

HAPPI

EVALUATION REPORT

MAY 2003

**An Evaluation
of the Centacare
Homeless and Parenting Program Initiative
South Australia**

**Prepared by
Toucan Consulting SA Pty Ltd**

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Thank you.

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

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INTRODUCTION

The HAPPI program was initially funded in the financial year 2001/2002 with the positions being advertised in July 2001 and the program co-ordinator commencing in August 2001. The staff team was completed in November 2001 with the commencement of the Aboriginal Parent and Child Consultant. Thus for the purposes of the current evaluation the program has been providing services to families for less than 2 years (16 months for the Aboriginal component), making longitudinal studies difficult.

The literature review contained in this report provides information about similar programs both Interstate and Overseas. However, the youngest of these programs is eleven years old and the oldest two are 25 years having commenced in 1978. Thus, as a program, HAPPI is in its infancy and needs to be considered as such. As a unique program providing specialist parenting advice, education and support to homeless families it is the first of its kind in South Australia, growing out of the State's Supported Accommodation Assistance Program (SAAP) which is the source of funding for both Domestic Violence Accommodation and Outreach services and Family Shelters.

This evaluation report was commissioned by Centacare on receipt of government funding with the due date for the report being brought forward from June 30 to 14 May 2003 cutting short the time available for the review. This has resulted in some limitations to the study including the information collated regarding the HAPPI's training and consultation services. A longitudinal study of the program's outcomes for Aboriginal and non-Aboriginal families would have been an informative adjunct to this report as would a higher level of consultation with families who have graduated from the HAPPI Program. However, the feedback collated from referring workers and agencies provides an unambiguous picture of the value of the HAPPI Program, its unique position in services to families in South Australia, and the level of demand for such a service in both SAAP and other government and non-government agencies.

As well as the specific information about the HAPPI program this report also contains an overview of the context of the program, the trends and growth patterns of family homelessness in Australia and overseas and the documented effects of homelessness particularly on children and indigenous families.

It also charts the original goals of the program as set out in the funding agreement with the Commonwealth Government and correlates them with feedback from workers and agencies who have referred families to the program.

Discussions and interviews have taken place with HAPPI staff, clients, advisory committee members and Program Managers, and information has been drawn from client files, reports, minutes and previous reports. These broad ranging sources of information have been brought together to provide an overview of the current position of the program – the services it offers and the clients who are the recipients of this program. Information concerning the quality and quantity of both the original program concept and its implementation and methodology have been considered both in terms of the program delivered in South Australia also in comparison with similar programs elsewhere.

Overall, the original concept and the quality of the work undertaken by the program's staff have given HAPPI a sound start as a service that is unique in South Australia. The letters of support contained in Appendix A demonstrate how well received the program has been by both SAAP funded agencies and Government Services. They confirm the 'enormous need for in home, intensive services such as HAPPI' with workers who demonstrate 'flexibility, reliability and obvious commitment to families' while working with the families 'who are hardest to reach and engage due to the range of multiple issues which impact upon each other such as drug and alcohol abuse together with homelessness and lack of funds for food....'.

The following report is presented as an evaluation of the program, an overview of its position in overall service delivery to homeless families in South Australia, and a comparison with and potential learnings from other such programs both interstate and overseas.

Margaret Porter and Patricia Witham
Toucan Consulting SA Pty Ltd, May 2003.

BACKGROUND INFORMATION

Family Homelessness Trends

Children and families have been identified as significant clients of the Supported Accommodation Assistance Program (SAAP) from the beginning of SAAP Mark 1.

*A Family Homelessness Discussion Paper*¹ prepared by the SA Department of Human Services (DHS), states that ‘the incidence of families becoming homeless is increasing’ and emphasises ‘the significant housing problems experienced by low income families, with homelessnessbeing the most dramatic demonstration of this trend.’ The paper suggests that this increase in homelessness is influenced by declining housing affordability, together with the reduction in real funding levels for public housing in South Australia since the late 1980s coupled with sales to tenants and the resulting reduced housing stock.

Family homelessness has been identified as a key objective in the DHS Strategic Plan that will form the policy framework for the health, housing and family and youth services component of the Department’s activities.²

Research undertaken in Victoria by the Salvation Army³ states that following trends identified in both the USA and Europe, ‘families are the fastest growing subgroup amongst the homeless in Australia.’

