score at the 12-month wave (58 per cent, n=19). Even though the proportion had dropped one year later, it was still relatively high at the 24-month wave (50 per cent, n=15). However, the proportion of participants with a low SEI score had also increased over the two-year study period, from 30 per cent (n=10) at the first wave to 40 per cent (n=12) at the final wave. Thus, as suggested by the data, half the participants still had a relatively positive sense of self; however, slightly more participants felt emotionally vulnerable at the end of the study than when it began two years ago.

Figure 10.1: *Self-esteem scores by interview wave*

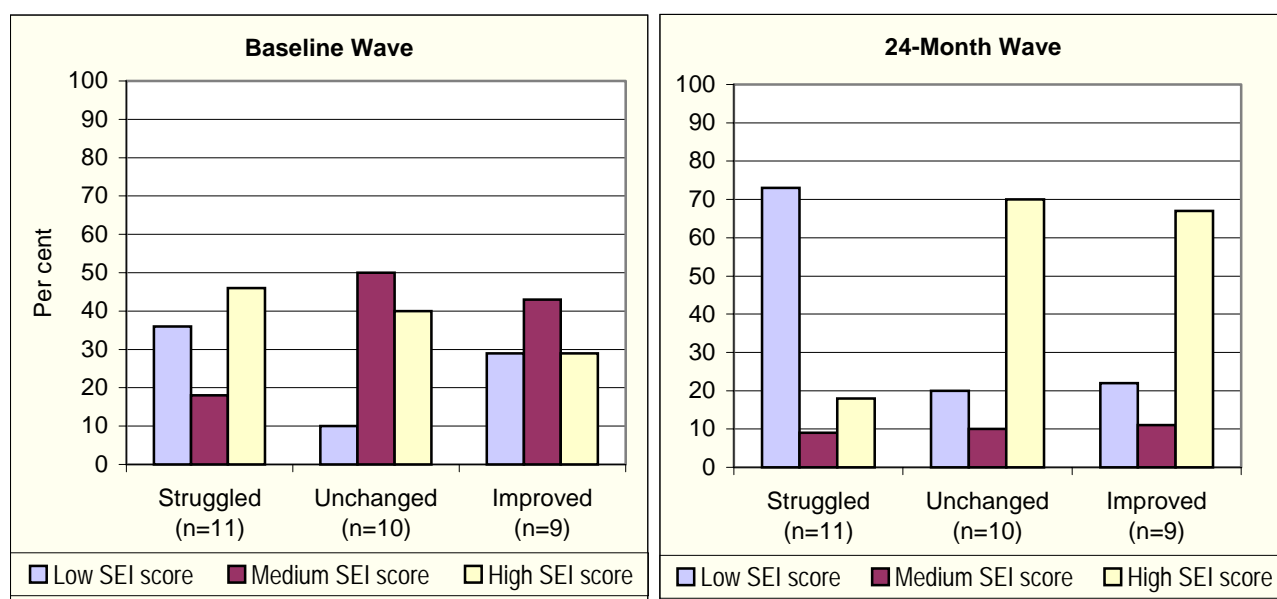


Further analysis indicated that the rise in those who experienced emotional vulnerability was reflected among those participants whose circumstances had been difficult, who had struggled from one wave to the next. For example, Figure 10.2 shows that at the baseline wave, over a third (36 per cent, n=4) had received a low SEI score, indicating relative emotional vulnerability. Close to half (46 per cent, n=5) had received a high SEI score, indicating relative emotional wellbeing.

The picture, however, had changed dramatically by the 24-month wave. As highlighted in Figure 10.2, the vast majority of participants (73 per cent, n=8) who had difficult circumstances had a low SEI score. This suggests that for most in this group, emotional wellbeing had deteriorated. In contrast, emotional wellbeing had improved for those participants with unchanged or improved circumstances. The majority of those who had unchanged circumstances (70 per cent, n=7) and those whose situations had improved (68 per cent, n=6) had received a high SEI score.

As acknowledged, the SEI is a relative measure and participant numbers are, of course, very small; nevertheless, Figure 10.2 shows that emotional health and family circumstances were linked, and most likely influenced each other. Given the complex difficulties that a number of the participants struggled with, it was no surprise that a high proportion felt emotionally vulnerable. It should also be remembered that health issues in general were a particularly prominent concern for this group of participants. This further highlights the importance of a holistic and comprehensive approach to assisting families in crisis, one that is necessarily focused on health and wellbeing.

Figure 10.2: Self-esteem scores by family circumstances



Source: Hanover Family Longitudinal Outcomes Study, 2004

The importance of health and wellbeing is illustrated in the following:

'I've been on a health improvement sort of thing, a low-fat diet and taking vitamin supplements...[and] I ride [a bike] three days a week for an hour...I feel like I'm becoming a new person again, which is really good...' (two parent family, three children).

10.3 Perceptions of coping

During the last three waves, parents were asked how they thought they had coped in the intervening six months. Responses were coded into three categories: *well*, *has been varied*, and *not well*. Table 10.2 shows that, overall, most parents perceived that they had coped well. Over three-quarters (76 per cent, n=9) of the parents in this group had experienced unchanged or improved circumstances. Despite their difficult circumstances, the remaining parents (24 per cent, n=5) also perceived that they had handled things well. The number of parents who observed that they had not coped well had decreased over the last year, from seven (21 per cent) to two (7 per cent).

Table 10.2: In general, how do you feel you have been coping in the last six months?

	12-MTHS	18-MTHS	24-MTHS
Well	19 (58%)	19 (60%)	21 (70%)
Has been varied	7 (21%)	10 (31%)	7 (23%)
Not well	7 (21%)	3 (9%)	2 (7%)
Total number	33	32	30
Source: Hanover Family Longitudinal Outcomes Study, 2004			

When tragedy strikes, it can render the strongest person vulnerable. In the following example, a parent explained how the most mundane tasks, such as paying bills, had proved too difficult after the death of her husband:

[Coping] better, yeah, better than I had been previously. When [my son] was younger, I lost my husband, I couldn't cope with a bill, I couldn't even comprehend what I had to do or whether I had money, or where I had to pay [the bill]...I just couldn't cope with anything, the day-to-day bits. I've been really good this year, I'm really proud of myself, I really budget and [I've] cracked down on the money side of things...[and] I'm right on top of the bills, when the registration [car] comes in, I know it and I'm ready [to pay it]' (sole parent, one child).

Another explained:

'On the whole, I think I've done an excellent job, I really do. Some days I don't even know how I got through that day' (sole parent, two children).

10.4 Future hopes

What hopes did participants have of the future? As shown in Table 10.3, the main issues for families had changed little over the last year of the study. In fact, they mirror those matters that had concerned families, such as finances, health and housing:

'Oh, I'm hoping for a good transition into the [new public] house, you know, getting set up in the area, I think that will be a very, very positive thing, [it will] give the family security...it's stability, you know, like this [will be] where we are going to live and where we can make a home of the house' (two parent family, two children).

Parents also talked about study/education, either for themselves or in relation to their children:

'I was not good at school...I hated high school, left in Form 4 [Year 10]. So it's very important to me for [my daughter] to grow up with an education [and] thinking there is more to life than marriage and kids...I want her to have a life and to enjoy school...I want to make damn sure she does, I don't want her to end up like [me]' (sole parent, one child).

Table 10.3: What are you hoping for over the next few months?

	12-MTHS	18-MTHS	24-MTHS
Housing improves	9 (27%)	4 (13%)	5 (17%)
Employment improves	7 (21%)	14 (44%)	8 (27%)
Finances improve	7 (21%)	5 (16%)	5 (17%)
Health improves	6 (18%)	4 (13%)	6 (20%)
Study/education	5 (15%)	4 (13%)	5 (17%)
Relationships	8 (24%)	3 (9%)	2 (7%)
Stability/security	0	2 (6%)	4 (13%)
Take each day as it comes	3 (9%)	4 (13%)	7 (23%)
'A normal life'	1 (3%)	2 (6%)	2 (7%)
Total number	33	32	30
Note: Multiple responses possible			
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>			

Those focused on employment had fluctuated over the last three waves. That may well have been related to the increase in those participants who had got work since the 18-month wave. Nevertheless, securing employment in the future remained an important expectation:

'I'm just thinking in the future, maybe when my youngest [son] is at school...I want to get back into the workforce...I'm comfortable now and my kids are set and we've got shelter...for the future, to have any hope of me achieving anything or owning anything or getting ahead, I guess it's [paid work] what I'm thinking about' (sole parent, two children).

'This course [that I'm doing], I'm really looking forward to a placement [and] I'm hoping that a decent job comes out of it in the end...' (sole parent, two children).

Those focused on relationship issues had also dropped, implying perhaps, that some participants had managed to resolve difficulties. In a few cases, participants expressed the desire for stability/security; others focused on the day-to-day matters or expressed a yearning for a 'normal life':

'I guess I just want that sense of normality, it's just been so long, it seems like every time we have tried...something has come up – the intervention order, my family breakdown, all the relocating - it's just been too much...You know, I think I'll get back to study soon, and then I think, no, don't even attempt it. I practise my yoga every couple of days, [and] I have given up cigarettes in the last three days, I've just stopped...I just feel that I want to have a good run...at life' (sole parent, one child).

11. DISCUSSION

This is the final report of the HFLOS, which explores the changes that a volunteer sample of families experienced over a two-year period, following their exit from crisis support services. These families participated in five waves of in-depth face-to-face interviews, which occurred at six-monthly intervals. An original sample of 42 families took part in the baseline interviews. Over the two-year duration of the HFLOS, contact was lost with a total of 12 families (see Appendix One for details). Given the longitudinal perspective underlying the study, it was necessary to select those families who had participated in at least three out of the five interview waves. This maintained data integrity and continuity.

Families were asked a range of questions on their housing circumstances, income and employment, use of welfare services, informal support networks, their child's development and their own health and wellbeing. The longitudinal component of the study required a huge commitment from the families involved. By the end of the two years, three-quarters of the families (71 per cent, n=30) were still connected to the study.

The longitudinal perspective makes the HFLOS a unique study, designed to gain a better understanding of the pathways out of homelessness, and to identify the key issues associated with establishing and maintaining family and housing stability in the *longer term*. Specifically, the study was guided by several research questions:

- To what extent does a family's housing stabilise in the longer term after a period of homelessness and crisis assistance?
- What issues contribute to decisions about housing moves and location of housing?
- What is the association between housing moves and job opportunities?
- What are the barriers to accessing and retaining stable housing?
- How important is the development of support networks on stable housing?
- What is the correlation between long-term housing outcomes and homeless program exit outcomes?
- How is children's development and family wellbeing affected in the long-term after a housing crisis?

11.1 To what extent does a family's housing stabilise in the longer term after a period of homelessness and crisis assistance?

A complex range of reasons had precipitated the families' housing crisis. These included relationship and family breakdown, domestic violence, physical/emotional abuse, financial difficulties and substance abuse. A number of families had been evicted from their housing, largely due to rent arrears. Prior to their housing crisis, some families had experienced relative housing stability. In terms of house moves, for example, over half (51 per cent) had moved only once or twice in the two-year period before the study. In fact, 40 per cent had lived in the one house for between two and seven years, while 9 per cent had between 10 and 22 years residency in one dwelling.

Of the original 42 families recruited to the study, 80 per cent had exited homeless support services and moved into private rental or public housing (Horn and Cooke 2001). As mentioned, contact with a number of families (29 per cent, n=12) was lost at various data collection periods. This was, of course, due to the families moving house. It is likely that, for most, the move was not by choice; rather, it may have been prompted by another crisis. This indicates that housing had not been stable for over a quarter of the families.

Nevertheless, among those families who had remained involved with the study, the majority (83 per cent) had not moved house over the two-year study period, or had made a positive change, for example, moving from transitional to permanent housing. In addition, positive *perceptions* of housing stability were at their highest levels in the latter half of the study. Moving house, therefore, was related to positive housing experiences. Certainly, for a few families stable housing remained elusive. In these cases, accommodation had included SAAP transitional housing, or staying with family or friends. Despite some families' difficulties, no family had been accommodated in a SAAP crisis service during the last three waves (18 months) of the study.

11.2 What issues contribute to decisions about housing moves and location of housing?

Few families were able to exercise any real choice about where to move. Financial constraints were, of course, the major stumbling block for families who had rented privately. For families in public housing, on the other hand, it was public housing waiting lists that determined when and where they moved. Nevertheless, two main reasons emerged that had influenced families in their decision to live in a particular area: *proximity to extended family* and *proximity to schools/kinder*, a combination of both personal and practical considerations.

Employment had not emerged as a motivating factor for families in deciding where to live. As illustrated in Figure 3.2, relatively few families initially reported concerns about employment. At each subsequent wave, however, concerns about employment had increased. This suggests that only when their housing crisis had been addressed were families in a position to then address other issues such as employment. Another point to consider is that at least half the participants were sole parents who were generally not even part of the labour force (that is, neither in paid work nor looking for paid work); instead, they had the main responsibility of raising their children.

11.3 What is the association between housing moves and job opportunities?

When families were asked a specific question about whether they would move house in order to gain or maintain employment, most families were initially reluctant to move for employment reasons. Stable and secure housing was, and continues to be, difficult to access. Thus, it was not surprising that the families initially expressed reluctance to move house. However, as the study progressed and concerns about employment and financial difficulties increased, so too had their preparedness to move house for job opportunities. Employment, of course, offered the possibility of addressing financial difficulties. When financial concerns eased, more families were opposed to moving house. This indicates that employment and financial difficulties are prominent destabilising factors.

Most families who were willing to move for employment reasons were from the country, while those reluctant to move were mostly from the city. Overall, only one participant had moved for employment reasons, from one country area to another.

11.4 What are the barriers to accessing and retaining stable housing?

Affordable housing:

One of the main barriers to accessing stable housing is the lack of supply of quality housing stock. Since the HFLOS began, the supply of rental property that is affordable to low-income households has contracted markedly (DHS 2002). For example, the Rental Report for the September Quarter 2001 (DHS 2001) showed that 26 per cent of rental properties in the metropolitan area, and 84 per cent in the non-metropolitan area, were within the 30 per cent affordability benchmark. By June 2002, the Rental Report (DHS 2002) indicated that the supply of affordable housing had fallen to 17 per cent of rental properties in the metropolitan areas, and 59 per cent in the non-metropolitan areas.

According to the Brotherhood of St Laurence, *'the number of Australians unable to afford housing is increasing at an alarming rate and is contributing significantly to poverty in Australia'* (BSL 2004). Housing is defined as affordable where the cost of rent is no more than 30 per cent of household income (DHS 2002). Rent Assistance is a major government income supplement aimed at improving housing affordability for people on income support payments who are renting privately (National Shelter and ACOSS 2003). Rent Assistance is paid as part of the Family Tax Benefit Part A; the actual rate of the supplement is determined by the number of children, whether sole parent or couple family, and the amount of rent paid. Over the past decade spending on Rent Assistance has increased while spending on other forms of housing assistance, such as public and community housing, has diminished (National Shelter and ACOSS 2003).

Close to 950,000 Australians on low income receive Rent Assistance. It is acknowledged that Rent Assistance enables many low income households to access affordable housing; however, over a third of households (35 per cent) suffer from housing stress where rent consumes more than 30 per cent of income; for 9 per cent of households on low income, rent devours 50 per cent of income, indicating severe housing stress (National Shelter and ACOSS 2003). This illustrates that *'Rent Assistance is severely limited in its capacity to provide housing affordability for low income households'* (National Shelter and ACOSS 2003:18).

For the families in the HFLOS, housing affordability was a key factor that would determine whether they were able to retain their housing in the longer term (Horn and Cooke 2001). The findings showed that affordable housing was, of course, guaranteed for the families who were in public housing. No one in this group paid more than 30 per cent of their income on rent.

For families who were renting privately, however, affordable housing was much more elusive and fickle. Initially, most of the families who rented privately paid more than 30 per cent of their income on rent, indicating housing stress. It was not until midway through this two-year study that housing affordability improved. At the 18-month wave, housing affordability had declined and most families again experienced housing stress. By the final wave, however, housing affordability had once again improved.

The increase in housing affordability was influenced by a number of factors. First, there had been an increase in the number of families who had received Rent Assistance and the Child Care Benefit. Second, some participants had re-partnered, which meant increased opportunities for better income support for the new couple households, as well as increased possibilities for generating income from paid work. Third, some participants had moved into cheaper accommodation. It should be noted that increases in income support, in a number of cases, represented relatively modest increases to the overall total family income. For some families, however, the modest increases were enough to redefine their housing as affordable; that is, the cost of their rent as a proportion of total family income was now within the 30 per cent affordability benchmark.

In general, over the two-year period the proportion of families in affordable housing had more than doubled from 25 per cent (baseline) to 55 per cent (24-month wave). Initially, however, a substantial number of eligible families had not received Rent Assistance and as a result, experienced housing stress with more than 30 per cent of family income consumed by the cost of rent. The delay in receipt of Rent Assistance appeared to be addressed by the end of the first year of the study. After the two-year period, all eligible families, with the exception of one, received Rent Assistance.

Financial concerns were a common and consistent concern for the families throughout the study. It prompted a number of families to seek support. It may be that with time there was better engagement with support workers, which meant better identification of families eligible for Rent Assistance. The findings suggest that assessment for eligibility for those on income support does not adequately identify families who may be eligible for Rent Assistance. In addition, Rent Assistance is paid as part of the Family Tax Benefit Part A; while the sample families were aware of this, they were not able to specify the exact amount of their Rent Assistance.

It was also the case that, despite receiving Rent Assistance, a high proportion of families still experienced housing stress. By the end of the study 45 per cent of eligible families remained in housing stress. Thus, while it was effective for some, the findings show that for a substantial proportion, Rent Assistance had proved inadequate as a means of accessing affordable housing.

The findings showed that most of the families who rented privately lived in the metropolitan area. The differences in housing affordability between the families in urban and rural areas were marginal. Put another way, the families in rural areas did not necessarily have greater access to affordable housing than families in urban areas. Indeed, in a couple of cases, the families had moved to the city because of the difficulties they had in accessing affordable housing in the rural areas. One of the families successfully accessed housing and employment; the other returned to the country, defeated once again. One family who had rented privately in metropolitan Melbourne had moved to the country to see what housing options were available.

Underlying vulnerabilities:

The housing crisis for families who participated in the HFLOS had been precipitated by a number of difficulties. They included relationship/family breakdown, physical/emotional abuse, domestic violence, substance abuse, eviction and financial problems. This suggests that these areas of life and housing are not mutually exclusive; they are, instead, closely interlinked. Put another way, housing is crucial, but so too are these other areas of life, which also need to be addressed if stable housing is to be maintained.

As the study progressed and housing stabilised, families continued to report concerns they had in various areas. Some concerns were not as common as when the study began, for example, relationship/family breakdown, physical emotional/abuse, domestic violence and substance abuse. In relation to substance abuse, there had been a consistent decrease over the two-year period in the proportion of participants for whom it was a concern. Other concerns, such as health, employment and financial problems had become more common. One of the main concerns for families over the course of the study was financial hardship. Financial capacity is central to the issue of affordable and stable housing, as are income and employment.