Families of course imply children, and the effect on them of family homelessness includes ‘a host of short-term and longer-term health, developmental, and psychological problems which interfere with the children’s proper development and academic progress.’⁴

¹ Services Development Unit, Metropolitan Division, Department of Human Services, Family Homelessness Discussion Paper, 2003

² *ibid*

³ Bartholomew, T, *A Long Way from Home: Family Homelessness in the Current Welfare Context*, The Salvation Army, Victoria, 1999

⁴ *op cit* Services Development Unit

It is well worth noting the research of Efron, Horn and Sewell (1996) cited in the *Family Homelessness Discussion Paper*⁵. This study of a sample of 51 children from 31 families accommodated by Hanover Welfare Services, Melbourne, between July 1994 and December 1995 found that:

- children in homeless families were clearly psychologically affected by the crisis of homelessness
- over one third had significant behavioural disturbances as rated by their parents
- children were at major risk of educational disadvantage
- mothers had high rates of psychological symptoms, particularly anxiety and depression
- children displayed higher than normal rates of asthma, ear infections, skin problems and developmental delays, although overall health status was not as compromised as for children in homeless families in North America or Europe
- medical assistance was sought on an acute needs basis, rather than prevention or health maintenance.

These issues support the concerns that have long been expressed regarding the needs of children whose parents are seeking assistance and accommodation. The SAAP program has recognised this by establishing a focus on children as clients in their own right and undertaking an analysis of accompanying children in the SAAP program.

Aboriginal Family Homelessness

Of particular concern are Indigenous families who are over represented in SAAP service use statistics,⁶ making up 32% of all support periods for women escaping domestic violence in Australia in 1996/97 and 6% of all support periods for family services in the same period. However, of greater concern is the belief that the extent of homelessness for Indigenous people is under represented in these statistics. Indigenous homelessness incorporates spiritual, psychological as well as physical homelessness. Indigenous homelessness is often 'hidden' due to transient lifestyle

⁵ ibid

⁶ cited in Family Homelessness Discussion Paper op cit

or living in shared, over-crowded and often unsuitable accommodation. In addition, homelessness for indigenous families is exacerbated by unique factors including :

- large families
- adults with complex and multi-dimensional needs, and including a significant level of drug and alcohol abuse, and violence
- on-going problems with housing, which may be more cyclical and re-current than in non-indigenous families
- housing problems compounded by poor health, financial and social status
- higher rates of imprisonment.

For many indigenous families the legacy of past practices of separation has resulted in the past and present breakdown of families including disruption in parenting and family ties. Responses to homelessness for Indigenous families must take all of these factors into account.

Predictors of Family Homelessness

Unless addressed as a complex, intergenerational issue the prevalence of family homelessness will continue to increase. In identifying the factors that predict homelessness Shinn & Weitzmann, et al (1999) in a New York study examined the factors that were most likely to correctly predict that a family would become homeless. They considered a range of factors as possible predictors of homelessness:

- (1) *persistent poverty factors* such as lack of education and unemployment
- (2) *behavioural disorders* such as mental illness, substance abuse, health problems and imprisonment
- (3) *social ties* such as isolation, and childhood violence
- (4) *demographic factors* such as race, age, sex, and pregnancy/birth
- (5) *housing stability factors* such as mobility, overcrowding, and type of housing tenure.⁷

⁷ cited in Family Homelessness Discussion Paper op cit

Development and Implementation of the Homeless and Parenting Program Initiative

The Homeless and Parenting Program Initiative (HAPPI) grew out of the Commonwealth Government's Family and Children's Services Department's (FACS) long involvement with and concerns about the long-term outcomes for children living in homeless families.

Recognising that homeless people are amongst the most marginalised people in Australia the Commonwealth Government made a commitment to the prevention and reduction of homelessness through a number of programs and initiatives.

The existing systems either focus on outcomes for adults, with an assumption that they filter down to children, or on children's services focussing on the needs of less vulnerable children. These seem not to be able to offer good outcomes for this group.

The broadening of the parameters of the Child Care Broadband together with the announcement of the National Homelessness Strategy with its themes of:

1. Prevention
2. Early Intervention
3. Working Together
4. Crisis Transition and Support

reflect the Commonwealth's approach 'to ensuring that a strong modern social safety net exists for all Australians.'⁸

The Family Homelessness Prevention Pilot was a 2001 Commonwealth budget initiative and eight pilot services were funded, one in each State and Territory, 'to assist families to regain housing stability with particular focus on support and prevent long-term harm to children.'⁹

⁸ Commonwealth Department of Family & community Services, National Homelessness Strategy, Commonwealth of Australia, 2002

⁹ *ibid*

Discussion in SA resulted in the development of a project which could be funded quickly and which would have an Indigenous focus using Child Care Broadband funds to support non-Aboriginal children and families, and National Homelessness strategy funds to support Aboriginal children and families. Agreement was reached with the State Department of Human Services to use SAAP training funds to build sustainability into the project by developing a training program that would continue to be delivered when the proposed project ended.¹⁰

In 2000 a group of non-government and Government agencies met with FACS and supported the project development and formed the basis of an ongoing advisory committee.

As the auspice of the previously funded pilot program, Healthy Kids, with its focus on child development of children aged up to 5 years, Centacare's experience in this area and also in project management was recognised and they were approved as the auspice agency. The program was located within the Community Services Unit of Centacare, which currently provides 15 contracted outreach programs and services.

Funding provided to the HAPPI Program included:

The National Homelessness Strategy - \$145,520 in the first year, and \$133,065 (proposed) in the second year (GST Exclusive).

The Child Care Broadband - \$145,520 in the first year and \$133,065 in the second year (GST Exclusive)

SAAP Training funds (via SA Department of Human Services) - \$45,455 in each year (GST Exclusive).

Brokerage money was also allocated to the program and this has been used to purchase specific items for client families. These items include reading glasses, vacuum cleaner, electric kettle, household goods including cutlery and crockery, videos, hampers, child play packs, new baby packs, crayons, toys, and books for children and parents.

¹⁰ Homeless and Parenting Program Initiative (HAPPI) Project, Background paper, Maudi Joyce, Senior Project Officer, Department of Family & Childrens Services.

Program Description

HAPPI is a mobile service in that it is able to continue to work with families if and when they relocate within the Adelaide metropolitan area. The program targets the well being of children aged 0 – 12 years and has an emphasis upon Indigenous families. With the objective of improving the outcomes for children by working with both them and their families the specific services include:

- specialist counselling and support to families at risk of breakdown resulting from homelessness
- parenting support and information to families
- consultation services to non-government agencies working with families in regard to parenting issues
- training and education of non-government workers in parenting and child development
- assistance in the delivery of appropriate services to Aboriginal families.

The program was designed to have a significant focus on the needs of Aboriginal children and their families and current statistics (March 2003) show that 25% of the children and 22% of the parents involved are Indigenous Australians.

Program Rationale and Strategies

- Homelessness has a marked influence on a family's ability to function effectively and to provide for the emotional and physical needs of children. Homeless families often have a range of unresolved issues, including experience of trauma, loss and grief. These families and their children are some of the most vulnerable in the community and are very hard to engage and support over a longer time frame.
- As a mobile service HAPPI can work with families continuously over a period of time, even if their living circumstances and location change.
- The Aboriginal component of the project is significant in that it provides direct services to Aboriginal families, appropriate to their needs and cultural background; support services are also provided to workers in SAAP and other services regarding the provision of relevant and sensitive services to Aboriginal

families and children who are homeless; HAPPI also presents training programs on Cultural Awareness and Sensitivity to SAAP agency staff.

- HAPPI has provided the opportunity for a collaborative partnership between the State and Commonwealth Governments and a non-Government agency.

HAPPI Program Review 2001/2002

An evaluation of the program undertaken by Centacare in June 2002¹¹ provides an in depth analysis of the program, its management and development to that date. The methodology of that review was based on Process and Impact evaluation with its objectives being to describe the process of establishing HAPPI, to outline the impact of HAPPI to that date, to draw conclusions about the effectiveness of HAPPI, to highlight issues arising from the inclusion of HAPPI in the human services sector in SA and to propose an evaluation model to assess the effectiveness of HAPPI .