Income:

For the sample of families, the main source of income came from income support payments; this remained consistent throughout the course of the study. Referred to as family assistance payments, they primarily included the Parenting Payment and the Family Tax Benefit. Relatively few participants had been on the Newstart Allowance; at the baseline, for example, there were five and by the final wave there were two.

Income from paid work was limited to a handful of families. It was relatively more typical among families who rented privately compared to those in public housing. In general, those in private rental tended to be two-parent families who had greater potential to pursue employment opportunities. In contrast, those in public housing tended to be sole parents whose full-time parenting responsibilities limited their capacity to pursue opportunities for paid work.

At the final wave, the median net weekly income for sole parents with two children was \$403.00, which was \$15.00 above standard Centrelink payments of \$387.69 for sole parents with two children. However, the amount was \$58.00 below the Henderson Poverty Line (\$460.88). It is likely that the group of sole parents in the study would have had considerable difficulty in covering the cost of any unforeseen and unexpected costs such as, for example, a fridge or washing machine breaking down.

For two-parent families with two children, the median net weekly income was \$510.00, which exceeded Centrelink payments (\$469.50) by \$40.00. Compared to sole parents, two-parent families were in a slightly better financial position. However, their median income also fell below the Henderson Poverty Line (\$557.10) by \$47.00.

Given this context, it is easy to understand why financial concerns were a prominent theme throughout the course of the study. In fact, the findings showed that at each wave, financial problems had become increasingly common; although there was a marked change at the final wave. For example, at the 18-month wave, 92 per cent of participants were concerned about their financial situation. By the final wave, the proportion had dropped to 52 per cent (half were sole parents and half were two-parent families).

Nevertheless, financial problems remained a prominent issue, despite improved housing affordability. As any family with children can attest, the demand on finances tends to increase rather than fall, as children get older, especially once they start school. Participating families also had health concerns to address. The widespread decline of bulk billing would have further exacerbated the financial burden for the families.

Family assistance payments have come under the scrutiny of the Australian Council of Social Service (ACOSS). It recently released a major plan of proposed reforms to the family assistance payments. Referred to as the ACOSS Better Family Incomes plan, it is designed to ease financial hardship caused by family assistance payments and tax rebates that '*are out of touch with the actual costs of raising children*' (2004:3). Families on low-income with teenagers are particularly disadvantaged. For example, sole parent families on a low income lose about \$60.00

per week when their child reaches 16 years of age (ACOSS 2004). Therefore, without an increase to family assistance payments, the financial difficulty for the families who participated in the study will probably continue in the future and most likely worsen.

The findings indicate that income support payments to families should be increased to enable them to meet the costs of basic needs. Rent Assistance should also be increased so that families on low-income are able to access and maintain affordable housing. Centrelink need to provide more explicit information to families in relation to their entitlements in a language that is reader-friendly, to increase consumer understanding. In relation to Rent Assistance, Centrelink need to review their assessment procedures to ensure timely receipt by all eligible families in private rental.

Employment:

For the families whose financial circumstances had improved, it was paid work that had made the difference. Most of the work, however, tended to be casual or part-time, low skilled and poorly paid. As a result, families had remained financially dependent on income support payments. Nevertheless, paid work improved family wellbeing; that is, apart from the positive impacts for parents, children also benefited from having a parent employed.

The proportion of participants who had paid work remained relatively low over the course of the study. Nevertheless, those in paid work had doubled from 11 per cent at the baseline to 23 per cent at the final wave. As mentioned, two-parent families had greater opportunity to pursue employment than sole parents. For example, at the 24-month wave, 73 per cent of couple families had at least one parent in paid work, compared with 16 per cent of sole parents who were in paid work. Thus, couple families had done relatively well because in a number of cases at least one parent was in paid work.

There had been a steady increase in concerns about employment and this had prompted a rise in the proportion of participants who reported that they would think about moving in the future, to gain or maintain employment. There was little difference in the way that participants in private rental had responded compared with those in public housing. What did seem to have an influence, however, were financial concerns. The findings showed that as financial concerns became more common, so did the willingness to relocate for employment reasons. By the final wave, the proportion who reported concern with financial problems had dropped, and so too had their willingness to move.

The majority of participants were not in the labour force, essentially because of young children and parenting responsibilities. However, with income support payments around 20 to 30 per cent below the poverty line (BSL 2002), employment represents the only viable pathway out of poverty. The findings showed that participants were conscious of the future and wanted to improve the situation for themselves and their children. It was acknowledged that insecure low-paid casual work would not provide a pathway out of poverty. A high proportion of participants had, in fact, undertaken some type of study/training during the course of the HFLOS. In some cases, there was certainly an expectation that this would result in better employment prospects.

It should be noted that in the last ten years, there has been a sustained period of economic growth that has reduced the unemployment rate to below six per cent. However, the benefits of economic growth need to be more prominently focused on families and individuals who are disadvantaged and marginalised. Better job creation, for example, is needed to engage adults who are long-term unemployed.

The findings clearly showed that the best and indeed only way out of poverty is through paid work. Better approaches to job creation and training need to be developed that are aimed at getting the long-term unemployed and low skilled into paid work. Incentives should be used to support and encourage sole parents to participate in the labour force.

Eviction:

Financial problems meant that some families were worried about maintaining their housing and had expressed concerns about the possibility of being evicted. Concerns about eviction had fluctuated during the course of the HFLOS; but in the final six months of the study, such concerns had actually increased. It was surprising to find that a few families were public housing tenants. The basis of their concerns was related to financial difficulties, which had resulted in rent arrears.

Their concerns were justified. When public housing tenants default on rental payments, they are at risk of being evicted. There is certainly an opportunity to negotiate paying back rent arrears, but there is a limit to the period in which arrears need to be repaid, as well as a limit on the number of times rent can be in default. Such an approach is essentially punitive in nature and has no legitimate place when it comes to responding to the needs of families in crisis. Indeed, the Victorian Homelessness Strategy Ministerial Advisory Committee and Project Team identified the need to reduce 'at-risk' public housing tenancies as a key priority (VHS 2002:34). This resulted in the implementation of two initiatives: a 12-month pilot looking at public housing tenants at risk of eviction, and an 18-month pilot focused on Indigenous tenants at risk of eviction (OoH 2003).

These initiatives will, no doubt, be an important component in addressing 'at-risk' public housing tenancies. The Office of Housing, however, has yet to make changes to its overall policies and procedures. It remains imperative for the Office of Housing to review its procedures in relation to 'at-risk' tenancies, to ensure that vulnerable families do not face eviction, but are linked to appropriate support services that can address financial and other difficulties.

Family transitions:

In terms of positive outcomes, the families went through a 'honeymoon' period, which occurred around the 6-month wave. At this point, most families had reported *housing stability* and *few or no concerns* (between none and two). However, by the 12-month wave, things seemed to have deteriorated. Most families remained in stable housing, but the proportion of those who had reported *multiple concerns* (three or more) had increased substantially. Multiple concerns were usually interrelated; those families who were worried about employment issues, for example, were also concerned about financial difficulties and relationship problems. The number of concerns highlighted by families indicated two groups: those who had listed *few or no concerns*, and those who had listed *multiple concerns*.

Data from the 18- and 24-month waves showed that during these periods the changes in the number of concerns reported were much less dramatic. This implies that the 6-month wave may have been an anomaly. As mentioned, participants may have experienced a 'honeymoon' period where they and their children finally had a roof over their heads. The achievement of the basic need for shelter may have overshadowed all other difficulties and concerns. These may have resurfaced, or new concerns may have emerged, as families settled into their housing and into the daily routine of life.

By the latter half of the study, some families had managed to address a few of their difficulties and, as a consequence, experienced improvements. Others experienced relative stability with few or no changes. For some families, however, the two-year period of the study had been difficult and they had generally struggled on a daily basis.

- *Families with improved circumstances:*
Among the group who had multiple concerns (n=16) at the 12-month wave, over half (56 per cent) were able to maintain their housing stability and resolve some of their concerns by the end of the study. Positive changes in health, relationships and financial factors had altered the trajectory for a number of the families. Nevertheless, most remained concerned about financial difficulty.
- *Families with unchanged circumstances:*
Among the group who had experienced few or no concerns (n=17) at the 12-month wave, over half (59 per cent, n=10) were able to maintain this trajectory through to the end of the study. That is, for this

second group, housing had remained stable and this was reflected in other areas of their lives. The main concerns for this group were employment and financial.

- *Families who struggled:*

Some families had been unable to resolve a number of their difficulties; they had continued to experience multiple problems in the latter half of the study. Additionally, the group also included those families who had few or no concerns but whose circumstances had deteriorated since the 12-month wave (n=5). In the latter part of the study, most in this group had housing problems and had struggled with other areas of their lives. The most common concern for this group of families was health issues but they were also worried about relationship/family issues, financial problems and employment difficulties.

11.5 How important is the development of support networks on stable housing?

The findings suggest that support networks, especially extended family, were important to both stable housing and family wellbeing. Certainly, support from extended family represents *'a crucial resource for families'* (Bowes and Watson 1999:87). For participants, one of the main considerations when deciding where to live was to be close to family. In fact, most participants lived within an hour's drive from their extended families, and had regular contact (Kolar 2003).

The majority of participants had someone to turn to for support. When in need, most participants had turned to their extended families for support, most commonly their mothers. Friends were also an important support, as was a participant's partner. In a few cases, participants had also relied on agency support workers or other professional such as a therapist/psychologist. Most commonly, participants needed emotional support or advice, financial help, help with looking after children and with housework.

Where support was lacking, especially from extended family, the stress and pressure on participants was significant. This was highlighted among some of the families who had struggled over the course of the study and did not have access to extended family support. As was illustrated in the case study of one family with multiple and complex difficulties, the distance and isolation from their extended family support was keenly felt; eventually the family left their secure housing in the country and returned to the city to be closer to their family support network. For those families whose circumstances were unchanged or had improved, support networks tended to be relatively more common. It seems reasonable to assume, therefore, that the availability of support networks had a positive influence on stable housing.

11.6 What is the correlation between long-term housing outcomes and homeless program exit outcomes?

The majority of families had exited support services and moved into independent housing. Over the two years of the study, housing remained stable for most of the families. By the end of the study, no family had returned to SAAP crisis services. For participating families therefore, homeless services were effective in helping to stabilise their housing. It was originally anticipated that as housing stabilised, demand for welfare services would fall (Horn and Cooke 2001). However, a key finding in the study was that the opposite had occurred. That is, as housing stabilised, demand for welfare services increased.

To some extent, the increase in service use against a backdrop of stable housing makes sense. Homelessness, or the risk of homelessness, is frightening; normality is overtaken by the instinct to survive; all else pales into insignificance. The priority is to get shelter for one's family. As has been highlighted, families who had spiralled into crisis were usually faced with multiple and complex problems. Access to safe, secure and affordable housing improves outcomes for families and children, but it cannot be assumed that it can address other difficulties such as health, relationship or employment problems, for example. Stable housing can, however, provide the foundation from where families can begin to resolve their difficulties. Thus, it makes sense that welfare use rose as families began to work through their underlying concerns.

After an initial 'honeymoon' period, demand for housing support (short-term accommodation, independent housing, financial help with bond or rent) was relatively high. As families became settled, demand dropped markedly. In the latter half of the study, demand increased only slightly as some families waited to move from temporary to secure housing; some received financial assistance to help pay the rent or bond.

In contrast, the demand for *non*-housing support had fluctuated but remained relatively high throughout the course of the study. In fact, by the final wave, 70 per cent had accessed some type of *non*-housing support; six months earlier, it was 56 per cent. The type of *non*-housing support received included basic support such as food (especially food vouchers), counselling for emotional or family or relationship issues, financial and material help as well as financial counselling.

It was disturbing to find that while the results indicated that financial circumstances had improved somewhat by the final wave, this did not seem to affect the demand for basic support such as food. In fact, the demand for food had consistently increased over the two-year period. At the final wave, the majority of participants (63 per cent) had accessed *non*-housing support specifically to obtain food for themselves and their families, compared with only 29 per cent in the first part of the study. Improved housing affordability meant that families could now afford to have a roof over their heads; they could not, however, afford to meet the cost of basic daily necessities such as food.

These findings further highlight the inadequacy of income support payments and the lack of employment opportunities for those in the labour market. In addition, income support recipients are restricted in the amount of money they can earn before their benefits start to be affected. This effectively acts as a disincentive for some parents to enter the workforce. To ease the 'sudden' change in financial circumstances once parents start working, perhaps the decrease to income support could occur more gradually over a longer period. It can only be assumed that as long as income support payments and employment opportunities remain inadequate, the need for welfare services and support will not diminish.

While there had been an increase in those concerned about health issues, the use of specialist services, such as psychological/psychiatric, pregnancy support, drug/alcohol support and health/medical, was effectively non-existent. This may well be a reflection of the way in which the data were collected. For example, in the first wave, a *specific* question on the use of such services was asked; in subsequent waves, however, the question had become more *generalised*. Thus, it is likely that participants had made use of such services but may have perceived that they were not relevant to the category of *non-housing support*.

Another possible explanation may be related to the costs of receiving health services. It is possible that the loss of bulk billing had negative effects on participating families. For example, if participants were not able to cover the cost of food, then it is likely that they may have had difficulty accessing medical services. Further, waiting lists in public health are generally long, so it is also possible that some participants were on waiting lists to access certain medical treatments. When it comes to dental work, for instance, the waiting list is two years long.

In terms of general access to support services, the majority of participants had been able to get the service or assistance that they had required without much difficulty. Nevertheless, approximately a third of participants who had experienced problems with lack of access, which, according to participants, was mostly related to service funding and availability. Most of the families whose circumstances were unchanged or which had improved had not experienced difficulty accessing support.

In contrast, a number of the families who had multiple concerns and had struggled during the course of the study had experienced difficulty accessing needed support. The circumstances surrounding this group of families present a challenge to agencies and support services and raise a number of issues. For example, is it important to consider the number of issues a family presents with at a crisis support service? Or, is it the nature of the trauma that families are dealing with that is crucial? Can assessment be made at service entry to help identify high-risk families?

Was it possible to identify the eleven families who had struggled over the two-year study period? As highlighted in the findings, half of this group (n=4) had received only short-term support despite the fact that they had multiple issues. One of these participants had only one problem to resolve but had received three different types of support. For the remaining three families, who also had multiple issues, support was received over a period of

at least several months, which involved intervention from multiple services. One family, whose difficulties were especially complex, was supported over a three-year period.

It would seem, then, that most families had received needed services and supports. There was opportunity to address and resolve difficulties, and this certainly happened, up to a point. For some, the situation had improved by the latter half of the study. The catalyst for change was usually associated with positive outcomes in relationships, health and finances. In addition, most families had access to stable support networks. There were certainly a number of families who, over the two-year period, experienced relative stability and had few underlying issues. Therefore, their need for ongoing support was minimal. In other cases, however, families had generally struggled during the course of the study; they had relied on support services but continued to experience multiple and complex problems that further undermined their wellbeing and stability.

These findings emphasise the significance of a variety of response models. One size does not fit all. It is imperative that support services encompass crisis response, prevention and early intervention models. There is a need for the Supported Accommodation Assistance Program (SAAP) to become more sophisticated at matching assessment of needs to resources. The circumstances of families with multiple and complex needs illustrate the necessity for a holistic and integrated response such as, for example, the Family Homelessness Prevention Pilot (FHPP). A recent evaluation concluded that the FHPP was '*successfully assisting the stabilisation of families*' circumstances that may have otherwise lead to family homelessness' (RPR Consulting 2003:7). The success of the FHPP has been enhanced through a collaborative partnership between Centrelink and participating community agencies.

These findings suggest that there needs to be an increase in funding to improve crisis support services. Also important is the need to minimise the longer-term adverse impact of homelessness and transience on families by increasing resources at housing assistance services to enable prompt resolution of crisis. Further, preventative and early intervention programs need to be expanded to incorporate partnerships and a collaborative and integrated approach to service delivery models, such as the FHPP, for example.

11.7 How is children's development and family wellbeing affected in the long-term after a housing crisis?

The detrimental impact of homelessness on family health and wellbeing has been widely acknowledged (McCaughy 1992; Bartholomew 1999; Efron et al 1996; Walsh et al 2003). Among children the issues include emotional and behavioural problems, learning difficulties and disrupted schooling, medical problems, poor nutrition and social isolation. Parents can also experience multiple problems such as emotional and physical health issues, poor nutrition, isolation, and relationship difficulties. These issues can hinder parents in the way that they relate to their children and their capacity to fulfil their parenting responsibilities.

Child development and wellbeing:

Children's development and wellbeing was explored in terms of general behaviour, health, school performance, social interaction and family relationships. These issues were explored in relation to one child in each family and collected via interviews with parents. Overall, the findings showed that, as might be expected, stable housing translated into positive outcomes for children.

In the main, parents had referred to their children's general behaviour in positive terms. Of course, the children were growing up and changing, which would have had an impact on parents' perceptions, along with family and housing circumstances. According to parents their child's behaviour had become 'stronger', 'more mature' or 'more outgoing'. Additionally, there had been a fall in the proportion of parents who had reported that their child's temperament had been particularly difficult. Most children had been described as *average or easier than average*.

During the course of the study, the majority of children were reported to be in good health. When the study began, health among a few children (n=6) had been poor. As the study progressed, ill health declined. By the final wave, only one child remained in poor health. In this particular case, the young child had an ongoing health issue and a 'mystery' problem that was yet to be diagnosed. Indeed, a total of 13 children (39 per cent) had been affected by a specific health difficulty. They included physical and mental health factors and

intellectual issues. While most of these were ongoing health issues, by the final wave, only five children still had to grapple with the impact it caused on their schooling or other activities. Only two children were on medication.

Stable housing had a marked impact on school absenteeism. When the study began, the average number of school days missed, in a six-month period, was twelve. By the final wave that figure had halved. Where absenteeism was affected by illness, a similar pattern was observed. Initially, an average of eight school days was missed because of ill health. At the end of the study two years later, that figure had dropped to just 3 days.

In the main, stable housing also had a positive impact on school performance. Over half of those at school had done well, according to their parents. Where there had been a change in school performance, it may well have been related to the specific health issues that affected some of the children. Teachers, of course, played a very important role in how children performed at school; this was reflected in both positive and negative ways. In one case, the particularly cruel behaviour of a teacher had a very detrimental impact on the wellbeing of a young child. Fortunately, the child was enrolled in another school, which resulted in enhanced outcomes in wellbeing and school performance.

Over the course of the study, personal relationships (parent/child and sibling/child) remained positive. Where parent/child relationships were first described as negative or difficult, improvements were noted two years later in some cases. When it came to interacting with peers, most of the children were described as sociable. Certainly, among those children who were initially shy or withdrawn, parents had reported an improvement in the child's sociability. In a couple of cases, social interaction had been difficult.

Overall, the findings emphasise the significant impact of stable housing to the development and wellbeing of children. A child simply cannot be expected to thrive if that child is homeless. It is imperative, therefore that homelessness experienced by children be targeted and eliminated. Indeed, we are reminded that Australia is a signatory to the United Nations Convention On the Rights of the Child, which means that all levels of government are:

'...obligated to provide sufficient resources to protect children's rights to social security, adequate housing, medical services and nutrition, protection against neglect, cruelty and exploitation'
(House of Representatives 1995, p.44 - quoted in Pinkney and Ewing 1997:20).