The Review sets out the rationale for the HAPPI program stating that:

'HAPPI was developed to address the impact of homelessness upon the capacity of families to parent effectively. The program targets both homeless families and the workers who support them. The service model takes an early intervention approach, providing a crisis response to families who are homeless and at significant risk of breakdown of the family unit. The service provides specialist support to families and provides consultation and training to non-government workers supporting homeless families. The overall goal of the service is to increase the well-being of families and children (aged 0 – 12 years) who are homeless or at risk of homelessness, through improving and enhancing family relationships.'¹²

Referring Agencies

The intervention model is respectful of both clients and referring agencies. As can be seen from the supporting letters in Appendix A Family and Youth Services workers are among the most ardent supporters of this program demonstrating the capacity of the service and workers to co-work appropriately with both families and large government departments.

¹¹ HAPPI Evaluation Report 2001/2002, An Evaluation of the Centacare Homeless and Parenting Program Initiative, Dorothy Belperio, Centacare Adelaide, June 2002.

¹² Ibid, page 6

Overall, agencies referring to the HAPPI Program include SAAP Domestic Violence and Family Shelters, Youth Services, Government services including FAYS, IDSC and CAMHS, Aboriginal services, housing and tenancy support services and educational support services.

Level of Demand for HAPPI Services

From its inception the level of demand for the program has been high. Each worker carries a caseload of approximately 20 families and there has been a consistent waiting list of between 18 – 20 families. Families are contacted by telephone on referral and advised about the program and the services that will be available to them. During the establishment phase of the service (August and September) over 30 visits were made to agencies and forums promoting the service. This is clearly no longer necessary and today the issue is about meeting the ongoing level of need for the program.

Uptake by Aboriginal Families

The program has been sought after and accepted by Aboriginal clients from the very beginning with the second referral to HAPPI being an Aboriginal family requiring parenting assistance. Following the appointment of the Aboriginal and non-Aboriginal workers contacts with Aboriginal agencies and agencies employing Aboriginal staff were renewed. Feedback documented in the 2001/2002 Review stated that ‘workers indicated that they would make referrals straight away and were particularly interested in having a non-Aboriginal worker focusing on the Aboriginal communities needs as many Aboriginal families do not want Aboriginal workers’¹³

It is evident that one of the strengths and unique aspects of the HAPPI program is that its workers and intervention strategies are utilised across both Aboriginal and non-Aboriginal clients with the Aboriginal worker working with non-Aboriginal clients and vice versa. In an industry where the best-intentioned services can result in tokenism and marginalisation, this shared approach to client work provides a model that could well be emulated in other services.

¹³ HAPPI Evaluation Report 2001/2002, page 17

Program Statistics

Current statistics show that from the beginning of the program in August 2001 to 31 March 2003, 130 parents have been clients of the program and that of these 122 are female and 8 male, 90% being sole parents. These parents range in age from young teenagers to over 50 years of age with the majority being in their 20s (49%). The program has done well in engaging Aboriginal clients with 22% of parents being Indigenous Australians. This is particularly noteworthy as the Aboriginal Family and Child Consultant appointment was not able to commence until November 2001, and hence has only been with the program for a period of 16 months.

The statistics also show a significant proportion of the parents having either a diagnosed psychiatric condition or behaviour that suggests there may be undiagnosed mental health issues including depression and personality disorders. Intellectual disability of parents has been identified in 27% of all families in the HAPPI program. These statistics support the anecdotal evidence provided by the workers as to the level of need and complexity of issues presented by the families. Research undertaken on the HAPPI program files, meetings with clients and particularly information from referring workers and agencies highlight the complex needs of the families referred to the HAPPI Program. Statements by referring workers such as 'it was an extraordinarily difficult family', 'the level of abuse was horrendous', 'the level of anger was extreme' support the notion that families are referred to the HAPPI program as a last resort. This supports the notion that workers are providing intervention that focusses on parenting, the relationship between parent and child and child management issues in the context of homelessness, poverty, violence, substance abuse, as well as the intellectual and psychiatric disabilities that are evident in the statistics.

Intervention Model and Strategies

A significant early development of the program was the establishment of the Child Well-Being Plans setting out the developmental milestones for the ages and stages of child development. This simple tool could well be more widely used in family services to identify possible developmental delays in children's speech, and cognitive, social and behavioural development.

Of particular interest is the unique approach taken by workers in assisting parents and children to learn to play and have fun together. Resources for activities such as painting and craft work, music, games and toys as well as family activities such as visits to the zoo and the movies are provided as part of the overall service delivery. The HAPPI program helps parents with the serious aspects of parenting such as attachment, behavioural change, child management strategies, and emotional and physical care. An integral part of these components is the importance of parents and children having a good time together.