Further, it is essential to develop crisis, early intervention and prevention service response models that specifically focus on the needs of children in poverty, particularly those who have experienced, or are at-risk of, homelessness.

Parent wellbeing:

In terms of parental health, data were only available for the last three interview waves. The absence of health data following the exit from crisis support services makes it difficult to comment on a possible link between housing circumstances and the general health of participants. The available data indicated that participants' health had fluctuated over the latter part of the study. Mid-way through the study, for example, just over half the parents (55 per cent) reported that they were in good health, with just less than half (45 per cent) in average or poor health. By the end of the study, slightly more participants reported good health (57 per cent); however, a relatively high proportion of participants (43 per cent) were still in average or poor health.

In contrast, the findings indicated a consistent improvement in partners' health. Indeed, over the same period of time, there was a marked decline in the proportion of partners who had experienced poor health, from 36 per cent at the 12-month wave to just 8 per cent at the final wave.

Despite these positive developments in health recorded in the latter part of study, for both parents and children, concerns about health had actually increased over the same period. This, however, does not necessarily indicate a contradiction. It should be noted that *concerns about health* reflected general responses and therefore could have referred to any one or more members of a particular family, as was highlighted in a couple of case studies. Thus, while a focus child or parent experienced good health, other children or family members could have suffered ill health. It is also possible that while health had improved at a point-in-time for child and/or parent, over the longer-term, it remained a concern. Put another way, the rise in *concerns about health* may have been related to significant ongoing health problems.

The Self-Esteem Inventory (SEI) score was used as a measure of emotional wellbeing. Overall, the findings indicated that parents' emotional wellbeing had improved in the first half of the study; in the latter half emotional wellbeing had slightly declined. Essentially, emotional wellbeing had deteriorated among participants who had experienced multiple problems and had struggled over the course of the study. Among this group, over 70 per cent had received a low SEI score. In contrast, a high SEI score was common among participants whose circumstances were unchanged (70 per cent), or who had undergone improvements in their circumstances (68 per cent).

The findings suggest that since circumstances had failed to improve for those who had struggled, their emotional wellbeing had weakened. This group of participants had multiple and complex problems, as illustrated in two case studies. The housing experience was mixed; for some it was positive, for others, negative. They had little or no support and health problems were common. Despite their difficulties, most remarked that they had handled their situation well. They were also able to comment on their hopes for the future.

Overall, the findings suggest that family wellbeing can improve following a housing crisis. Most participants had experienced positive outcomes over the two-year study. It was also evident that in some cases, the assistance required was relatively minimal, yet the benefits were far-reaching. In other cases, however, despite the effort made by participants, they continued to struggle. In some of these circumstances, things had deteriorated to the point where intervention would necessarily have to encompass a comprehensive, intensive and integrated. It is sincerely hoped that these families receive the assistance and support that they require.

Stable housing is central to family stability and wellbeing. However, it is also imperative that families have access to services and supports in order to resolve underlying difficulties. This means having the opportunity to improve their housing situation, relationships, health and finances, as well as have access to employment and study/training. Family support programs need to be strengthened by focusing on the prevention of crisis; increasing early intervention to reduce the loss of housing; and targeting ongoing support for 'at-risk' families with multiple and complex issues over the longer-term. It is essential to develop mainstream and targeted programs to address and eliminate the level of family and domestic violence.

12. POLICY IMPLICATIONS AND RECOMMENDATIONS

To reflect the urgency of children and their families who are homeless, and the extent of community concern about it, several recommendations are put forward that should be prioritised by the next Australian Government.

Affordable housing:

Over the past two years, there has been considerable focus on the Australian housing market. In general, prices have spiralled out of control, leaving many with considerable debt and others wondering if they will ever be able to afford a first home. Much of the policy response has, in fact, been directed at first-home buyers. According to a recent ACOSS report: *'this has over-shadowed a real housing crisis for those on low incomes'* (2003:1). The report identifies three *'key features of the present crisis in housing'*, which must be addressed: homelessness, public housing and the cost of renting (ACOSS 2003:1).

On any one night, the ABS estimates that nearly 100,000 people are homeless (ABS 2003). In 2001, over 221,000 people were on the public housing waiting lists. Nearly 944,000 low-income Australians receive Rent Assistance from the Commonwealth Government, however, 35 per cent experience housing stress paying more than 30 per cent of their income on rent; 9 per cent pay more than 50 per cent on rent (ACOSS 2003).

Rent Assistance is the primary policy measure to improve access to the private rental market for low-income families on income support payments (excluding Austudy). It is usually paid as part of the Family Tax Benefit Part A and the actual rate is based on the number of children, whether sole parent or couple family, and the amount of rent paid. The current maximum rate of Rent Assistance per fortnight for families (sole parent and couple) with one or two children is \$110.88, while families (sole parent and couple) with three or more children receive \$125.30 per fortnight (Centrelink 2004).

The findings showed that despite receiving Rent Assistance, some families in the HFLOS experienced housing stress with the cost of rent rising above the 30 per cent affordability benchmark. Their predicament illustrated the ineffectiveness of this specific government income supplement. It is paramount that Rent Assistance be a sufficient level to enable families to access and maintain affordable housing.

These policy concerns are not new, nor are the proposed solutions. It is twelve years since Jean McCaughey's (1992) landmark report on homeless families was published. Regrettably, the plight of homeless families continues unabated, while calls for a national housing strategy continue (Hanover 2003; ACOSS 2003).

Recommendation 1

A national housing strategy that, after a period of transition, will adjust housing assistance and the tax treatment of housing in a way that will ensure that it is better targeted to those most in need.

Recommendation 2

The expansion of the Australian Government's pilot of the Family Homelessness Prevention Program that has proved to be remarkably successful.

Employment and training:

To address and eliminate homelessness, it is equally important to focus on a range of policy areas including, employment and training, income support, health and domestic and family violence. Employment, in particular, is recognised as a major pathway out of homelessness. Yet 676,800 children aged 0-14 years were in families where no parent was employed (ABS 2000). These children are at risk of homelessness and face an uncertain future.

The findings from the HFLOS showed that while there had been a slight improvement in the proportion of families in paid work, concern about employment had remained relatively high. It was clear to families that insecure, casual and low paid work would do little to combat their poverty. There was a willingness and commitment to engage in study or training that would increase prospects of getting better paid work. Around one-third of participants had undertaken study or training during the course of the HFLOS. Without employment or the opportunity to gain further qualifications, families will remain trapped in poverty.

Recommendation 3

The establishment of strategies to more adequately integrate employment and housing assistance in a way that will ensure that each of these children has a parent able to gain work.

Income support:

According to a recent report, income support payments, specifically Family Assistance, do not reflect the actual costs of raising children (ACOSS 2004). Low-income families with teenagers are particularly disadvantaged. For example, sole parent families on a low income lose about \$60.00 per week when their child turns 16 years of age (ACOSS 2004).

For families who participated in the HFLOS, the main source of income was Family Assistance payments. The median weekly income for families was around \$50.00 below the Henderson Poverty Line. The implications of this meant that families struggled financially to cover the cost of basic items such as food. In the early part of the study, for example, 29 per cent of families had accessed support services specifically for food assistance; when the study ended it was 63 per cent. While families generally had their housing needs met, parents still struggled financially.

Recommendation 4

The implementation of the Rebound strategy of targeted assistance to children of homeless families as a national program.

Family homelessness:

The importance of families is enshrined in the Stronger Families and Communities Strategy (SFCS). Released in April 2000 by the Commonwealth Government, the SFCS acknowledges the early years of children's development and wellbeing as crucial to their future longer-term outcomes, and emphasises prevention and early intervention (FaCS 2004). On a specific policy level, both the Commonwealth and Victorian Governments have demonstrated a commitment to address homelessness by investing in homelessness strategies. These initiatives, however, have failed to attack the high levels of family homelessness. In 2002-03, a total of 53,800 children accompanied a parent entering a SAAP service; 88 per cent of the children were 12 years of age or under (AIHW 2003). It is estimated by Hanover that at least 90,000 Australian children experience homelessness each year. Nearly half are aged 0-4 years and 43 per cent are of primary school age.

Past research has shown that homelessness has serious negative outcomes for children in relation to their development, health and wellbeing. Current findings from the HFLOS present a contrasting picture. This unique two-year longitudinal study clearly demonstrated that children experienced positive outcomes once family homelessness had been addressed. In other words, housing is crucial to the development and wellbeing of children.

Recommendation 5

The establishment of a target to reduce by 20 per cent the homelessness experienced by families in the next term of federal government.

Research implications:

Originally, it was anticipated that stable housing would result in a fall in the use of support services. However, a key finding in the study showed that use of support services had actually increased over the two-year study period. To a large extent this is understandable especially given the multiple and complex difficulties that confronted some families. Most of the difficulties related to non-housing matters such as financial hardship, employment problems and health issues. The types of services that families received included financial and material help and financial counselling, counselling for emotional or family or relationship issues, and food (including vouchers and hampers). Indeed, in the early stages of the study, 29 per cent of parents had contacted support services specifically to obtain food for their families. By the end of the study, it had increased to 63 per cent.

Given the unexpected finding of increased reliance on support services despite stable housing in most cases, it was deemed important to explore this further. It was decided, therefore, to undertake an additional wave of data collection. The proposed additional wave will provide a longer-term timeframe, at least three years, to assess the factors that lead to housing crisis for vulnerable families and consider more effective interventions that build resilience, especially for families with ongoing complex issues. This will provide an opportunity to better understand the reasons for the families' increased reliance on support services.

The willingness of families to participate in additional follow-ups was raised during the fifth wave of interviews. The response was unanimous; all 30 families were happy to remain involved in the study. It is now between 12 to 18 months since families were last interviewed. Thus, it is an opportune time to undertake an additional wave of data collection.

It is expected that the findings will strengthen advocacy for policy measures leading to prevention of family homelessness, and to support programs to ensure family functioning and social participation for families with complex needs.

13. CONCLUSIONS

The aim of the HFLOS was to gain a better understanding of the pathways out of homelessness, and to identify the key issues associated with establishing and maintaining family and housing stability in the longer-term. A volunteer sample of families who had experienced housing crisis, participated in the study for a period of two years. This unique longitudinal perspective provided an opportunity to explore in some detail the key themes of housing, income, employment and education, use of welfare services, support networks, child development and parent wellbeing. Families took part in five waves of in-depth interviews that occurred at six-monthly intervals.

A total of 42 families were recruited from five crisis support agencies covering metropolitan, regional and rural areas. Over the course of the study, contact was lost with twelve families. Bearing in mind the background and experiences of the families, the overall retention rate of 71 per cent is an extremely positive outcome for a longitudinal study of this type. To ensure some continuity, the findings in this final report were based on data collected from families who participated in at least *three waves* of interviews.

Typically, participants were female, aged between 19 and 50 years with an average of around 30 years, Australia-born, non-Indigenous, and had left school early (Year 10). They had an average of 2.3 children, ranging in age from a couple of weeks to 20 years. Family structures changed over the course of the study. For example, when the study began, three-quarters were sole parents; by the final wave, that figure had dropped to around two-thirds. Around half lived in the metropolitan area; a quarter in a regional area and a quarter lived in the country.

While the sample of families broadly reflects the characteristics of the families using homeless services in Australia, the findings presented in this report pertain only to those families who participated in the HFLOS. Importantly, however, the findings do have broad implications that may affect families both within and beyond the boundaries of the HFLOS.

The longitudinal perspective highlighted the complexity of the circumstances that families were faced with. All the families had their share of trauma and crisis; their resilience has indeed been challenged. Over the two-year course of the study, most families had managed to rebuild their lives; a few, however, continued to struggle with multiple difficulties. It should not be surprising that the overall findings emphasised the significance of secure and affordable housing, and the positive impact for family wellbeing. However, homelessness means more than just the loss of housing. As illustrated by the findings, families were confronted with issues of a lack of employment, health and relationships difficulties, and financial hardship.

Importantly, housing had stabilised for the majority of families. Eighty-three per cent had not moved house over the two-year study period, or had made a positive change, for example, moving from transitional to permanent housing. Over the two-year period, housing affordability more than doubled from 25 to 55 per cent. That is, by the end of the study, over half the families who had rented privately paid no more than 30 per cent of their net family income on rent. Nevertheless, 45 per cent of families in private rental remained in housing stress, paying more than 30 per cent of income on rent, despite receiving Rent Assistance. For this group, Rent Assistance had been ineffective; it had not enabled them to access affordable housing. Further, it took more than one year before all eligible families received Rent Assistance. By the final wave, one eligible family had still not received Rent Assistance.

Financial hardship was a key issue for families throughout most of the two-year study. However, towards the end of the study, the proportion of families concerned about finances had dropped from 92 per cent (fourth wave) to 52 per cent (final wave). This drop reflected an increase in income for some families, generally from employment. For others, it was reflection of moving into cheaper housing. In some cases, participants were still experiencing financial hardship, but were determined not to be worried or overwhelmed by it. Importantly, they had their housing, and other areas of their lives were stable.

Income support payments were the key source of income for families, primarily the Parenting Payment and the Family Tax Benefit. In a few cases, employment had increased, but the majority of families had remained on income support payments. A high proportion of families comprised sole parents who had the primary responsibility for childrearing. The median weekly income for families (both sole and couple) with two children left families around \$50.00 below the Henderson Poverty Line amount of \$460.88 (for sole parents) and \$557.10

(for couple families). Essentially, income support payments had not enabled families to cover the cost of their basic needs.

Welfare services were very important, not only when families experienced their initial crisis, but also in the longer-term. This was reflected in the high proportions of families who had sought welfare assistance over the course of the study. At the end of the study, for example, 70 per cent of families had accessed support and in nearly all cases (91 per cent), it was primarily for food. Parents acknowledged that they would remain trapped in poverty unless they could get well paid employment. Most had left school early, which presented a major barrier to any sort of progress. Nevertheless, over the two-year study period, around one-third of parents had undertaken some type of study/training. Certainly, a number of parents hoped for better employment prospects for the future.

Support networks were also very important. The majority of parents had someone to turn to for support, whether emotional, financial or practical. It was important for families to live close to their support networks, especially extended family support. The absence of support from extended family had, in some cases, caused considerable stress especially where families were struggling. In the absence of such support, a number of the families who struggled felt very vulnerable.

A key finding is that stable housing had positive impacts for children. These were reflected in children's general behaviour, health, and family relationships. For those children at school, the benefits of stable housing continued to be reflected in their school performance. Importantly, absenteeism had almost halved over the two-year period. School performance had also improved, although in some cases, ongoing health issues may have affected school performance.

Health was another important issue for families. Most parents reported that they were in good health, however, a relatively high proportion (42 per cent) said their health was poor or average. In terms of emotional wellbeing, the findings indicated an increase in the proportion of parents who had a relatively positive self-perception. As for the future, parents had aspirations for improvements in health and employment. In a number of cases, parents just wanted to *'take each day as it comes'*.

The families have come a long way; it has not been an easy path, the struggles have been daily. In fact, among the families who reported multiple concerns, it was only in the latter half of the study that improvements in their circumstances had occurred. They had experienced difficulties, but the majority were not overwhelmed them. By the end of the study, however, there were still some families who were confronted with multiple and complex difficulties. The families' needs required extensive and intensive support over a prolonged period of time. Their circumstances highlight the importance of an integrated and comprehensive intervention model, one that can ensure both housing stability and family wellbeing.

Homelessness encompasses a complex mix of structural and personal difficulties. Therefore, the elimination of homelessness requires a comprehensive and multi-layered approach. Thus, it is essential to ensure the availability of good quality and affordable housing; while employment and training opportunities are crucial so that families can escape poverty. Without addressing these policy issues, homelessness will continue, and family wellbeing and stability, particularly in the longer-term, will be compromised.

The findings of this unique and important study will be augmented with the proposed additional wave of data collection. Based on a timeframe of at least three years, the proposed additional wave will provide the opportunity to better understand the circumstances of vulnerable families and their increased reliance on welfare services. The findings will provide a stronger foundation on which to advocate for the needs of homeless families.

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APPENDIX ONE

1. Sample selection:

The HFLOS was designed as an exploratory study of a sample of volunteer parents. It employed both quantitative and qualitative research methods. Over a period of two years, families participated in five waves of interviews, which occurred at six-monthly intervals. Families were contacted through homeless services, and asked to participate in the study following their *exit from homeless services* (Horn and Cooke 2001). It was anticipated that it would take a couple of months to recruit a sample of 60 families. In reality, however, it took several months to reach a sample size of 42 families. The two-year timeframe was influenced by the overall sample size, funding considerations and the anticipated loss of families at each follow-up stage. Refer to the First Report (Horn and Cooke 2001) for a detailed description of the selection and recruitment of families.

A randomly selected and representative sample was not required to fulfil the aims and objectives of the study. Nevertheless, certain criteria were used to select services that would yield a cross-section of families in Victoria. The criteria for selecting services were:

- Services targeting women with children escaping violence were *not included* in the study
- Services that targeted families across the spectrum of the homeless experience
- Inclusion of families accessing inner city services
- Inclusion of families from regional and rural communities
- Service interest in and commitment to the longitudinal study

As a result, the following services agreed to take part in the study:

- Hanover Southern – Housing and Support Service (formerly Hanover Housing Service)
- Hanover Family Service
- Bethany Family Support
- Healthlink/Bairnsdale Community Health Centre
- Quantum Support Services Inc (formerly Central Gippsland Accommodation and Support Services)

1.1 Data collection:

Before each interview the focus of the study was explained to participants. The confidential and voluntary nature of participation was also stressed; it was made clear to participants that their privacy was paramount, and that they should not feel compelled to answer any question that they were uncomfortable with. At each interview wave participants confirmed their intention to participate in subsequent waves of data collection. With the permission of families, all interviews were tape-recorded and later transcribed.

The baseline interviews took place between August 2000 and March 2001. Three interviewers were involved in the data collection, and interviews lasted between 45 minutes to one hour.

Data for the 6-month follow-up wave were collected between March 2001 and September 2001. These interviews also lasted between 45 minutes to one hour and were completed by three interviewers.

Face-to-face interviews for the 12-month follow-up were completed between October 2001 and March 2002. Overall, interviews took place with one adult participant in each family. Interviews generally lasted between one to two hours. Two interviewers completed the bulk of interviews.

Interviews for the 18-month follow-up took place between April 2002 and September 2002. Interviews lasted between one and a half to two hours, and were completed by two interviewers.

Two interviewers completed the final wave of interviews between November 2002 and March 2003. On average, they lasted between one to two hours.

At each interview wave, participants received a gift of \$25.00 as a token of appreciation for their time and valuable contribution to the Study. This was increased to \$30.00 for the final wave.

1.2 Research instruments:

In order to address the research questions, the interview schedule was designed to obtain data on demographic details, housing circumstances, employment and income, use of welfare services, support networks, child development and wellbeing, parent wellbeing, and family relationships. It should be noted that the 12-, 18- and 24-month interview schedules (Appendices Four, Five and Six respectively) were a relatively more comprehensive instrument than the baseline and the 6-month interview schedules (Appendices Two and Three respectively). Hence the marked difference in the average length of interview time between the earlier and latter waves of data collection. In the main, the interview schedules were semi-structured and combined both open and closed question formats.