The following tables provide specific details of the strategic directions of the program.

Project Objective

To increase the well-being of families and children who are homeless or at risk of homelessness

Approved purposes

To provide a service to families with children who are homeless or at risk of homelessness and where the family requires assistance with parenting support and skills development. The age of the children in this program is 0 – 12 years. It will also work with staff in agencies who support homeless families.

Milestones

External Evaluator engaged
Data collection and evaluation process
Aboriginal Advisory structure established
Client work undertaken
Protocols developed with referring agencies for sharing case plans
Training plans developed and implemented
External Evaluation completed

Program Elements

1. Specialist counselling and support to families at risk of breakdown resulting from homelessness
2. Parenting support and information to families

Strategies	Outputs	Performance Indicators – Children - Qualitative	Performance Indicators – Parenting - Qualitative	Performance Indicators – Families - Quantitative	Performance Indicators – Agencies - Quantitative
1. Improving the knowledge and skills of parents who are homeless regarding the well-being of their children	A Improved skills, knowledge and understanding of parenting strategies B Increased awareness by parents of child development issues, and long term implications of poor child health	a) Outcomes of school participation, including attendance b) Basic life skill outcomes transferred to children eg hygiene, health, nutrition, grooming, conflict resolution, problems solving	Outcomes of attachment levels of parents with their child/ren Capacity of parents to set appropriate limits with their child/ren Extent of physical care and supervision	Number of total families assisted Number of adults and children assisted Number of CALD families assisted] Length of assistance to families number of families with support plans	Number of non-government agencies referring Number of CALD agencies referring Number of consultations provided Feedback from consultations
2. Improving and enhancing relationships between parents who are homeless and their children	A Improved relationships between parents and children B Increased support of the needs of children	a) Outcomes of children’s feedback regarding their safety in the environment	Extent of emotions care/relationship with child/ren Parent’s capacity to meet their own support needs	Number of families engaged in case management Number of referrals to child & parent/family services	
3. Increasing the participation of parents who are homeless and their children in case management processes and with support plans	A Increased access to specialist support services for both parents and children B Increased support systems developed by parents	a) Number of children with support plans b) Number of children engaged in case management c) Number of child well-being plans distributed	Parent’s motivation to participate in service provision		
	Reduction in generational homelessness in families				

Program Element

3. Training and education of non-government workers in parenting and child development

Strategies	Outputs	Performance Indicators – Agencies
	<ol style="list-style-type: none"> 1. Increased knowledge of parenting strategies developed by agency workers 2. Increased knowledge of child development stages developed by agency workers 3. Increased use of case management approach and of support plans for children supported by these agencies 4. Use of child well-being plans within the case management processes of agencies 5. Increased access for agency workers to specialised child and parent/family services 	<ol style="list-style-type: none"> 1. Number of training sessions provided 2. Feedback from training sessions

Program Element

3. Assistance in the delivery of appropriate services to Aboriginal families with a dedicated Aboriginal team

Strategies	Outputs	Performance Indicators – Children	Performance Indicators – Parenting	Performance Indicators – Families	Performance Indicators – Agencies
1. Developing the delivery of appropriate support services to Indigenous parents who are homeless	<p>A. Improved responses to the needs of Indigenous families</p> <p>Improved relationships between parents and children</p> <p>B. Improved skills, knowledge and understanding of parenting strategies</p> <p>C. Increased awareness by parents of child development issues, and long term implications of poor child health</p> <p>D. Increased support of the needs of children</p> <p>E. Increased access to specialist support services for both parents and children</p> <p>F. Increased support systems developed by parents Reduction in generational homelessness in families</p>	<p>a) Number of children with support plans</p> <p>b) Number of children engaged in case management</p> <p>c) Number of child well-being plans distributed</p> <p>d) Outcomes of school participation, including attendance</p> <p>e) Outcomes of children’s feedback regarding their safety in the environment</p> <p>f) Basic life skill outcomes transferred to children eg hygiene, health, nutrition, grooming, conflict resolution, problems solving</p>	<ul style="list-style-type: none"> ▪ Outcomes of attachment levels of parents with their child/ren ▪ Capacity of parents to set appropriate limits with their child/ren ▪ Extent of physical care and supervision ▪ Extent of emotions care/relationship with child/ren ▪ Parent’s capacity to meet their own support needs ▪ Parent’s motivation to participate in service provision 	<ul style="list-style-type: none"> ▪ Number of Indigenous families assisted ▪ Number of adults and children assisted ▪ Number of CALD families assisted] ▪ Length of assistance to families number of families with support plans ▪ Number of families engaged in case management ▪ Number of referrals to child & parent/family services 	<ul style="list-style-type: none"> ▪ Number of non-government agencies referring ▪ Number of Indigenous non-government agencies referring ▪ Number of consultations provided ▪ Feedback from consultations

LITERATURE REVIEW

During the establishment of the Adelaide HAPPI Program the *Port Augusta Aboriginal Families Project* provided a model for the development of the new service. The Port Augusta service model includes eleven stages from the initial referral to the case closure and incorporates the inclusion of the family and referring agency in the establishment of case plans and meetings to monitor the process and gains of the intervention.¹⁴

Internet research provides information about overseas programs including a number of in-home services offered in various States in America. Their target client groups appear to be similar to HAPPI clients in that they are families with wide ranging and complex problems including neglect, abuse, developmental delays, addictions and adolescent parents.

Service provision by these agencies includes parenting support, skill development and knowledge. Teaching appropriate child care including non-abusive discipline, limit setting and respect and encouragement of the child are a feature of both in-home services and parenting groups. Advocacy, linking with other services and making best use of community services are also included in interventions. One agency described offering its services in four languages but services to indigenous communities were not described.

The underlying goals for all programs were stronger families building on their knowledge and skills including identifying and addressing barriers to positive parenting. A measure that is common across all programs is a reduction in child protection notifications. However, in these American programs other measures of success included the number of subsequent pregnancies, educational and well being outcomes for the parents, positive school outcomes for the children and parental satisfaction with the services provided.

¹⁴ HAPPI Evaluation Report 2001/2002, Dorothy Belperio, Centacare, Adelaide, June 2002

Of significant interest is the information that was available regarding the numbers of clients and/or graduates of these programs. The programs commenced between 1978 and 1992, with two programs running for 25 years and the remainder for 11, 12, 14 and 15 years. Only one program provided specific information on its number of 'graduates,' which was 36 families in the past 11 years. One other program provided the information that it had worked with over 1,000 families in 14 years but this figure would have been increased because they also offered group parenting courses.

Many sophisticated measures of service effectiveness and outcomes are used and cited by these programs. However, client satisfaction was also given significant weight as were child protection notifications, reduction in repeat pregnancies, educational outcomes for both parents and children, worker's observations, the immunisation status of infants and the number of families successfully completing the program.

The information provided regarding the results of these programs was both relevant and modest. One program stated that it had had 6 graduates in the past year, others cited evidence such as a reduction in subsequent pregnancies, a reduction in school drop-outs, reduction in the number of child protection notifications, increases in parental knowledge and skills, parental satisfaction with the services and an increase in the level of infant immunisation. The increase in the parents' positive feelings about their futures was highly significant. However the most significant result was the increase in self referral of families to the programs. This included new families self-referring and families who have previously worked with the program identifying new needs and challenges and returning to the programs for assistance with later stages of parenting.

Overall, the information collated from the review of these long running American programs provides direction for the future of the HAPPI program. Expectations regarding what constitutes success in such programs needs to be realistic in both timeframes and achievements. Evidence provided from the programs suggests that early intervention is more successful than later, and that work with one child families is more successful than subsequent interventions.

The following provides an overview of a small number of these programs including information about their target client groups; the services provided, those selected all offer home visitations; the program goals; numbers of clients using the service where this information was available; measures of program effectiveness; and the results for those families participating in the program:

These six programs provide a range of services which can be compared and contrasted with those offered through the HAPPI program. All offer home based intervention to families with complex needs. Successful client outcomes are measured in a variety of ways including parent satisfaction and reductions in the number of reported incidents of child abuse. The following charts provide greater details of these programs.