For the majority of questions in the 6-month schedule, the wording remained unchanged in order to maintain consistency and comparability between the data collection periods. The main changes involved the inclusion of several questions to the sections on housing, employment, support networks, child development and family wellbeing.

The Coopersmith Self-Esteem Inventory (SEI) was a self-complete instrument with 25 short statements reflecting a range of feelings (Appendix Seven). The Coopersmith was included in three waves of data collection: baseline, 12- and 24-month data collection; participants were asked to complete the instrument at the end of a face-to-face interview.

2. Research Ethics:

When conducting research Hanover Welfare Services is committed to implementing ethical principles. These, along with policies and procedures, are detailed in the Research Ethics Policy document (unpublished), which guides all Hanover research. Further, as with any Hanover research that involves primary data collection, a steering committee was convened to oversee, in large part, the ethics and procedures related to the HFOS.

Significantly, three of the main ethical issues relate to *confidentiality, informed consent and duty of care*; these are discussed in Horn and Cooke (2001). Given its longitudinal focus, these principles remain central to the HFOS, but it is particularly worth emphasising the *duty of care* principle.

The ongoing relationship, between family and interviewer, meant that the study team would contact families who would be facing difficulties or even crises at various times throughout the study. Indeed, in some cases, circumstances had changed dramatically from one interview wave to the next. Some families experienced improved lives, while others faced increased hardship.

While some families were 'lost' from the study because of increased hardship, others in similar circumstances remained connected. It was paramount that participation in the study did not exacerbate hardships. The study needed to be flexible and sensitive to families' needs. In one case, for example, an interview was not arranged because the difficulties a family experienced. This family was able to participate in the next wave of interviews when things were less chaotic.

Duty of care also meant that it was important for the relationship with families to be reciprocal. Thus, there was regular feedback to families on the study's progress. Regular debriefings with interviewers ensured that any difficulties that they faced could also be appropriately addressed.

3. Procedures to preserve sample numbers:

To maximise the retention of families over the two-year period, the HFLOS adopted several strategies (Horn and Cooke 2001), which included:

- The recruitment of experienced interviewers committed to the duration of the study
- Assigning interviewers to the same participant for follow-ups
- The collection of three contact details of key family contacts who could provide a link to trace families
- Keeping families informed about and engaged in the study by sending newsletters and Christmas cards
- Provision of an 1800 number for families to call.

In spite of these efforts some attrition was perhaps inevitable, especially since participating families had experienced chaos and trauma in their lives.

4. Demographic details of non-response families:

Table A1 details the demographic details for 12 families who were a 'non-response' during the *final wave* of data collection. Most were from two-parent families, including stepfamilies, although a number were from sole parent families. A high number were mothers, mostly aged between 30 to 35 years. Australia was the main country of birth; one person was from New Zealand, one from the Philippines, and one from Fiji. Only two people were Aboriginal/Torres Strait Islanders. Over half the families had completed Year 11 or below, while a handful had some level of tertiary education (including TAFE). Over half the families came from metropolitan Melbourne, while those remaining were from rural Victoria.

Table A1: Demographic profile of non-response families, by interview wave

DEMOGRAPHIC PROFILE	6-Mths n=4	12-Mths n=3	18-Mths n=2	24-Mths n=3	Total n=12
<i>Family composition:</i>					
Sole parent family	2	0	0	2	4
Biological parent family	1	2	0	1	4
Step parent family	1	1	2	0	4
<i>Sex of participant:</i>					
Female	3	3	2	1	9
Male	1	0	0	2	3
<i>Age of participant:</i>					
19 to 29 years	0	0	0	1	1
30 to 35 years	4	3	2	0	9
36 to 50 years	0	0	0	2	2
<i>Country of birth</i>					
Australia	4	2	2	0	8
England/Wales/Scotland	0	0	0	1	1
Other	0	1	0	2	3
<i>Aboriginal/Torres Strait Islander:</i>					
Yes	0	0	0	0	0
No	4	3	2	3	12
<i>Educational attainment:</i>					
Some tertiary	1	0	0	1	2
Some TAFE	1	2	0	0	3
Year 11	0	1	0	2	3
Year 10	1	0	0	0	1
Year 9 or below	1	0	2	0	3
<i>Location:</i>					
Metropolitan	2	0	2	3	7
Regional	0	0	0	0	0
Rural	2	3	0	0	5
<i>Source: Hanover Family Longitudinal Outcomes Study, 2004</i>					

HOUSING HISTORY

STUDY CODES: Parent _____ Child _____
(5 digits) (4 digits)

CURRENT ADDRESS: _____

INFORMANTS:

3. Name: _____
 Address: _____
 Phone No. _____
 Relationship: _____

INTERVIEWER OBSERVATIONS (to be filled in on completion of interview):

Figure 1: A schematic diagram of a 1D chain of N particles. The chain is represented by a horizontal line with N particles, each shown as a small circle with a dot in the center. The particles are labeled $1, 2, 3, \dots, N$ from left to right. The distance between adjacent particles is labeled a . The total length of the chain is labeled L . The chain is connected to a wall on the left by a spring with spring constant k . The wall is represented by a vertical line on the left. The displacement of the chain from the wall is labeled x .

PAST

1000

Private rental housing	□1
Owner occupied	□2
Public housing	□3
SAAP - Crisis	□4
SAAP/THM - Transitional housing	□5
Hostel	□6
Motel/hotel	□7
Rooming house	□8
Non SAAP emergency housing	□9
Caravan	□10
Car/cam/park/street/squat	□11
Family/friends houses	□12

3. What was the longest time you stayed in one house before seeing (referring agency)?

4. I'm going to read a list of reasons as to why you moved house in the past. Tell me whether these reasons apply to you?

- 1 Eviction
- 2 Relationship/family breakdown
- 3 Physical/emotional abuse
- 4 Domestic violence
- 5 Sexual abuse
- 6 Financial difficulty
- 7 Substance abuse
- 8 Gambling
- 9 Emergency accommodation ended
- 10 Employment

5. What sort of effects has moving house had on your life?

6. What do you feel has got in your way when trying to find stable accommodation?

7. When you saw (referring agency) can you remember the 3 things that were most important to you and your family at that time?

a. _____

b. _____

c. _____

PRESENT

8. To you, what is stable housing?
(What factors do you think are involved in stable housing?)

9. Were you provided with accommodation by the agency that referred you to us?

- Yes ☐ 1
- No ☐ 2

10. If yes, are you still in that housing?

- Yes ☐ 1
- No ☐ 2

11. If yes, how much longer will you be in that housing?

12. I'm going to read you a list of types of housing. As I read each one, tell me whether it describes the place where you are living at the moment. (If not SAAP/THM accommodation)?

- ☐ 1 Private rental
- ☐ 2 Owner occupied
- ☐ 3 Public housing
- ☐ 4 Hostel
- ☐ 5 Motel/hotel
- ☐ 6 Rooming house
- ☐ 7 Non SAAP emergency housing
- ☐ 8 Caravan
- ☐ 9 Car/ten/park/street/squat
- ☐ 10 Family/friends houses
- ☐ 11 Other

13. How long have you been in your current accommodation/housing?

14. How did you get into your current accommodation/housing?

15. Would you describe your current accommodation as stable?
(As defined by them previously)

- Yes ☐ 1
- No ☐ 2

16. Why?

17. At the moment, how long do you expect to stay in your current housing?

18. Can you list for me the 3 most important things for you and your family at the moment?
(3 things you and your family have to deal with at present?)

a. _____
b. _____
c. _____

FUTURE

19. Describe the things that might cause you to move house in the future?

20. Where do you see yourself and your family in 6 months time with respect to your accommodation situation?

21. What are the factors affecting where you choose to live with respect to suburb/location?
(Employment/schools/near family/only thing available)

USE OF WELFARE SERVICES

*Now we're going to talk about some of the services that you may have used in the past, as well as the service that referred you to us. If any questions don't make sense to you, just let me know, and I'll explain more clearly.
Let's start off by talking about the service that referred you to us.*

MOST RECENT ASSISTANCE

22. How long were you a client of or assisted by (referring agency-Bethany, HHS, HFS, CGASS, JF/Rainis)?

23. Can you describe some of the things that caused you to go to (agency)?

24. What services were provided to you by (agency)?

SAAP accommodation	<input type="checkbox"/> 1
Assistance to obtain short term accommodation	<input type="checkbox"/> 2
Assistance to obtain independent housing	<input type="checkbox"/> 3
Assistance to obtain benefit/pension/other govt allowance	<input type="checkbox"/> 4
Employment and training assistance	<input type="checkbox"/> 5
Financial assistance/material aid	<input type="checkbox"/> 6
Financial counselling	<input type="checkbox"/> 7
Incest/sexual assault counselling	<input type="checkbox"/> 8
Domestic violence counselling and support	<input type="checkbox"/> 9
Family/relationship counselling and support	<input type="checkbox"/> 10
Emotional support/Other counselling	<input type="checkbox"/> 11
Psychological services	<input type="checkbox"/> 12
Psychiatric services	<input type="checkbox"/> 13
Living skills/personal development	<input type="checkbox"/> 14
Pregnancy support	<input type="checkbox"/> 15
Family planning support	<input type="checkbox"/> 16
Drug/alcohol support or rehabilitation	<input type="checkbox"/> 17
Physical disability services	<input type="checkbox"/> 18
Intellectual disability services	<input type="checkbox"/> 19
Assistance with legal issues/court support	<input type="checkbox"/> 20
Health/medical services	<input type="checkbox"/> 21
Retrieval/storage/removal of personal belongings	<input type="checkbox"/> 22
Advocacy/Asson on behalf of client	<input type="checkbox"/> 23
Other	<input type="checkbox"/> 24

25. Was (agency) helpful in meeting your needs at that time?

Yes ☐ 1 No ☐ 2

26. What did they do that was helpful to you and your family?

PAST ASSISTANCE

27. Before seeing (agency) were there any other agencies you had approached?

Yes ☐ 1 No ☐ 2

28.

Agency Name	Approached how long ago? (Weeks/months/years)	Type of assistance received	Rated as how helpful? (use scale below)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1—No help at all
 2—A slight help
 3—Fairly helpful
 4—Quite helpful
 5—Very helpful

PRESENT ASSISTANCE

29. At the moment, are you seeking or getting assistance from any welfare services or community services excluding the agency which referred you to us?

Yes ☐ 1 No ☐ 2

30. What are these services?

31. Are they specific to an individual in the family, or are they helping out the family as a whole?

SUPPORT NETWORKS

The next set of questions that I am going to ask you refer to your support networks. Support networks are those groups of people who you feel are there for you. Your support networks might include your partner, other family members, friends, or the support workers at agencies you've approached. If there are any questions that you don't understand, just let me know and I'll explain them more clearly.

32. I'm going to ask you to rate your family, friends, spouse, and/or others on a scale of 1-5 where:

- 1—no support
- 2—minimal or infrequent support
- 3—moderate support
- 4—regular support
- 5—extensive support

O.K. family first.....

a. Family

1 2 3 4 5
no support min/inf moderate regular extensive

b. Friends

1 2 3 4 5
no support min/inf moderate regular extensive

c. Others (specify)

1 2 3 4 5
no support min/inf moderate regular extensive

d. Spouse

1 2 3 4 5
no support min/inf moderate regular extensive

33. I'm going to read you a list of different things. Can you tell me which of them applies to your family, then friends, then the (others) you mentioned earlier. You can choose more than one response from the list for each group.

	a. Family	b. Friends	c. Other	d. Spouse
Friendship	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Emotional support	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Good advice	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Companionship	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Financial	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Housing	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Recreational	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Child minding	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Employment	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

34. If receiving no support, how do you feel you are coping on your own on a scale of 1-5?

(Or if they are receiving support, can they imagine how they would cope on their own on the following scale)

- 1—very poorly
- 2—quite poorly
- 3—average
- 4—quite well
- 5—very well

1 2 3 4 5
v. poorly quite poorly average quite well v. well

35. Did your friends have any influence over where you currently live? (if yes, why?)

36. Did family have any influence over where you currently live?
(If yes why?)

37. Did your spouse/partner have any influence over where you live?
(If yes why?)

38. Did anyone else influence where you currently live?
(If yes, who? And why?)

39. What effects, if any, has moving house had on your ability to get the support you need

a. from friends

b. from family

c. from others

d. from partner

40. When you have moved house in the past, did you find the need to form new support groups (if necessary)?
(Tapping into sense of isolation, and whether they feel they are able to help themselves out of this isolation)

41. Did you find it easy to form new support groups? Explain?

EMPLOYMENT AND HOUSING

Now I'm going to ask you some questions about any employment you may have, and its relationship to where you live. Let me make it clear, that these answers are strictly confidential and anonymous. None of the answers you give will be passed on to other government agencies. If there are any questions that you don't understand, just let me know and I'll explain them to you more clearly.

42. Are you or your partner currently employed?

Yes ☐ 1 No ☐ 2

43. If not, how long have you been unemployed?

Self:

Partner:

44. If unemployed, are you or your partner currently looking for a job?

Self: Yes ☐ 1 No ☐ 2
Partner: Yes ☐ 1 No ☐ 2

45. If employed, did you have to move house in order to get/maintain this job?

Yes ☐ 1 No ☐ 2

Explain

46. In the past 2 years, have you ever moved house in order to gain employment or maintain employment?

Yes ☐ 1 No ☐ 2

47. If yes, how many times?

48. In the future, would you consider moving house in order to gain or maintain employment?

No, definitely not ☐ 1
Possibly but unlikely ☐ 2
Unsure ☐ 3
Probably ☐ 4
Yes, definitely ☐ 5

CHILD DEVELOPMENT

In this next section we need you to concentrate on (child's name). (Child) is the child who we will focus on throughout this section of the interview as well as in the future when we come back to interview you again. We will ask you about their schooling, their behaviour, and their physical development. If there are any questions that you don't understand, just let me know, and I'll explain them more clearly.

49. Child's name:

50. Age:

51. Grade at school/Years spent at kindergarten or pre-school:

52. What type of school does (child) attend?

- ☐ 1 Government
☐ 2 Catholic
☐ 3 Other church
☐ 4 Independent
☐ 5 Special school
☐ 6 Preschool/Kindergarten
☐ 7 Other

53. How many days of school has (child) missed in the past 6 months as far as you know?

54. How many of these missed days have been the result of illness?

55. What were the other reasons, if any, for (child) missing school?

56. What were (child's) grades/comments like on their last report card?

Very poor ☐ 1
Poor ☐ 2
Average ☐ 3
Good ☐ 4
Excellent ☐ 5

57. How many changes of school has your child had within the last 2 years?
(Not the result of progression from pre to primary or primary to secondary)

58. How well do you feel your child is doing at school compared to others in the same grade on a scale of 1-5? (Academic performance)

1- Very well
2- Well
3- OK
4- Below average
5- Very far behind

1 2 3 4 5
v. far behind below average average well v. well

59. How well would you say (child) gets on with other children (other than their siblings)? Why?

60. Do you think that your child makes friends easily?

Yes ☐ 1 No ☐ 2

61. Why?

62. How well does (child) get along with his/her brothers and sisters?

Very poorly ☐ 1
Poorly ☐ 2
Average ☐ 3
Well ☐ 4
Very well ☐ 5

63. Why?

64. Is your child currently receiving any special assistance at school? For example, integration support, visiting teacher service, counselling etc.

a. Yes ☐ 1 No ☐ 2
Explain

65. How well does (child) get along with the adults in the family?

Very poorly ☐ 1
Poorly ☐ 2
Average ☐ 3
Well ☐ 4
Very well ☐ 5

66. Why?

67. Do you think your child is:

Much more difficult than average ☐ 1
More difficult than average ☐ 2
Average ☐ 3
Easier than average ☐ 4
Much easier than average ☐ 5

68. Is there anything about the way your child behaves that causes you problems? Explain?

69. Have you noticed any affects that moving house may have had on your child?

School performance

Social behaviour

70. Can you estimate (child's) height?

71. How would you describe your child's weight compared to others of the same age?

- | | |
|------------------|---|
| Very overweight | 1 |
| Overweight | 2 |
| Average | 3 |
| Underweight | 4 |
| Very underweight | 5 |

772. How would you describe your child's health in the last 2 years?

- | | |
|----|-----------|
| 11 | Very poor |
| 12 | Poor |
| 13 | Average |
| 14 | Very good |
| 15 | Excellent |

73. Why do you think this is?

74 Since you were involved with (referring agency), have there been any changes you have noticed (either good or bad) in (child). These can refer to his/her behaviour, his/her school work, his/her health.

74. Since you were involved with (referring agency), have there been any changes you have noticed (either good or bad) in (child). These can refer to his/her behaviour, his/her school work, his/her health.

[illegible]

DEMOGRAPHIC DATA

This section is much more general. We need you to be as accurate as possible. If there are any questions that you don't understand, let me know and I'll explain it more clearly.

75. Family composition

[illegible]

76. Sole parent family: 11

Two parent family: -2

77. Mothers country of birth:

78. Fathers country of birth;

79. Primary language spoken at home:

80 Aboriginal Torres Strait Islander	Yes	No
U1		
U2		

8). Present educational achievement (all family members to be included)

[illegible]

82. Courses/programs enrolled in as requirement of Mutual Obligation (if any)?

NAME	COURSE
Eg. Mary Smith	Literacy improvement course

83. What are the sources of family income? What is the income per week/month/yr?

Income type	Father	Mother	Children	\$ after tax
Eg. PT work				\$335/week
FFI work				
PT work				
Casual work				
Investments				
Sole Parent Pension				
Newstart				
Jobsearch				
Sickness Benefit				
Disability Pension				
Work Care				
Antstudy				
Other				
Rent assistance				
Family payment				
Parenting allowance				

84. (calculate later) TOTAL/WEEK: \$

85. Cost of housing per week?

APPENDIX THREE

HANOVER FAMILY OUTCOMES STUDY

INTERVIEWER: _____

STUDY CODES: Parent _____ Child _____

REFERRING AGENCY: _____

CURRENT ADDRESS:

INTERVIEW DATE: _____

TIME: _____

ROUND: 6 month follow-up

INFORMANTS:

1. Name: _____
Address: _____
Phone No: _____
Relationship: _____

2. Name: _____
Address: _____
Phone No: _____
Relationship: _____

3. Name: _____
Address: _____
Phone No: _____
Relationship: _____

INTERVIEWER OBSERVATIONS

HOUSING HISTORY

This interview is similar to the other we did last year. Firstly I am going to ask you about your housing situation. We are mainly looking at anything that might have changed since last time we spoke.

If there are any questions you don't understand, just let me know and I'll explain what I mean more clearly. Also don't forget that you don't have to answer any particular question that you feel you don't want to answer.

1. Six months ago, you were provided with housing support by (referring agency). Looking back was that housing assistance helpful at the time?

2. How do you feel that assistance has helped you with respect to your situation at the moment?

3. Have you moved house in the past 6 months – however temporary that change?

4. If yes, can you explain the reason for the(se) move(s), and detail where you moved to?

5. If you have moved in the past 6 months, what sort of effects has moving house had on your life?

6. Have you received any housing support since last we spoke? This support includes help with paying rent or bond, as well as assistance with finding more permanent or secure housing.

7. If yes, from whom did you receive this support? You might have received support from either agency support workers, family, or friends.