Program: Right from the Start - Johnstown, PA
Sponsoring Agency: Beginnings Early Intervention
Start-up Date: 1992

Target client group	<ul style="list-style-type: none"> ▪ children in families with a history of abuse or neglect ▪ parents of infants and toddlers who are at risk of abuse, neglect, or developmental delay
Services provided	<ul style="list-style-type: none"> ▪ in-home education and training by a child development specialist and a social worker
Program goals	<ul style="list-style-type: none"> ▪ to identifying and addressing familial, parental, or child-based conditions that might lead to serious, negative outcomes ▪ to increase parents' knowledge of developmental milestones of their children, foster the development of positive attitudes toward parenting and self-esteem, and enhance parenting skills
Numbers of clients using the service	<ul style="list-style-type: none"> ▪ to date, the program has had 36 graduates.
Measures of Program Effectiveness	<ul style="list-style-type: none"> ▪ reductions in the number of reported incidents of child maltreatment ▪ parent satisfaction with the program
Program Results	<ul style="list-style-type: none"> ▪ this past year, the Right from the Start program had 6 graduates and 33 participants ▪ since the beginning of the program, 36 participants have graduated from the program

Program: Hand to Hand - Winston-Salem, NC
Sponsoring Agency: Catholic Social Services
Start-up Date: 1988

Target client group	<ul style="list-style-type: none"> ▪ pregnant and parenting adolescents
Services provided	<ul style="list-style-type: none"> ▪ case management, home visitation, information/referral, parent education, support groups, transportation, and mentoring for individual clients
Program goals	<ul style="list-style-type: none"> ▪ to help participants increase their knowledge of community resources and how to access them, reproductive health, parenting skills, and early childhood development; reduce the number of repeat pregnancies and low-birth-weight infants; have fewer incidents of child abuse/neglect; and increase the completion of educational goals and use of health care
Numbers of clients using the service	<ul style="list-style-type: none"> ▪ noT provided
Measures of Program Effectiveness	<ul style="list-style-type: none"> ▪ child development milestones ▪ number of repeat pregnancies ▪ educational/vocational status ▪ health care obtained ▪ degree of perceived support and self-esteem ▪ higher number of participants completing their education, lower number of child abuse/neglect reports, and low-birth-weight infants
Program Results	<ul style="list-style-type: none"> ▪ fewer repeat pregnancies and low-weight infants, and more parents obtaining work and completing their educations. ▪ Fewer child abuse/neglect reports, and low-birth-weight infants ▪ clients have consistently outperformed the control group on lower repeat pregnancies (6% vs. 35%), higher rate of contraceptive use (80% vs. 59%), higher birth-weight infants (1% vs. 10%), and fewer school dropouts (6% vs. 38%)

Program: Family Resource Centre - Jacksonville, FL
Sponsoring Agency: Children's Home Society
Start-up Date: 1978

Target client group	<ul style="list-style-type: none"> ▪ families
Services provided	<ul style="list-style-type: none"> ▪ parent education, parent support groups, and seminars to strengthen families ▪ appropriate infant care and developmental expectations, use of non-abusive discipline, and communication skills are taught ▪ training include setting and enforcing limits, exercising patience, treating others with dignity and respect, learning listening skills, and giving praise and encouragement
Program goals	<ul style="list-style-type: none"> ▪ to help involve parents in their children's lives ▪ high participation; increases in knowledge; high satisfaction with the program; and the ability to stay off of the child abuse registry.
Numbers of clients using the service	<ul style="list-style-type: none"> ▪ not provided
Measures of Program Effectiveness	<ul style="list-style-type: none"> ▪ reduction in numbers of children on child abuse registry ▪ improvements in parents' knowledge ▪ pre- and post-knowledge-based tests; pre- and post-attitude surveys; program evaluations by participants, staff, and referring agents ▪ parents' satisfaction with program's services
Program Results	<ul style="list-style-type: none"> ▪ during the past year of service delivery, 98% of the children whose parents participated in the class remained off the child abuse registry; 91% of parents increased their knowledge, with an average increase of 24%, and maintained increased knowledge 6 months post-service; and 96% of parents were satisfied with the services. ▪ parents have increased their knowledge through participation ▪ the majority of parents have been satisfied with program services.