8. Last time we talked I read you a list of reasons as to why you had moved house in the past. The list included:

- | | |
|-------------------------------|--------------------------|
| Eviction | <input type="checkbox"/> |
| Relationship/family breakdown | <input type="checkbox"/> |
| Physical/emotional abuse | <input type="checkbox"/> |
| Domestic violence | <input type="checkbox"/> |
| Sexual abuse | <input type="checkbox"/> |
| Financial difficulty | <input type="checkbox"/> |
| Substance abuse | <input type="checkbox"/> |
| Gambling problems | <input type="checkbox"/> |
| Emergency accommodation ended | <input type="checkbox"/> |
| Employment difficulties. | <input type="checkbox"/> |

Even though you may not have moved house within the last 6 months, are any of these issues a worry for you at the moment? (tick above)

9. At present, your housing is.....

- | | |
|----------------------------|--------------------------|
| Private rental housing | <input type="checkbox"/> |
| Owner occupied | <input type="checkbox"/> |
| Public housing | <input type="checkbox"/> |
| SAAP – Crisis | <input type="checkbox"/> |
| SAAP – Transitional | <input type="checkbox"/> |
| Hostel | <input type="checkbox"/> |
| Motel/Hotel | <input type="checkbox"/> |
| Rooming house | <input type="checkbox"/> |
| Non SAAP emergency housing | <input type="checkbox"/> |
| Caravan | <input type="checkbox"/> |
| Car/tent/park/street/squat | <input type="checkbox"/> |
| Relatives' house | <input type="checkbox"/> |
| Friend's house | <input type="checkbox"/> |

10. At present, would you describe your accommodation as stable?

11. Why?

12. When we spoke last, I asked you to explain your idea of stable housing. Can you tell me what your idea of stable housing is at the moment?

13. If you feel your idea of stable accommodation has changed since last we spoke, can you tell me why?

14. At the moment, how long do you expect to stay in your current housing?

15. Do you think this will have changed in 6 months time?

16. Why?

17. Can you describe the things that might cause you to move house in the future?

18. Is suburb and/or location a factor affecting where you choose to live?

19. Explain?

(Employment/schools/near family/only thing available/near hospitals)

<i>USE OF WELFARE SERVICES</i>

During the last interview we spoke about the services you have used in the past as well as at the time of interview. These services may have been related to housing, health, mental health, or some other kind of support. Today we are going to talk about any services you may have used in the past 6 months. If any questions don't make sense to you, just let me know, and I'll explain more clearly.

Firstly, let's focus on any housing assistance you may have received.

20. In the past 6 months, have you received any more housing assistance from (referring agency)?

21. If yes, can you describe the services provided to you? If no, is that because you haven't needed any more assistance, or because you approached a different agency?

22. If you approached a different agency, which one was it and what were the services they provided to you ?

23. If you approached a different agency, were they helpful to you at the time?

24. What in particular did they do that was helpful to you and your family?

Now let's focus on any assistance you may have received which wasn't housing related.

25. Over the past 6 months, have you received assistance from any welfare services or community services?

26. What were these services?

27. Were they specific to an individual in the family, or did they help out the family as a whole?

28. At the moment are you receiving assistance from any welfare services? Or have you approached an agency in order to get support of any kind?

29. If yes what are these services?

30. In general, do you feel that welfare services are easy to access if you need them? Explain?

<i>SUPPORT NETWORKS</i>

Just like last time, I'm going to ask you to refer to your support networks. Support networks refer to those groups of people who you feel are there for you. They might include family members, your partner, your children, friends, or support workers at any agencies you might have approached. If there are any questions that you don't understand, just let me know and I'll explain them more clearly.

31. Can you rate your family of origin (that is, your parents, brothers and sisters) on a scale of 1-5 where:

1=no support

2=minimal or infrequent support

3=moderate support

4=regular support

5=extensive support

1	2	3	4	5
no support	min/infre	moderate	regular	extensive

32. Can you rate your partner/spouse on a scale of 1-5?

1	2	3	4	5
no support	min/infre	moderate	regular	extensive

33. Can you rate your friends on a scale of 1-5?

1	2	3	4	5
no support	min/infre	moderate	regular	extensive

34. Is there any one else you would like to mention (specify)_____

1	2	3	4	5
no support	min/infre	moderate	regular	extensive

35.I'm going to read you a list of different things. Can you tell me which of them applies to your family, then friends, then the others you mentioned earlier, and finally your partner. You can choose more than one response from the list for each group.

	<i>a. Family</i>	<i>b. Friends</i>	<i>c. Other</i>	<i>d.Spouse</i>
Friendship	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Emotional support	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Good advice	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Companionship	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Financial	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Housing	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Recreational	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Child minding	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Employment	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

36. If receiving no support, how do you feel you are coping on your own on a scale of 1-5?
(Or if they are receiving support, can they imagine how they would cope on their own on the following scale?)

1=very poorly
2=quite poorly
3=average
4=quite well
5=very well

1	2	3	4	5
v.poorly	quite poorly	average	quite well	v.well

37. Do you feel that your support networks have changed in any way since we spoke 6 months ago?

38. How important would you say your friends/family/others are in relation to you obtaining a stable housing situation?

39. Thinking back to when you moved in to your current accommodation, can you think of whether your friends/family/partner/or others had any influence over where you now live?

40. If you have moved within the last 6 months, has moving had any effects on your ability to get the support you need from friends/family/partner/others? Explain?

EMPLOYMENT AND HOUSING

41. Are you currently employed?

42. Is your partner currently employed? (if applicable)

43. If not employed, how long have you been unemployed?

44. If not employed, how long has your partner been unemployed?

45. If unemployed are either you or your partner currently looking for a job?

46. *Interviewer: If respondent has moved within the past 6 months, and if they are employed...*

Did you move house in order to gain or maintain your present employment?

47. In the future, would you consider moving house in order to gain or maintain employment?

48. Can you rate the importance to you, of having a job on a scale of 1-5 where:

1=very important

2=quite important

3=moderately important

4=not very important

5=of no importance whatsoever

1

|

v.import

2

|

quite import

3

|

moderate

4

|

not very import

5

|

o import

49. Explain?

<i>CHILD DEVELOPMENT</i>

50. Child's name: -----

51. Age: -----

52. Grade at school/Years spent at kinder or pre-school: -----

53. Can you estimate (child's) height? ----- cm/m

54. How would you describe your child's weight compared to others of the same age?

- | | |
|------------------|--------------------------|
| Very overweight | <input type="checkbox"/> |
| Overweight | <input type="checkbox"/> |
| Average | <input type="checkbox"/> |
| Underweight | <input type="checkbox"/> |
| Very underweight | <input type="checkbox"/> |

55. How would you describe your child's health in the last 6 months?

56. Since we spoke last, have there been any changes you have noticed (either good or bad) in (child). These can refer to behaviour, school work, health, living situation.

57. How many days of school has (child) missed in the past 6 months as far as you know? (if applicable)

58. How many of these days have been the result of illness?

59. What were the other reasons, if any, for missing school?

60. What were (child's) grades/comments like on their last report card/parent-teacher interview?

61. How many changes of school has your child had in the past 6 months?
(Not the result of progression from pre to primary or primary to secondary)

62. How well do you feel your child is doing at school compared to others in the same grade on a scale of 1-5? (Academic performance)

1=very poorly
2=below average
3=average
4=quite well
5=very well

1	2	3	4	5
v.poorly	below average	average	quite well	v.well

63. How well would you say (child) gets on with other children (not their siblings)? Why?

64. How well does (child) get along with his/her brothers and sisters? (if applicable)

65. Is your child currently receiving any special assistance at school? For example integration support, visiting teacher service, counselling, remedial reading etc. Explain?

66. How well does (child) get along with the adults in the family?

This section is much more general. We need you to be as accurate as possible. If there are any questions that you don't understand, let me know and I'll explain it more clearly.

67. Family composition (respondents spouse and children)

NAME	RELATIONSHIP	DATE OF BIRTH	Biological Parent	
	Mother		Y	N
	Father		Y	N

68. Sole parent family: ☐1

Two parent family: ☐2

69. Mothers country of birth: -----

70. Fathers country of birth: -----

71. Primary language spoken at home: -----

72. Aboriginal/Torres Strait Islander: Yes ☐1 No ☐2

73. Present educational achievement (all family members to be included)

NAME	COURSE	COMPLETED		YEAR
Eg. Mary Smith	Year 11	Y	N	1987
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	
		Y	N	

74. Courses/programs enrolled in as requirement of Mutual Obligation (if any)?

NAME	COURSE
Eg. Mary Smith	Literacy improvement course

75. Any other Mutual Obligation commitments?

76. What are the sources of family income? What is the income per week/mth/yr?

Income type	Father	Mother	Children	\$ after tax
Eg. P/T work				\$335/week
F/T work				
P/T work				
Casual work				
Investments				
Sole Parent Pension				
Newstart				
Jobsearch				
Sickness Benefit				
Disability Pension				
Work Care				
Austudy				
Other				
Rent assistance				
Family payment				
Parenting allowance				

77. (calculate later)TOTAL/WEEK: \$-----

78. Cost of housing per week?

APPENDIX FOUR

CONFIDENTIAL

HANOVER FAMILY OUTCOMES STUDY

INTERVIEW SCHEDULE

12-MONTH FOLLOW-UP

September 2001

HANOVER WELFARE SERVICES

INTERVIEW WAVE: 12 MONTH FOLLOW-UP

INTERVIEWER: -----

DATE OF INTERVIEW: DAY |_|_|_|
 MTH |_|_|_|
 YR |_|_|_|

LENGTH OF INTERVIEW: -----

CIRCLE REFERRING AGENCY:

- | | |
|---------------------------|---|
| Hanover Housing Services | 1 |
| Hanover Family Services | 2 |
| Bethany | 3 |
| Lakes Entrance/Bairnsdale | 4 |
| CGASS | 5 |

FIRST NAME OF RESPONDENT: -----

RESPONDENT IS: Female 1
 Male 2

FOCUS CHILD CODE: |_|_|_|_|_|_|_|_|

FIRST NAME OF FOCUS CHILD: -----

FOCUS CHILD IS: Female 1
 Male 2

RECORD AGE OF FOCUS CHILD: -----

DEMOGRAPHIC DETAILS

As with the last interview I'll be asking questions about any changes that may have taken place since our last interview. I'll be asking questions about your family, your housing situation, use of services, your support networks, how [CHILD'S NAME is doing], as well as some questions about your own health and wellbeing.

There are no right or wrong answers, this is purely about what YOU think and feel about various issues. I want to stress that, just like the earlier interviews, everything you say is absolutely confidential. You also have the right to refuse to answer any question that you don't want to answer.

Your household may have changed since our last interview so I'd like to ask:

F12_1 How many children and adults, including yourself, **USUALLY** live in this household? [NB: USUALLY = at least 3 days per week]

F12_2a Can we list each person, and if you could tell me: **their relationship to you**, their age and sex. Lets begin with you:

FIRST NAME	RELATIONSHIP TO RESPONDENT	AGE	SEX F/M
P1:	Respondent		
P2:			
P3:			
P4:			
P5:			
P6:			
P7:			
P8:			
P9:			
P10:			

F12_2b Does that mean that NAME is your...

First child	1
Second child	2
Third child	3
Fourth child	4
Fifth child	5
Sixth child	6

F12_3 Do you, or your spouse/partner, have any children who live away from home?

	3a. Respondent	3b. Spouse/partner
Yes	1	1
No	2	2
DK		-1
NA		-8

F12_3c If YES, can you tell me a bit more about that?

(PROMPT: number of children, their age, and who they live with, & how long)

F12_4a What is your current marital status?

F12_4b And that of your spouse/partner?

	4a. Resp	4b. Spouse/partner
In first marriage	1	1
Remarried	2	2
Separated, but not divorced	3	3
Divorced	4	4
Widowed	5	5
Defacto	6	6
Never married	7	7
DK		-1
NA		-8

F12_4c And currently, would you say you are?

In a relationship with someone & living with that person	part-time with	0
In a relationship with someone, but not living with that person		1
Living with someone in a relationship, but not legally married		2
Married and living with spouse		3
Not presently in a relationship		4

HOUSING HISTORY

The next set of questions is about your housing:

F12_5 In the past 6 months, have you moved house – however temporary or short that move may have been?

Yes

1

No

2-----Go To F12_10a

F12_6 How many times have you moved? -----

F12_7 Can you tell me about the reasons for the move(s)?

F12_8 Where did you go? (PROMPT: what type of housing)

F12_9 What sort of effects has moving house had on you and your family?

F12_10a Have you received any housing support since our last interview? This support can include help with paying rent or bond, as well as assistance with finding more permanent or secure housing.

Yes

1

No

2-----Go To F12_11

F12_10b What type of support was it?

F12_10c Who provided this support? You might have received support from agency support workers, family, or friends.

(PROMPT: specify which agencies)

Go To F12_12a

F12_11 Is that because you **haven't needed** any support, or because you **didn't want** it?

TYPE OF HOUSING:

F12_12a At the moment, are you renting, in supported accommodation, or sharing with someone?

- | | |
|------------------------|--------|
| Private rental | 1 |
| Public housing | 2 |
| Owner occupied | 3 |
| SAAP – Crisis | 4 |
| SAAP – Transitional | 5 |
| Family home | 6 |
| Friend's home | 7 |
| Other (please specify) | 8_____ |

F12_12b And this place/housing can be described as a:

- | | |
|-----------------------------------|---------|
| Separate house | 1 |
| Semi-detached house or terrace | 2 |
| Self-contained flat or house unit | 3 |
| Hostel | 4 |
| Rooming house | 5 |
| Motel/hotel | 6 |
| Caravan | 7 |
| House/flat attached to business | 8 |
| Car/tent/park/street/squat | 9 |
| Other (please specify) | 10_____ |

F12_13 How much **choice** did you have about living in this house?

F12_14 What do you and your family **like** about your current housing?

F12_15 And what are some of the things that you **don't like** about your current housing?

F12_16 What effect, if any, has your current housing situation had on you and your family?

F12_17 At the moment, do you think you might move house in the next 6 months?

F12_18 What are the things that might cause you to move house in the future?

F12_19a Looking at **CARD 1**, are any of these issues a worry for you at the moment? (CIRCLE ALL THAT APPLY):

- | | |
|----------------------------------|----|
| Eviction | 1 |
| Relationship/family breakdown | 2 |
| Physical/emotional abuse | 3 |
| Domestic violence | 4 |
| Sexual abuse | 5 |
| Financial difficulty | 6 |
| Substance abuse | 7 |
| Gambling problems | 8 |
| Emergency accommodation ended | 9 |
| Employment factors | 10 |
| Health issues (physical, mental) | 11 |
| Other (please specify) | 12 |

F12_19b Can you tell me more about that?

PERCEPTION OF HOUSING STABILITY:

F12_20a You may remember that in the past we've talked about 'stable housing', what does 'stable housing' mean to you **at the moment**?

F12_20b Would you describe your **current** housing situation as ‘stable’?

- Yes 1
- No 2
- Maybe/DK 3

F12_20c Why do you say that?

SUBURB/NEIGHBOURHOOD:

Now we’re going to talk about the area you live in.

F12_21 How much **choice** did you have about living in this area?

F12_22 What made you decide to live in this particular area?
(PROMPT: Employment/ schools/ near family/ only thing available/ near hospitals)

F12_23 What do you and your family **like** about living in this area?

F12_24 And what do you **dislike** about living in this area?

USE OF WELFARE SERVICES

Now some questions about the use of professional services for help with NON-HOUSING issues

F12_25 In the last 6 months, have you received any assistance such as, for example, counselling, food vouchers, or respite care, from any welfare group, community group or any other organisation?

Yes	1----- Go To F12_27
No	2

F12_26 If **NO**, is that because you **haven't needed** any more assistance or **didn't want** any more assistance?

Go to F12_31

F12_27 If **YES**, what type of assistance did you receive and from which agency?
(PROBE: if food vouchers, respite care or counselling – clarify type of counselling, whether relationship, emotional, or financial counselling and which agency is providing the service)

F12_28 If **YES**, who was this assistance for, was it specific to an individual in the family, or did it help out the family as a whole?

F12_29 If **YES**, how long did you receive this assistance for – was it one-off or ongoing?

F12_30a And at the moment, are you receiving any **non-housing** assistance or support?

Yes	1
No	2

F12_30b If YES, what type of assistance is it and from which agency?

F12_30c If NO, is that because you **don't need** it, or because you **don't want** it?

F12_31 Has there been a time, in the last 6 months, when you needed some type of assistance or support and you weren't able to get it?

Yes	1
No	2
Can't remember	3

F12_32 Can you tell me more about that?

(PROMPT: what type of assistance did you need; which agency did you contact; what was the difficulty)

F12_33 In general, how easy or difficult has it been for you to access the assistance and services (housing and other) that you have needed?

EMPLOYMENT AND HOUSING

Now some questions about paid work

F12_34a Do you currently have a paid job of any kind? (CIRCLE BELOW)

F12_34b And your spouse/partner?

	a. Resp	b. Spouse/Partner
No	1-----	1-----
If Both No, Go To F12_40a		
Yes, full-time	2	2
Yes, part-time	3	3
NA		-8

F12_35a Is your job permanent, temporary or casual?

F12_35b Is your spouse/partner's job?

	a. Resp	b. Spouse/Partner
Permanent	1	1
Temporary	2	2
Casual	3	3
NA	-8	-8

F12_36a On average, how many hours of paid work do you do per week?

F12_36b And your spouse/partner?

	a. Resp	b. Spouse/Partner
HOURS PER WEEK:	-----	-----

F12_37a What is your occupation?

F12_37b (IF APPLICABLE ASK) And what is your spouse/partner's occupation?

F12_38a What does your work involve? (eg. cutting women's hair, recording accounts, general farm work).

F12_38b (IF APPLICABLE ASK) What does your spouse/partner's work involve? (eg. cutting women's hair, recording accounts, general farm work).

F12_39a How long have you been in this particular job? -----

F12_39b (IF APPLICABLE ASK) And how long has your spouse/partner been in this particular job? -----

IF BOTH RESPONDENT AND SPOUSE WORK, GO TO F12_45

IF RESPONDENT AND/OR SPOUSE/PARTNER NOT IN PAID WORK, ASK:

F12_40a How would you describe your present circumstances in relation to paid work?

(PROMPT: are you unable to work, are you looking for part-time or full-time work, have you given up looking for work)

F12_40b (IF APPLICABLE ASK) How would describe your spouse/partner's present circumstances in relation to paid work?
(PROMPT: are you unable to work, are you looking for part-time or full-time work, have you given up looking for work)

F12_41a What are the things that have made it difficult for you in relation to paid work?

F12_41b (IF APPLICABLE ASK) What are the things that have made it difficult for your spouse/partner to get paid work?

F12_42a How long have you been out of paid work? -----

F12_42b (IF APPLICABLE ASK) How long has your spouse/partner been out of paid work?

F12_43 What effect, if any, has the lack of paid work had on **you and your family**?

F12_44 What effect, if any, has this had on your **housing situation**?

ASK ALL RESPONDENTS:

F12_45 In the future, would you consider moving house in order to gain or maintain employment?

CURRENT STUDY/TRAINING DETAILS:

Now just a few questions about any study or training that you may be doing.

F12_46 Are you currently doing any type of study or training?

Yes

1

No

2-----Go to preF12_51

F12_47 What type of study or training is it?

(PROMPT: is it a University course, TAFE course, part of Mutual Obligation such as literacy improvement)

F12_48 Are you doing this on a full-time or part-time basis?

Full-time

1

Part-time

2

F12_49 How long do you have to complete this study?

-----wks/mths/ys

F12_50 And what qualification will you have when you complete the course?

(eg. Trade Certificate; Bachelor of Arts)

preF12_51: SOLE PARENTS GO TO F12_56

CURRENT STUDY DETAILS FOR SPOUSE/PARTNER:

F12_51 Is your spouse/partner currently doing any type of study or training?

Yes

1

No

2

Go To F12_56

F12_52 What type of study or training is s/he doing?

(PROMPT: is it a University course, TAFE course, part of Mutual Obligation such as literacy improvement)

F12_53 Is s/he doing this on a full-time or part-time basis?

Full-time

1

Part-time

2

F12_54 How long does partner have to complete this study?

----- wks/mths/yrs

F12_55 And what qualification will s/he have when the course/training is completed?

(eg. Trade Certificate; Bachelor of Arts)

SOURCES OF INCOME AND COST OF HOUSING:

So that we're able to do analysis on how families are coping financially, particularly in terms of the cost of housing, I'd like to ask you about your sources of income. This is absolutely confidential and won't affect, in any way, your current benefits. Is that okay with you?

F12_56 From the list that I read out please tell me if it is a source of family income, and if you could tell me what the amount is **after tax**, and if that is per week or per fortnight. Do you receive any income from:

SOURCES OF FAMILY INCOME	TICK SOURCE	\$ AMOUNT AFTER TAX
Full-time work		
Part-time work (incl. casual work)		
Parenting Allowance (Sole Parent Pension)		
Family Tax Payment		
Rent Assistance		
Child Care Benefit		
Carer Allowance		
Disability Support Pension		
Sickness Allowance		
Newstart Allowance		
Youth Allowance		
Austudy Payment		
ABSTUDY		
Other (Specify -----)		
	TOTAL WEEKLY INCOME AFTER TAX:	\$-----

F12_57 How much rent/mortgage do you pay **per week**?

\$-----

SUPPORT NETWORKS

Now I'd like to ask you about your support networks, which generally include those people who you feel, are there for you. They may be your partner, family members, your children, friends, or support workers at any agencies you might have approached.

F12_58 (IF APPLICABLE ASK:) In general, how much support have you received from your spouse/partner in the last 6 months?

(PROBE FOR type of support received – emotional, financial, advice or child minding)

F12_59a What about your parents, how much support have you received from them in the last 6 months?
(PROBE FOR type of support received – emotional, financial, advice or child minding, housing, employment)

F12_59b How far away do your parents live?

F12_59c In the last 6 months, have you had much contact with them, either in person or by phone?

F12_59d And how would you describe your relationship with your parents?

F12_60a And how many sisters and brothers do you have? _____

F12_60b (IF APPLICABLE ASK:) In general, how much support have you received from your sisters and brothers in the last 6 months?

(PROBE FOR type of support received – emotional, financial, advice or child minding, housing, employment)

F12_60c And where do they live?

F12_60d In the last 6 months, how much contact have you had with your sisters or brothers, either in person or by phone?

F12_60e And generally, how would you describe your relationship with your sisters and brothers?

F12_61a And how many friends do you have? -----

F12_61b In general, how much support have you received from your friends in the last 6 months?
(PROBE FOR type of support received – emotional, financial, advice or child minding, housing, employment)

F12_61c Where do they live?

F12_61d In the last 6 months, how much contact have you had with your friends, either in person or by phone?

F12_62 Is there anyone else who you want to mention?
(PROBE FOR type of support received – emotional, financial, advice or child minding, housing, employment)

F12_63 Do you feel that your support networks have changed in any way since our last interview?
(PROMPT: perhaps have made new friends, had a falling out with anyone)

CHILD DEVELOPMENT

(NB: Always refer to first name of Focus Child)

Now I'd like to ask you some questions about CHILD'S NAME

F12_64 Thinking about NAME's nature or temperament, do you think NAME is:

- | | |
|----------------------------------|---|
| Much more difficult than average | 1 |
| More difficult than average | 2 |
| Average | 3 |
| Easier than average | 4 |
| Much easier than average | 5 |

F12_65 What sort of child is NAME, how would you describe her/him?

F12_66 How well would you say NAME gets on with other children (not sisters/brothers)?

F12_67a Does NAME have a disability, either physical, emotional or mental, which limits or interferes with her/his (activity/ kinder activities/ school work/ studies) in any way?

- | | |
|-----|--------------------|
| Yes | 1 |
| No | 2-----Go To F12_68 |

F12_67b Can you tell me a bit more about that?

(PROMPT: have you received medical assistance, when was this diagnosed)

F12_68 Is she/he on any medication at the moment?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

F12_69 How would you describe NAME's health in the last 6 months?

F12_70 In the last 6 months, have there been any changes (either positive or negative) in NAMES's:

a. **Health:**

b. **General behaviour:**

c. **Living situation:**

F12_71 I asked you earlier about any effects that your current housing situation may have had on you and your family, has it had any effect on NAME in particular?

THIS SECTION FOR FOCUS CHILD AGED 0 TO 3 YEARS; OTHERS GO TO F12_81:

F12_72 What was NAME's birth weight?

(NB: SPECIFY IF KILOGRAMS OR POUNDS) -----

F12_73 Was NAME a premature baby? (<37/40)

Yes	1
No	2

F12_74 Were there any difficulties with NAME's birth?

F12_75a Did you (or your spouse/partner) have any post-natal health problems after NAME was born?

Yes	1
No	2-----Go To F12_76a

F12_75b Can you tell me more about that?

F12_76a **CHILD CARE:**
Apart from you (and your spouse/partner), has anyone else looked after NAME in the last 6 months?

Yes	1
No	2----- Go To F12_93

F12_76b Who has that been?

F12_77 Why did you choose this care for NAME?

--

F12_78 How many hours does/did NAME spend in care per week?

F12_79 What are/were the positive things about having NAME in care?

--

F12_80 And what are/were the negative things about having NAME in care?

--

Now Go To F12_93

THIS SECTION FOR FOCUS CHILD AGED 4 YEARS AND OVER:

F12_81 What Grade/Year is NAME in?

Kindergarten/Prep	0
Year 1	1
Year 2	2
Year 3	3
Year 4	4
Year 5	5

Year 6	6
Year 7	7
Year 8	8
Year 9	9
Year 10	10
Year 11	11
Year 12	12
Tertiary/TAFE	13
Not attending school	14-----→Can you tell me more about that?

F12_82 (IF AT SCHOOL, ASK) What type of school does NAME attend?

Government	1
Catholic	2
Other religious	3
Independent	4
Special school	5
Other (please specify)	6

F12_83a Has NAME changed kinder/school in the last 6 months?

Yes	1
No	2-----Go To F12_84

F12_83b Why is that?

F12_83c How has this affected NAME?

F12_84 How well do you feel NAME is doing at kinder/school/studies compared to others in the same year - would you say 'very poorly', 'below average', 'average', 'quite well', or 'very well'?

Very poorly	1
Below average	2
Average	3

Quite well	4
Very well	5

F12_85 Is NAME currently receiving any special assistance at kinder/school? (eg. integration support, visiting teacher service, counselling, remedial reading, advanced classes).
(PROMPT if necessary: How long)

F12_86 In the last 6 months, have you noticed any changes in NAMES's (can be positive or negative change) kinder work/school work?

F12_87 In the last 6 months, what challenges, if any, has NAME had to face at kinder/school?

F12_88 What does NAME like about kinder/school?

F12_89 Is there anything that NAME doesn't like about kinder/school?

F12_90 **IF CHILD IN KINDER, ASK:**
What feedback have you had from NAME's kinder teacher?

F12_91 **IF CHILD IN SCHOOL, ASK:**
In general, what were the grades/comments on NAME's last report card?

F12_92a As far as you know, how many days of kinder/school has NAME missed in the past 6 months? -----

F12_92b How many of these days have been the result of **illness**? -----

F12_92c What were the **other reasons**, if any, for missing kinder/school?

ASK ALL RESPONDENTS:

FAMILY RELATIONSHIPS:

F12_93 How would you describe **your** relationship with NAME?

(PROMPT for detailed description, did relationship change in last 6 months, what may have caused it to change)

F12_94 How would you describe your **spouse/partner's** relationship with NAME?

(PROMPT: for detailed description, did relationship change in last 6 months, what may have caused it to change)

IF ONLY CHILD, GO TO preF12_96

F12_95 And how does NAME get on with her/his sisters and/or brothers?

(PROMPT for detailed description, did relationship change in last 6 months, what may have caused it to change)

preF12_96: IF FOCUS CHILD LIVES WITH ONLY 1 BIOLOGICAL PARENT, CONTINUE. OTHERS GO TO F12_99

F12_96 Does NAME see her/his other parent?

Yes	1
No	2-----Go To F12_99
NA (Parent deceased)	3-----Go To F12_99

F12_97 How often has that been in the last 6 months?

F12_98 How would you describe NAME's relationship with her/his other parent?
(PROMPT: for detailed description, did relationship change in last 6 months, what may have caused it to change)

<i>PARENT HEALTH AND WELLBEING</i>

Now some questions about your own health and wellbeing:

F12_99 How has your health been in the last 6 months?

F12_100 (IF APPLICABLE ASK) And how has your spouse/partner's health been in the last 6 months?

F12_101 How has this affected your family?

ASK ALL RESPONDENTS:

F12_102 What do you feel are the major pressures you are facing in your life **at the moment**?

F12_103 Thinking about how things have been going for you and your family since our last interview, in general, how do you feel you have been coping?

F12_104 What are you hoping for in the next 6 months?

END *THAT'S ALL THE QUESTIONS I HAVE TO ASK, IS THERE ANYTHING THAT YOU WOULD LIKE TO SAY OR COMMENT ON REGARDING THE THINGS THAT WE'VE BEEN TALKING ABOUT?*

FOLLOW-UP INFORMATION

We'd like to interview you again in 6 months time. As in the last interview, could you give me the name, address and telephone number of 3 people (can be relatives or friends) who would be most likely to know how to contact you in case you move.

CURRENT ADDRESS: [Skip if no change in address]

Address: -----

Phone No: -----

CONTACTS:

4. Name: -----

Address: -----

Phone No: -----

Relationship: -----

5. Name: -----

Address: -----

Phone No: -----

Relationship: -----

6. Name: -----

Address: -----

Phone No: -----

Relationship: -----

INTERVIEWER COMMENTS:

APPENDIX FIVE

I _ I _ I _ I

CONFIDENTIAL

HANOVER FAMILY OUTCOMES STUDY

INTERVIEW SCHEDULE

18-MONTH FOLLOW-UP

April 2002

HANOVER WELFARE SERVICES

INTERVIEW WAVE: 18 MONTH FOLLOW-UP

INTERVIEWER: _____

DATE OF INTERVIEW: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
Day Mth Year

LENGTH OF INTERVIEW: _____

CIRCLE REFERRING AGENCY:

Hanover Housing Services	1
Hanover Family Services	2
Bethany	3
Lakes Entrance/Bairnsdale	4
CGASS	5

FIRST NAME OF RESPONDENT: _____

RESPONDENT IS: Female 1
 Male 2

FOCUS CHILD CODE: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

FIRST NAME OF FOCUS CHILD: _____

FOCUS CHILD IS: Female 1
 Male 2

RECORD AGE OF FOCUS CHILD: _____

INTRODUCTION:

As with the last interview I'll be asking questions about your family, your housing situation, use of services, your support networks, how [CHILD] is doing, as well as some questions about your own health and wellbeing.

There are no right or wrong answers, this is purely about what YOU think and feel about various issues. Everything you say is absolutely confidential, and you have the right to refuse to answer any question that you don't want to.

DEMOGRAPHIC DETAILS

F18_1 How have things been going for you and your family over the last 6 months?

F18_2 Have there been any changes to your family/household over the last 6 months?

Yes 1
No 2---Go to F18_4

F18_3 IF YES, what are the changes? (Multiple response)

F18_4 Any change to your marital status in the last 6 months?

Yes 1
No 2---Go to F18_6

F18_5 If YES, are you:

In first marriage	1
Remarried	2
Separated, but not divorced	3
Divorced	4
Widowed	5
Defacto	6
Never married	7

F18_6 So currently, would you say you are

In a relationship with someone & living part-time with that person (ie 3 days)	1
In a relationship with someone, but not living with that person	2
Living with someone in a relationship, but not legally married	3
Married and living with spouse	4
Not presently in a relationship	5

F18_7 How many children and adults, including yourself, **USUALLY** live in this household? [NB: USUALLY = at least 3 days per week]

F18_8 Can we list each person, and if you could tell me: **their relationship to FOCUS CHILD**, their age and sex. Lets begin with you:

FIRST NAME	RELATIONSHIP TO FOCUS CHILD	AGE	SEX F/M
P1: [Respondent Name:]			
P2:			
P3:			
P4:			
P5:			
P6:			
P7:			
P8:			
P9:			
P10:			

HOUSING HISTORY

The next set of questions is about your housing:

F18_9 In the past 6 months, have you moved house – however temporary or short that move may have been?

Yes

1

No

2-----Go To F18_14

F18_10 How many times have you moved? _____

F18_11 May I ask about the reasons for the move(s)?

Move 1: _____

Move 2: _____

Move 3: _____

F18_12 Where did you go? (PROMPT: what type of housing: private rental, staying with family or friends)

Move 1: _____

Move 2: _____

Move 3: _____

F18_13 What sort of effects has **moving house** had on you and your family?

ASK ALL RESPONDENTS

TYPE OF HOUSING:

F18_14 At the moment, are you renting, in supported accommodation, or sharing with someone?

- | | |
|------------------------|---------|
| Private rental | 1 |
| Public housing | 2 |
| Owner occupied | 3 |
| SAAP – Crisis | 4 |
| SAAP – Transitional | 5 |
| Family home | 6 |
| Friend's home | 7 |
| Other (please specify) | 8 _____ |

F18_15 And this place/housing can be described as a:

- | | |
|-----------------------------------|----------|
| Separate house | 1 |
| Semi-detached house or terrace | 2 |
| Self-contained flat or house unit | 3 |
| Hostel | 4 |
| Rooming house | 5 |
| Motel/hotel | 6 |
| Caravan | 7 |
| House/flat attached to business | 8 |
| Car/tent/park/street/squat | 9 |
| Other (please specify) | 10 _____ |

F18_16 How long have you been here now? _____weeks/months

F18_17 How have things been going with your current housing situation, have there been any problems in the last 6 months?

Yes 1

No 2-----Go to F18_20

F18_18 If YES, what problems have you had?

F18_19 If YES, what effect, if any, has this had on you and your family?

Go to F18_22

F18_20 [If NO], Thinking about the last 6 months, would you say that, generally, your current housing has had a positive or negative effect on you and your family?

F18_21 Why do you say that?

ASK ALL RESPONDENTS

PERCEPTION OF HOUSING STABILITY:

F18_22 Would you describe your **current housing situation** as 'stable'?

Yes 1

No 2

Maybe/DK 3

F18_23 Why do you say that?

F18_24 At the moment, do you think you might move house in the next 6 months?

Yes	1
No	2
Maybe/DK	3

F18_25 What, if anything, might cause you to move house in the next 6 months?

SUBURB/NEIGHBOURHOOD:

Now just a couple of questions about the area you live in.

F18_26 How long have you lived in this area? ----- weeks/months

F18_27 **[IF LESS THAN 6 MONTHS ASK:]** What made you decide to live in this particular area?
(PROMPT: Employment/ schools/ near family/ only thing available/ near hospitals)

ASK ALL RESPONDENTS

F18_28 How would you rate this area as a place to bring up children, would you say:

Excellent	1
Good	2
Average	3
Poor	4
Very poor	5

F18_29 What makes you say that?

USE OF WELFARE SERVICES

Now some questions about the use of any professional services

HOUSING SUPPORT

F18_30 In the last 6 months have you received any **housing support** - this can include help with paying rent or bond, as well as assistance with finding more permanent or secure housing.

Yes	1
No	2-----Go To F18_33

F18_31 What type of support was it?

F18_32 Who provided this support – was it from agency support workers, family, or friends.
(PROMPT: specify which agencies)

Go To F18_34

F18_33 **[IF NO ASK]** Is that because you **haven't needed** any support, or because you **didn't want** it, or because you **couldn't get it**?

ASK ALL RESPONDENTS

NON-HOUSING SUPPORT

F18_34 In the last 6 months, have you received any **non-housing support** such as, for example, counselling, food vouchers, or respite care, from any welfare group, community group or any other organisation?

Yes	1
No	2-----Go to F18_3

F18_35 If YES, what type of assistance did you receive and from which agency?
(PROBE: if food vouchers, respite care or counselling – clarify type of counselling, whether relationship, emotional, or financial counselling and which agency is providing the service)

F18_36 If YES, who was this assistance for, was it specific to an individual in the family, or did it help out the family as a whole?

F18_37 If YES, how many times did you receive this assistance in the last 6 months?

F18_38 If YES, are you currently receiving this assistance?

Go to F18_41

F18_39 At the moment, are you receiving any non-housing assistance or support?

- | | |
|-----|-------------------|
| Yes | 1 |
| No | 2----Go to F18_41 |

F18_40 If YES, what type of assistance is it and from which agency?

PERCEPTION OF ACCESSIBILITY

F18_41 In the last 6 months, how easy or difficult has it been for you to access the assistance and services (housing and other) that you have needed?

- | | |
|---------------------------|---|
| Very easy | 1 |
| Easy | 2 |
| Some easy/ some difficult | 3 |
| Difficult | 4 |

Very difficult	5
NO ASSISTANCE OR SUPPORT	-8

F18_42 Has there been a time, **in the last 6 months**, when you needed some type of assistance or support (housing or non-housing) and you weren't able to get it?

Yes	1
No	2----Go to F18_46

F18_43 What type of assistance did you need?

F18_44 Which agency did you contact?

F18_45 Why could you not access it, what was the difficulty?

F18_46 Looking at **CARD 1**, are any of these issues a worry for you at the moment? (CIRCLE ALL THAT APPLY):

Eviction	1
Relationship/family breakdown	2
Physical/emotional abuse	3
Domestic violence	4
Sexual abuse	5
Financial difficulty	6
Substance abuse	7
Gambling problems	8
End of emergency accommodation	9
Employment factors	10
Health issues (physical, mental)	11
Other (please specify)	12-----

F18_47 How is this affecting you and your family?

EMPLOYMENT AND HOUSING

The next section is about paid work

F18_48 In the last 6 months has there been any change to your situation in relation to paid work

Yes	1
No	2

F18_49 IF YES, what changed?

F18_50 How would you describe your present situation in relation to paid work?

(PROMPT: are you choosing to be home to care for your child/ren; are you looking for part-time or full-time work, have you given up looking for work, or **working full-time or part-time**)

F18_51 In the last 6 months, what if anything has made it difficult for you in relation to paid work?

F18_52 (IF APPLICABLE ASK) And what about your partner, any change to their situation regarding paid work?

Yes	1
No	2
NA	-8-----Go to F18_56

F18_53 IF YES, what has changed for your partner?

F18_54 (IF APPLICABLE ASK) How would you describe their present situation in relation to paid work?

(PROMPT: are they choosing to be home to care for child/ren, are they looking for part-time or full-time work, have they given up looking for work, or **working full-time or part-time**)

F18_55 (IF APPLICABLE ASK) What are the things that have made it difficult for your partner in relation to paid work in the last 6 months?

F18_56 (IF APPLICABLE ASK) What effect, if any, has the **lack of paid work** had on **you and your family during these last 6 months?**

F18_57 (IF APPLICABLE ASK) What effect, if any, has the **lack of paid work** had on your **housing situation during these last 6 months?**

THOSE IN PAID WORK:

F18_58 Do you currently work full-time or part-time? (CIRCLE BELOW)

F18_59 And your spouse/partner?

	58. Resp	59. Spouse/Partner
Full-time	1	1
Part-time	2	2
No paid work	3-----	3----Go to F18_70
NA		-8

F18_60 In the last 6 months, on average, how many hours of paid work have you done per week?

F18_61 And your spouse/partner?

	60. Resp	61. Spouse/Partner
HOURS PER WEEK:	-----	-----

F18_62 Is your job permanent, temporary or casual?

F18_63 Is your spouse/partner's job?

62. Resp	63. Spouse/Partner
----------	--------------------

Permanent	1	1
Temporary	2	2
Casual	3	3
NA	-8	-8

F18_64 How long have you been in this particular job? _____

F18_65 (IF APPLICABLE ASK) And how long has your spouse/partner been in this particular job?

F18_66 What is your occupation?

F18_67 What does your work involve? (eg. cutting women's hair, recording accounts, general farm work).

F18_68 (IF APPLICABLE ASK) What is your spouse/partner's occupation?

F18_69 (IF APPLICABLE ASK) What does your spouse/partner's work involve? (eg. cutting women's hair, recording accounts, general farm work).

ASK ALL RESPONDENTS:

F18_70 In the future, would you consider moving house in order to gain or maintain employment?

Yes	1
No	2

CURRENT STUDY/TRAINING DETAILS:

Now just a few questions about any study or training that you may be doing.

F18_71 Did you take up any type of study or training, in the last 6 months?

Yes	1
No	2-----Go to preF18_76

F18_72 What type of study or training is it?

(PROMPT: is it a University course, TAFE course, part of Mutual Obligation such as literacy improvement)

F18_73 Is/was it full-time or part-time basis?

Full-time 1

Part-time 2

F18_74 How long do you have to complete this study? _____ wks/mths/yrs

F18_75 And what qualification will you have when you complete the course?
(eg. Trade Certificate; Bachelor of Arts)

preF18_76: SOLE PARENTS GO TO F18_81

CURRENT STUDY DETAILS FOR SPOUSE/PARTNER:

F18_76 Did your partner take up any type of study or training, in the last 6 months?

Yes 1

No 2---Go To F18_81

F18_77 What type of study or training was/is s/he doing?
(PROMPT: is it a University course, TAFE course, part of Mutual Obligation such as literacy improvement)

F18_78 Was/is this full-time or part-time study?

Full-time 1

Part-time 2

F18_79 How long does partner have to complete this study? _____ wks/mths/yrs

F18_80 And what qualification will s/he have when the course/training is completed?
(eg. Trade Certificate; Bachelor of Arts)

SOURCES OF INCOME AND COST OF HOUSING:

I'd like to ask you about your sources of income. This is absolutely confidential and won't affect, in any way, your current benefits. We're asking this so that we can make general comments about how families are coping financially, particularly in terms of the cost of housing. Is that okay with you?

F18_81 From the list that I read out please tell me if it is a source of family income, and if you could tell me what the amount is **after tax**, and if that is per week or per fortnight. Do you receive any income from:

SOURCES OF FAMILY INCOME	TICK SOURCE	\$ AMOUNT AFTER TAX
a. Full-time work		
b. Part-time work (incl. casual work)		
c. Parenting Payment (Sole Parent Pension)		
d. Family Tax Benefit (Family Allowance)		
e. Rent Assistance		
f. Child Care Benefit		
g. Carer Payment		
h. Disability Support Pension		
i. Sickness Allowance		
j. Newstart Allowance		
k. Youth Allowance		
l. Austudy Payment		
m. ABSTUDY		
n. Other (Specify_____)		
	TOTAL WEEKLY INCOME AFTER TAX:	\$_____

F18_82 How much rent/mortgage do you pay **per week**? \$_____

SUPPORT NETWORKS

Now some questions about your support networks, which generally include those people who you feel are there for you (eg: your partner, family members, your children, friends, or agency support workers).

F18_83 Do you feel that your support networks have changed in any way in the last 6 months?
(PROMPT: perhaps have made new friends, had a falling out with anyone)

F18_84 During the last 6 months, when you've needed help or just someone to talk to who have you turned to?

F18_85 During this time, who has been your MAIN source of support? (Circle ONE only)

- | | |
|-----------------------|---------|
| Spouse/partner | 1 |
| Mother | 2 |
| Father | 3 |
| Sister/brother | 4 |
| Friend | 5 |
| Own child | 6 |
| Agency support worker | 7 |
| No-one | 8 |
| Ex-partner | 9 |
| Other | 10_____ |

F18_86 What type of support have you received from them? (Circle all that apply)

- | | |
|----------------------------|---|
| Emotional | 1 |
| Financial | 2 |
| Advice | 3 |
| Childminding | 4 |
| Practical (housework, etc) | 5 |
| Housing | 6 |
| Employment | 7 |

F18_87 Is there anyone else who you have turned to for support in the last 6 months?

F18_88 And the type of support you received from them in the last 6 months? (Circle all that apply)

- | | |
|----------------------------|---|
| Emotional | 1 |
| Financial | 2 |
| Advice | 3 |
| Childminding | 4 |
| Practical (housework, etc) | 5 |
| Housing | 6 |
| Employment | 7 |

CHILD DEVELOPMENT

(NB: Always refer to first name of Focus Child)

Now some questions about CHILD'S NAME

F18_89 How has CHILD been doing in the last 6 months?

HEALTH

F18_90 How would you describe CHILD's health in the last 6 months, would you say:

Very good	1
Good	2
Average	3
Poor	4
Very poor	5

F18_91 During that time have there been any changes (either positive or negative) in CHILD's health:

F18_92 In the last 6 months, has CHILD had a problem, physical, emotional or mental, which limited or interfered with her/his (activity/ kinder activities/ school work/ studies) in any way?

Yes	1
No	2-----Go To F18_94

F18_93 Can you tell me a bit more about that?
(PROMPT: have you received medical assistance, when was this diagnosed)

F18_94 Is she/he on any medication at the moment?

Yes	1
No	2
Will start soon	3

TEMPERAMENT

F18_95 How would you describe CHILD'S nature or temperament in the last 6 months, would you say that CHILD has been:

- | | |
|----------------------------------|---|
| Much more difficult than average | 1 |
| More difficult than average | 2 |
| Average | 3 |
| Easier than average | 4 |
| Much easier than average | 5 |

F18_96 What makes you say that?

PHYSICAL DEVELOPMENT

F18_97 How would you describe CHILD's **height** compared to other kids of the same age?

F18_98 And how would you describe CHILD's **weight** compared to other kids of the same age?

SOCIAL DEVELOPMENT

F18_99 Have there been any changes (either positive or negative) in the way that CHILD has been getting on with other children in the last 6 months?

(NB: THIS DOES NOT INCLUDE SISTERS/BROTHERS)

GENERAL BEHAVIOUR

F18_100 In the last 6 months, have there been any changes (either positive or negative) in CHILD's general behaviour?

F18_101 [IF NEGATIVE ASK:] How has this affected you

LIVING SITUATION

F18_102 Any changes in the last 6 months to CHILD's living situation?

F18_103 IF YES, how has that affected CHILD?

FOCUS CHILD AGED 0 - 3 YEARS CONTINUE; OTHERS GO TO F18_111:

CHILD CARE:

F18_104 Apart from you (and your spouse/partner), has anyone else looked after CHILD in the last 6 months?

Yes	1
No	2-----Go To F18_128

F18_105 Who has that been? -----

F18_106 When did this care arrangement first start (how long has CHILD been going to this carer)?

Just started	1
One month ago	2
Two months ago	3
Three months ago	4
Four months ago	5
Five months ago	6
Six months ago	7
More than 6 mths ago	8

F18_107 And how many hours does/did CHILD spend in care per week?

----- hrs per week

F18_108 And your reasons for choosing this care for CHILD?

F18_109 What are/were the positive things about having NAME in care?

F18_110 And what are/were the negative things about having NAME in care?

Now Go To **F18_128**

FOCUS CHILD AGED 4 YEARS AND OVER:

F18_111 What Grade/Year is CHILD in?

Year 1	1	Year 9	9
Year 2	2	Year 10	10
Year 3	3	Year 11	11
Year 4	4	Year 12	12
Year 5	5	Tertiary/TAFE	13
Year 6	6	Kindergarten/Prep	14
Year 7	7	Not in school/uni	15-→Go to
Year 8	8	F18_126	

F18_112 Has CHILD changed kinder/school in the last 6 months?

- Yes 1
No 2-----Go To **F18_115**
Just started school 3-----Go To **F18_115**

F18_113 Why is that?

F18_114 How has this affected CHILD?

F18_115 What type of school/kinder does CHILD attend?

- | | |
|------------------------|----------|
| Government | 1 |
| Catholic | 2 |
| Other religious | 3 |
| Independent | 4 |
| Special school | 5 |
| Other school (specify) | 6 |
| Council run kinder | 7 |
| Private kinder | 8 |
| Community run kinder | 9 |
| Other kinder (specify) | 10 _____ |

F18_116 In the last 6 months, how well do you feel CHILD has been doing at kinder/school/studies compared to others in the same year - would you say:

- | | |
|---------------|---|
| Very poorly | 1 |
| Below average | 2 |
| Average | 3 |
| Quite well | 4 |
| Very well | 5 |

F18_117 In the last 6 months, has CHILD received any special assistance at kinder/school? (eg. integration support, visiting teacher service, counselling, remedial reading, advanced classes).

(PROMPT if necessary: How long)

F18_118 In the last 6 months, have you noticed any changes in CHILD's kinder work/school work/studies (can be positive or negative change)?

F18_119 In the last 6 months, what challenges, if any, has CHILD had to face at kinder/school?

F18_120 What does CHILD currently like about kinder/school?

F18_121 And what does CHILD currently dislike about kinder/school?

F18_122 What feedback have you had from CHILD's kinder teacher/school teacher in the last 6 months?

F18_123 As far as you know, how many days of kinder/school has CHILD missed in the past 6 months?

F18_124 How many of these days have been the result of **illness**?

F18_125 What were the **other reasons**, if any, for missing kinder/school?

Go to F18_128

CHILD NOT ATTENDING SCHOOL/UNI:

F18_126 Why is CHILD not going to school/uni?

F18_127 What, if any, effect is this having on CHILD?

ASK ALL RESPONDENTS:

FAMILY RELATIONSHIPS:

F18_128 How has **your** relationship with CHILD been in the last 6 months?
(PROMPT: if any changes, ask what may have caused it to change)

F18_129 How has **your spouse/partner's** relationship with CHILD been in the last 6 months?
(PROMPT: if any changes, ask what may have caused it to change)

IF ONLY CHILD, GO TO preF18_131

F18_130 And any changes to how CHILD gets on with her/his sisters and/or brothers?
(PROMPT: if changes in last 6 months ask for reasons for change)

preF18_131: IF FOCUS CHILD LIVES WITH ONLY 1 BIOLOGICAL PARENT, CONTINUE. OTHERS GO TO F18_134

F18_131 Has CHILD seen her/his other parent in the last 6 months?

Yes	1
No	2----Go To F18_134
NA (Parent deceased)	3----Go To F18_134

F18_132 How often has that been in the last 6 months?

F18_133 Have there been any changes in the relationship between CHILD and her/his other parent?
(PROMPT: what may have caused it to change)

PARENT HEALTH AND WELLBEING

Now some questions about your own health and wellbeing:

F18_134 How has your health been in the last 6 months?

F18_135 (IF APPLICABLE ASK) And how has your spouse/partner's health been in the last 6 months?

F18_136 (IF APPLICABLE ASK) How has this affected your family?

F18_137 Thinking about how things have been going for you and your family during the last 6 months, in general, how do you feel you have been coping?

F18_138 What are you hoping for in the next 6 months?

END *THAT'S ALL THE QUESTIONS I HAVE TO ASK, IS THERE ANYTHING THAT YOU WOULD LIKE TO SAY OR COMMENT ON REGARDING THE THINGS THAT WE'VE BEEN TALKING ABOUT?*

18-MONTH FOLLOW-UP INFORMATION

We'd like to interview you again in 6 months FOR THE FINAL TIME. In case you move, could you give me the name, address and telephone number of 3 people (can be relatives or friends) who would be most likely to know how to contact you.

CURRENT ADDRESS:

Address: _____

Phone No: _____

CONTACTS:

7. Name: _____

Address: _____

Phone No: _____

Relationship: _____

8. Name: _____

Address: _____

Phone No: _____

Relationship: _____

9. Name: _____

Address: _____

Phone No: _____

Relationship: _____

INTERVIEWER COMMENTS:

APPENDIX SIX

|_|_|_|_|

CONFIDENTIAL

HANOVER FAMILY OUTCOMES STUDY

INTERVIEW SCHEDULE

24-MONTH FOLLOW-UP

November 2002

HANOVER WELFARE SERVICES

INTERVIEW WAVE: 24-MONTH FOLLOW-UP

INTERVIEWER: _____

DATE OF INTERVIEW: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Day Mth Year

LENGTH OF INTERVIEW: _____

CIRCLE REFERRING AGENCY:

- | | |
|---------------------------|---|
| Hanover Housing Services | 1 |
| Hanover Family Services | 2 |
| Bethany | 3 |
| Lakes Entrance/Bairnsdale | 4 |
| CGASS | 5 |

FIRST NAME OF RESPONDENT: _____

RESPONDENT IS: Female 1
 Male 2

FOCUS CHILD CODE: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

FIRST NAME OF FOCUS CHILD: _____

FOCUS CHILD IS: Female 1
 Male 2

RECORD AGE OF FOCUS CHILD: _____

INTRODUCTION:

As with the last interview I'll be asking questions about your family, your housing situation, use of services, your support networks, how [CHILD] is doing, as well as some questions about your own health and wellbeing.

There are no right or wrong answers, this is purely about what YOU think and feel about various issues. Everything you say is absolutely confidential, and you have the right to refuse to answer any question that you don't want to.

DEMOGRAPHIC DETAILS

F24_1 Have there been any changes to your family/household over the last 6 months?

Yes 1
No 2---Go to F24_3

F24_2 IF YES, what are the changes? (Multiple response)

F24_3 Any change to your relationship status in the last 6 months?

Yes 1
No 2

F24_4 So currently, would you say you are

In a relationship with someone & living part-time with that person (ie 3 days)	1
In a relationship with someone, but not living with that person	2
Living with someone in a relationship, but not legally married	3
Married and living with spouse	4
Not presently in a relationship	5

F24_5 How many children and adults, including you, **USUALLY** live in this household? [NB: USUALLY = at least 3 days per week] -----

F24_6 Can we list each person, and if you could tell me: **their relationship to FOCUS CHILD**, their age and sex.

FIRST NAME	RELATIONSHIP TO FOCUS CHILD	AGE	SEX F/M
P1: [Respondent Name:]			
P2:			
P3:			
P4:			
P5:			
P6:			
P7:			
P8:			
P9:			

F24_7 How have things been going for you and your family over the last 6 months?

HOUSING HISTORY

The next set of questions is about your housing:

F24_8 In the past 6 months, have you moved house – however temporary or short that move may have been?

Yes	1
No	2-----Go To F24_13

F24_9 How many times have you moved? -----

F24_10 May I ask about the reasons for the move(s)?

Move 1: -----

Move 2: -----

Move 3: -----

F24_11 Where did you go? (PROMPT: what type of housing: private rental, staying with family or friends)

Move 1: -----

Move 2: -----

Move 3: -----

F24_12 What sort of effects has **moving house** had on you and your family?

FILL IN FOR ALL RESPONDENTS BUT ONLY ASK THOSE WHO HAVE MOVED

TYPE OF HOUSING:

F24_13 At the moment, are you renting, in supported accommodation, or sharing with someone?

- | | |
|------------------------|--------|
| Private rental | 1 |
| Public housing | 2 |
| Owner occupied | 3 |
| SAAP – Crisis | 4 |
| SAAP – Transitional | 5 |
| Family home | 6 |
| Friend's home | 7 |
| Other (please specify) | 8_____ |

F24_14 And this place/housing can be described as a:

- | | |
|-----------------------------------|---------|
| Separate house | 1 |
| Semi-detached house or terrace | 2 |
| Self-contained flat or house unit | 3 |
| Hostel | 4 |
| Rooming house | 5 |
| Motel/hotel | 6 |
| Caravan | 7 |
| House/flat attached to business | 8 |
| Car/tent/park/street/squat | 9 |
| Other (please specify) | 10_____ |

F24_15 How long have you been here now? _____ **weeks/months**

F24_16 Thinking about the last 6 months, would you say that, generally, your current housing has had a positive or negative effect on you and your family?

F24_17 Why do you say that?

F24_18 Have there been any structural or maintenance problems with your housing in the last 6 months?

Yes	1
No	2-----Go to F24_20

F24_19 If YES, what problems have you had?

ASK ALL RESPONDENTS

PERCEPTION OF HOUSING STABILITY:

F24_20 Would you describe your **current housing situation** as 'stable'?

Yes	1
No	2
Maybe/DK	3

F24_21 Why do you say that?

F24_22 At the moment, do you think you might move house in the next 6 months?

Yes	1
No	2
Maybe/DK	3

F24_23 What, if anything, might cause you to move house in the next 6 months?

SUBURB/NEIGHBOURHOOD:

Now just a couple of questions about the area you live in.

F24_24 Altogether, you've been living in this area for? -----weeks/months

F24_25 **[IF LESS THAN 6 MONTHS ASK:]** What made you decide to live in this particular area?
(PROMPT: Employment/ schools/ near family/ only thing available/ near hospitals)

ASK ALL RESPONDENTS

F24_26 How would you rate this area as a place to bring up children, would you say:

- | | |
|-----------|---|
| Excellent | 1 |
| Good | 2 |
| Average | 3 |
| Poor | 4 |
| Very poor | 5 |

F24_27 What makes you say that?

USE OF WELFARE SERVICES

Now some questions about the use of any professional services

HOUSING SUPPORT

F24_28 In the last 6 months have you received any **housing support** such as help with paying rent or bond, or assistance with finding more permanent or secure housing?

- | | |
|-----|---------------------------|
| Yes | 1 |
| No | 2-----Go To F24_31 |

F24_29 What type of support was it?

F24_30 Who provided this support – was it from agency support workers, family, or friends.
(PROMPT: specify which agencies)

Go To F24_32

F24_31 [IF NO ASK] Is that because you haven't needed any support, or because you didn't want it, or because you couldn't get it?

ASK ALL RESPONDENTS

NON-HOUSING SUPPORT

F24_32 In the last 6 months, have you received any non-housing support such as, for example, counselling, food vouchers, or respite care, from any welfare group, community group or any other organisation?

Yes	1
No	2-----Go to F24_37

F24_33 If YES, what type of assistance did you receive and from which agency?
(PROBE: if food vouchers, respite care or counselling – clarify type of counselling, whether relationship, emotional, or financial counselling and which agency is providing the service)

TYPE OF SUPPORT	NAME OF AGENCY
-----	-----
-----	-----
-----	-----
-----	-----

F24_34 (If YES) Who was this assistance for, was it specific to an individual in the family, or did it help out the family as a whole?

F24_35 (If YES) How many times did you receive this assistance in the last 6 months?

F24_36 (If YES) Are you currently receiving this assistance?

Go to F24_39

F24_37 At the moment, are you receiving any **non-housing** assistance or support?

Yes	1
No	2---Go to F24_39

F24_38 If YES, what type of assistance is it and from which agency?

<u>TYPE OF SUPPORT</u>	<u>NAME OF AGENCY</u>
------------------------	-----------------------

PERCEPTION OF ACCESSIBILITY

F24_39 In the last 6 months, how easy or difficult has it been for you to access the assistance and services, housing and other, that you have needed?

Very easy	1
Easy	2
Some easy/ some difficult	3
Difficult	4
Very difficult	5
NO ASSISTANCE OR SUPPORT	-8

F24_40 Has there been a time, **in the last 6 months**, when you needed some type of assistance or support, housing or non-housing, and you weren't able to get it?

Yes	1
No	2---Go to F24_44

F24_41 What type of assistance did you need?

F24_42 Which agency did you contact?

F24_43 Why could you not access it, what was the difficulty?

F24_44 Looking at **CARD 1**, are any of these issues a worry for you at the moment? (CIRCLE ALL THAT APPLY):

- | | |
|----------------------------------|----------|
| Eviction | 1 |
| Relationship/family breakdown | 2 |
| Physical/emotional abuse | 3 |
| Domestic violence | 4 |
| Sexual abuse | 5 |
| Financial difficulty | 6 |
| Substance abuse | 7 |
| Gambling problems | 8 |
| End of emergency accommodation | 9 |
| Employment factors | 10 |
| Health issues (physical, mental) | 11 |
| Other (please specify) | 12 _____ |

F24_45 How is this affecting you and your family?

<i>EMPLOYMENT AND HOUSING</i>

The next section is about paid work

F24_46a How would you describe your present situation in relation to paid work, are you?

F24_46b (IF APPLICABLE, ASK) And your partner's present situation?

	46a.Resp	46b. Spouse/partner
Choosing to be home to care for children	1	1
Currently looking for part-time work	2	2
Currently looking for full-time work	3	3
Currently studying	4	4
Working part-time	5	5
Working full-time	6	6
Unable to look for work because of ill-health	7	7
Have given up looking for work	8	8
Other (please specify)	9	9
NA		-8

F24_47 (IF Resp NOT WORKING FULL-TIME, ASK) In the last 6 months, what if anything has made it difficult for YOU in relation to paid work?

F24_48 (IF APPLICABLE, ASK) And for your PARTNER?

F24_49 (IF APPLICABLE ASK) What effect, if any, has the **lack of paid work** had on **you and your family** during these last 6 months?

F24_50 (IF APPLICABLE ASK) What effect, if any, has the **lack of paid work** had on your **housing situation** during these last 6 months?

DETAILS FOR PAID WORK:

F24_51 Is your job permanent, temporary or casual?

F24_52 Is your spouse/partner's job?

	51. Resp	52. Spouse/Partner
Permanent	1	1
Temporary	2	2
Casual	3	3
*NO PAID WORK	4	4
NA		-8

***If Resp AND Partner NOT in paid work – Go to F24_61**

***If Resp NOT in paid work and Partner NA – Go to F24_61**

F24_53 In the last 6 months, on average, how many hrs of paid work have you done per week?

F24_54 And your spouse/partner?

	53. Resp	54. Spouse/Partner
HOURS PER WEEK:	-----	-----

F24_55 How long have you been in this particular job? -----

F24_56 (IF APPLICABLE ASK) And how long has your spouse/partner been in this particular job?

F24_57 What is your occupation?

F24_58 What does your work involve? (eg. cutting women's hair, recording accounts, general farm work).

F24_59 (IF APPLICABLE ASK) What is your spouse/partner's occupation?

F24_60 (IF APPLICABLE ASK) What does your spouse/partner's work involve? (eg. cutting women's hair, recording accounts, general farm work).

ASK ALL RESPONDENTS:

F24_61 In the future, would you consider moving house in order to gain or maintain employment?

Yes	1
No	2

CURRENT STUDY/TRAINING DETAILS:

Now just a few questions about any study or training that you may be doing.

F24_62 Did you take up any type of study or training, in the last 6 months?

Yes	1
No	2-----Go to preF24_67

F24_63 What type of study or training is it?

(PROMPT: is it a University course, TAFE course, part of Mutual Obligation such as literacy improvement)

F24_64 Is/was it full-time or part-time basis?

Full-time	1
Part-time	2

F24_65 How long do you have to complete this study? -----wks/mths/yrs

F24_66 And what qualification will you have when you complete the course?
(eg. Trade Certificate; Bachelor of Arts)

preF24_67: SOLE PARENTS GO TO F24_72

CURRENT STUDY DETAILS FOR SPOUSE/PARTNER:

F24_67 Did your partner take up any type of study or training, in the last 6 months?

Yes	1
No	2---Go To F24_72

F24_68 What type of study or training was/is s/he doing?
(PROMPT: is it a University course, TAFE course, part of Mutual Obligation such as literacy improvement)

F24_69 Was/is this full-time or part-time study?

Full-time	1
Part-time	2

F24_70 How long do they have to complete this study? _____wks/mths/ysr

F24_71 And what qualification will s/he have when the course/training is completed?
(eg. Trade Certificate; Bachelor of Arts)

SOURCES OF INCOME & COST OF HOUSING FOR ALL FAMILY MEMBERS:

I'd like to ask you about your sources of income. This is absolutely confidential and won't affect, in any way, your current benefits. We're asking this so that we can make general comments about how families are coping financially, particularly in terms of the cost of housing. Is that okay with you?

F24_72 From the list that I read out please tell me if it is a source of family income, and if you could tell me what the amount is **after tax**, and if that is per week or per fortnight. Do you receive any income from **[READ THROUGH LIST]**:

SOURCES OF FAMILY INCOME	TICK SOURCE	\$ AMOUNT AFTER TAX
a. Full-time work		
b. Part-time work (incl. casual work)		
c. Parenting Payment (Sole Parent Pension)		
d. Family Tax Benefit (Family Allowance)		
e. Rent Assistance		
f. Child Care Benefit		
g. Carer Payment		
h. Disability Support Pension		
i. Sickness Allowance		
j. Newstart Allowance		
k. Youth Allowance		
l. Austudy Payment		
m. ABSTUDY Payment		
n. Other (Specify_____)		
	TOTAL WEEKLY INCOME AFTER TAX:	\$_____

F24_73 How much rent/mortgage do you pay **per week**? \$_____

SUPPORT NETWORKS

Now some questions about your support networks, which generally include those people who you feel, are there for you (eg: your partner, family members, your children, friends, or agency support workers).

F24_74 During the last 6 months, when you've needed help or just someone to talk to who have you turned to?

F24_75 Is there anyone else who you have turned to for support in the last 6 months?

F24_76 And the type of support you received from them (all) in the last 6 months? (Circle all that apply)

- | | |
|----------------------------|---|
| Emotional | 1 |
| Financial | 2 |
| Advice | 3 |
| Childminding | 4 |
| Practical (housework, etc) | 5 |
| Housing | 6 |
| Employment | 7 |

F24_77 During this time, who has been your MAIN source of support? (Circle ONE only)

- | | |
|-----------------------|---------|
| Spouse/partner | 1 |
| Mother | 2 |
| Father | 3 |
| Sister/brother | 4 |
| Friend | 5 |
| Own child | 6 |
| Agency support worker | 7 |
| No-one | 8 |
| Ex-partner | 9 |
| Other | 10----- |

F24_78 And the specific types of support you received from this person? (Circle all that apply)

- | | |
|----------------------------|---|
| Emotional | 1 |
| Financial | 2 |
| Advice | 3 |
| Childminding | 4 |
| Practical (housework, etc) | 5 |
| Housing | 6 |
| Employment | 7 |

F24_79 Do you feel that your support networks have changed in any way in the last 6 months?
(PROMPT: perhaps have made new friends, had a falling out with anyone)

CHILD DEVELOPMENT

(NB: Always refer to first name of Focus Child)

Now some questions about CHILD'S NAME

F24_80 How has CHILD been doing in the last 6 months?

GENERAL BEHAVIOUR

F24_81 In that time, have there been any changes in CHILD's general behaviour, either positive or negative?

(PROMPT: if any changes, ask what may have caused changes)

F24_82 [IF NEGATIVE, ASK:] How has this affected you and your family?

SOCIAL DEVELOPMENT

F24_83 In the last 6 months, have there been any changes (either positive or negative) in the way that CHILD has been getting on with other children, **NOT** including sisters or brothers?

TEMPERAMENT

F24_84 How would you describe CHILD'S nature or temperament; in the last 6 months would you say that CHILD has been:

- | | |
|----------------------------------|---|
| Much more difficult than average | 1 |
| More difficult than average | 2 |
| Average | 3 |
| Easier than average | 4 |
| Much easier than average | 5 |

HEALTH

F24_85 In the last 6 months have there been any changes (either positive or negative) in CHILD's health?

F24_86 In the last 6 months, has CHILD had a problem, physical, emotional or mental, which limited or interfered with her/his (activity/ kinder activities/ school work/ studies) in any way?

Yes	1
No	2-----Go To F24_89

F24_87 Can you tell me a bit more about that?
(PROMPT: have you received medical assistance, when was this diagnosed)

F24_88 Is she/he on any medication at the moment?

Yes	1
No	2
Will start soon	3

F24_89 Overall, would you describe CHILD's health in the last 6 months as:

Very good	1
Good	2
Average	3
Poor	4
Very poor	5

LIVING SITUATION

F24_90 Any changes in the last 6 months to CHILD's living situation?
(Can include moving house with parent(s); leaving home; or where a new partner has moved in with the family)

F24_91 IF YES, how has that affected CHILD?

PHYSICAL DEVELOPMENT

F24_92 How would you describe CHILD's **height** compared to other kids of the same age?

F24_93 And how would you describe CHILD's **weight** compared to other kids of the same age?

FOCUS CHILD AGED 0 - 3 YEARS CONTINUE; OTHERS GO TO F24_101:

CHILD CARE:

F24_94 Apart from you (and your spouse/partner), has anyone else looked after CHILD in the last 6 months?

Yes	1
No	2-----Go To F24_117

F24_95 Who has that been? -----

F24_96 When did this care arrangement first start (how long has CHILD been going to this carer)?

Just started	1
One month ago	2
Two months ago	3
Three months ago	4
Four months ago	5
Five months ago	6
Six months ago	7
More than 6 mths ago	8

F24_97 And how many hours does/did CHILD spend in care per week?
----- hrs per week

F24_98 And your reasons for choosing this care for CHILD?

F24_99 What are/were the positive things about having CHILD in care?

F24_100 And what are/were the negative things about having CHILD in care?

Now Go To **F24_117**

FOCUS CHILD AGED 4 YEARS AND OVER:

F24_101 What Grade/Year is CHILD in?

Year 1	1	Year 9	9
Year 2	2	Year 10	10
Year 3	3	Year 11	11
Year 4	4	Year 12	12
Year 5	5	Tertiary/TAFE	13
Year 6	6	Kindergarten/Prep	14
Year 7	7	Not in school/uni	15-→Go to
Year 8	8	F24_114	

F24_102 Has CHILD changed kinder/school in the last 6 months?

- Yes 1
- No 2-----Go To **F24_105**
- Just started school 3-----Go To **F24_105**

F24_103 Why was that?

F24_104 How has this affected CHILD?

F24_105 What type of school/kinder does CHILD attend?

- | | |
|------------------------|----------|
| Government | 1 |
| Catholic | 2 |
| Other religious | 3 |
| Independent | 4 |
| Special school | 5 |
| Other school (specify) | 6 _____ |
| | |
| Council run kinder | 7 |
| Private kinder | 8 |
| Community run kinder | 9 |
| Other kinder (specify) | 10 _____ |

F24_106 In the last 6 months, how well do you feel CHILD has been doing at kinder/school/studies compared to others in the same year - would you say:

- | | |
|---------------|---|
| Very poorly | 1 |
| Below average | 2 |
| Average | 3 |
| Quite well | 4 |
| Very well | 5 |

F24_107 In the last 6 months, has CHILD received any special assistance at kinder/school? (eg. integration support, visiting teacher service, counselling, remedial reading, advanced classes).

(PROMPT if necessary: How long)

F24_108 In the last 6 months, have you noticed any changes in CHILD's kinder work/school work/studies (can be positive or negative change)?

F24_109 In the last 6 months, what challenges, if any, has CHILD had to face at kinder/school?

F24_110 What feedback have you had from CHILD's kinder teacher/school teacher in the last 6 months?

F24_111 As far as you know, how many days of kinder/school has CHILD missed in the past 6 months? -----

F24_112 How many of these days have been the result of **illness**? -----

F24_113 What were the **other reasons**, if any, for missing kinder/school?

Go to F24_117

ASK IF FOCUS CHILD NOT ATTENDING SCHOOL/UNI:

F24_114 Why is CHILD not going to school/uni?

F24_115 What are they doing at the moment?

F24_116 What effect, if any, has this had on CHILD?

ASK ALL RESPONDENTS:

FAMILY RELATIONSHIPS:

F24_117 How has **your** relationship with CHILD been in the last 6 months?
(PROMPT: if any changes, ask what may have caused it to change)

F24_118 How has **your spouse/partner's** relationship with CHILD been in the last 6 months?
(PROMPT: if any changes, ask what may have caused it to change)

IF ONLY CHILD, GO TO preF24_120

F24_119 And any changes to how CHILD gets on with her/his sisters and/or brothers?
(PROMPT: if changes in last 6 months ask for reasons for change)

preF24_120: IF FOCUS CHILD LIVES WITH ONLY 1 BIOLOGICAL PARENT, CONTINUE. OTHERS GO TO F24_123

F24_120 Has CHILD seen her/his other parent in the last 6 months?

- | | |
|----------------------|--------------------|
| Yes | 1 |
| No | 2----Go To F24_123 |
| NA (Parent deceased) | 3----Go To F24_123 |

F24_121 How often has that been?

F24_122 Have there been any changes in the relationship between CHILD and her/his other parent?
(PROMPT: what may have caused it to change)

PARENT HEALTH AND WELLBEING

Now some questions about your own health and wellbeing:

F24_123 How has your health been in the last 6 months?

F24_124 (IF APPLICABLE ASK) And how has your spouse/partner's health been in the last 6 months?

F24_125 (IF APPLICABLE ASK) How have the health difficulties affected your family?

F24_126 Thinking about how things have been going for you and your family during the last 6 months, in general, how do you feel you have been coping?

F24_127 What are you hoping for over the next few months?

END_1 That's all the questions I have, is there anything that you would like to say or ask me about the things that we've been talking about?

END_2 As you're probably aware, this was the final interview. We're trying to think of what we could do as a personal thank you to families for contributing to the study and giving so generously of their time. One idea is to have a mini launch for the final report in this area. If we were to do something like this, would you be interested in attending?

Yes	1
No	2

END_3 What would you like to see happen, any ideas?

FUTURE CONTACT

Just finally, we'd like to stay in touch with families who have taken part in this study; would you be happy to keep in contact with Hanover in the future? (CIRCLE ONE)

Yes	1-----Continue
No	2-----END INTERVIEW

RECORD CURRENT ADDRESS

Name: _____

Address: _____

Phone No: _____

FOLLOW-UP INFORMATION

**Who, among your family or friends, would we be able to contact, in case you move?
(If possible, record name, address and telephone number of 3 contact people).**

CONTACTS:

10. Name: _____

Address: _____

Phone No: _____

Relationship: _____

11. Name: _____

Address: _____

Phone No: _____

Relationship: _____

12. Name: _____

Address: _____

Phone No: _____

Relationship: _____

INTERVIEWER COMMENTS:

Coopersmith Inventory

Stanley Coopersmith, Ph.D.
University of California at Davis

Please Print

Name _____ Age _____

Institution _____ Sex: M _____ F _____

Occupation _____ Date _____

Directions

On the other side of this form, you will find a list of statements about feelings. If a statement describes how you usually feel, put an X in the column "Like Me." If a statement does not describe how you usually feel, put an X in the column "Unlike Me." There are no right or wrong answers. Begin at the top of the page and mark all 25 statements.

	X4 =	
--	------	--

APPENDIX SEVEN

Like Me	Unlike Me	
<input type="checkbox"/>	<input type="checkbox"/>	1. Things usually don't bother me.
<input type="checkbox"/>	<input type="checkbox"/>	2. I find it very hard to talk in front of a group.
<input type="checkbox"/>	<input type="checkbox"/>	3. There are lots of things about myself I'd change if I could.
<input type="checkbox"/>	<input type="checkbox"/>	4. I can make up my mind without too much trouble.
<input type="checkbox"/>	<input type="checkbox"/>	5. I'm a lot of fun to be with.
<input type="checkbox"/>	<input type="checkbox"/>	6. I get upset easily at home.
<input type="checkbox"/>	<input type="checkbox"/>	7. It takes me a long time to get used to anything new.
<input type="checkbox"/>	<input type="checkbox"/>	8. I'm popular with persons my own age.
<input type="checkbox"/>	<input type="checkbox"/>	9. My family usually considers my feelings.
<input type="checkbox"/>	<input type="checkbox"/>	10. I give in very easily.
<input type="checkbox"/>	<input type="checkbox"/>	11. My family expects too much of me.
<input type="checkbox"/>	<input type="checkbox"/>	12. It's pretty tough to be me.
<input type="checkbox"/>	<input type="checkbox"/>	13. Things are all mixed up in my life.
<input type="checkbox"/>	<input type="checkbox"/>	14. People usually follow my ideas.
<input type="checkbox"/>	<input type="checkbox"/>	15. I have a low opinion of myself.
<input type="checkbox"/>	<input type="checkbox"/>	16. There are many times when I would like to leave home.
<input type="checkbox"/>	<input type="checkbox"/>	17. I often feel upset with my work.
<input type="checkbox"/>	<input type="checkbox"/>	18. I'm not as nice looking as most people.
<input type="checkbox"/>	<input type="checkbox"/>	19. If I have something to say, I usually say it.
<input type="checkbox"/>	<input type="checkbox"/>	20. My family understands me.
<input type="checkbox"/>	<input type="checkbox"/>	21. Most people are better liked than I am.
<input type="checkbox"/>	<input type="checkbox"/>	22. I usually feel as if my family is pushing me.
<input type="checkbox"/>	<input type="checkbox"/>	23. I often get discouraged with what I am doing.
<input type="checkbox"/>	<input type="checkbox"/>	24. I often wish I were someone else.
<input type="checkbox"/>	<input type="checkbox"/>	25. I can't be depended on.

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