Program: Families First - Boise, ID
Sponsoring Agency: Family Advocate Program, Inc.
Start-up Date: 1978

Target client group	<ul style="list-style-type: none"> ▪ families
Services provided	<ul style="list-style-type: none"> ▪ advocacy, case management, counselling/therapy, information/referral, parent aide services, parent education, and home visitation, which is the primary service offered ▪ to give early intervention services, parental support and encouragement, and information on child development ▪ monitors well-baby care and immunizations ▪ provides links to other services
Program goals	<ul style="list-style-type: none"> ▪ stronger families, no subsequent reports of abuse and neglect, diminished parental stress, employment or higher education achievement, reduced infant mortality/morbidity, reduced teen pregnancy rates, and increased readiness for school among the children
Numbers of clients using the service	<ul style="list-style-type: none"> ▪ not provided
Measures of Program Effectiveness	<ul style="list-style-type: none"> ▪ Family Stress Checklist, Ages and Stages Questionnaires, NCAST-Feeding, Teaching and Home Scales, Keys to Caregiving, immunizations, well-baby check-ups, Family Risk Scales, Client Satisfaction Surveys, AAPI and/or PSI, CPS reports, and emergency reports
Program Results	<ul style="list-style-type: none"> ▪ the program has found that working with first-time parents is easier than working with families with multiple children because they are more motivated

Program: Partnership Project - St.Paul, MN
Sponsoring Agency: Health Start
Start-up Date: 1991

Target client group	<ul style="list-style-type: none"> ▪ women, infants, and toddlers
Services provided	<ul style="list-style-type: none"> ▪ advocacy, case management, child care, counselling/therapy, home visitation, information/referral, pediatric care, support groups, transportation, and parent education
Program goals	<ul style="list-style-type: none"> ▪ the promotion of secure parent-child attachment ▪ to increase their knowledge of discipline alternatives and normal child development; develop healthy, realistic attitudes about child rearing; respond sensitively to infants' cues and signals; find and learn to use social support; and gain a better perspective on their own childhood issues and their role as a parent
Numbers of clients using the service	<ul style="list-style-type: none"> ▪ not provided
Measures of Program Effectiveness	<ul style="list-style-type: none"> ▪ parent responsiveness with observation, Parent Behavior Scale, Caldwell's HOME assessment, Knowledge of Child Development Inventory, and Parent Behavior Scale ▪ data is collected on child abuse, neglect, failure to thrive, client attendance at group home visits, client use of pediatric and family planning clinics, repeat pregnancies, method of family planning, and immunization status of infants
Program Results	<ul style="list-style-type: none"> ▪ reduces child abuse and neglect by 50% when compared with a matched control group ▪ since the program's inception in 1991, there have been no cases of child abuse, neglect, or failure to thrive ▪ compliance with immunization protocols has been good ▪ all children are on schedule with immunizations ▪ women are making use of available family planning services and have had no repeat pregnancies ▪ parental responsiveness is currently being monitored

Program: Family Nurturing Project - Fort Myers, FL
Sponsor Agency: Independent Developmental Educational Associates Services (IDEAS), Inc.
Start-up Date: 1989

Target client group	<ul style="list-style-type: none"> ▪ parents ▪ parents with children at high risk for child abuse (teen parents, infants exposed to drugs in utero, etc.)
Services provided	<ul style="list-style-type: none"> ▪ information, skills, and support ▪ group parenting classes, parent support groups, and community and professional workshops. IDEAS also provides intensive home-based parenting education services and support to families ▪ the Nurturing Program curriculum is used for the majority of group and home-based programs ▪ Services are provided in four languages and in a variety of locations, including schools, churches, and community centres
Program goals	<ul style="list-style-type: none"> ▪ to enable parents to raise their children to be happy, healthy, and productive individuals
Numbers of clients using the service	<ul style="list-style-type: none"> ▪ the program has served more than 1,000 families since 1989 ▪ requests for services increase each year
Measures of Program Effectiveness	<ul style="list-style-type: none"> ▪ Adult Adolescent Parenting Inventory (AAPI) (pre- and post-test); Nurturing Quiz; Child Abuse Potential Inventory (CAPI); parent satisfaction survey; family logs; weekly participant evaluations; Hawaiian Early Learning Project; Denver Developmental Screen ▪ analysis of the numbers of clients served and successful completions ▪ the number and type of presentations ▪ hours of service delivered in home and in groups ▪ client improvement are measured with scores on the AAPI and Nurturing Quiz and client satisfaction using weekly participant evaluations of parenting sessions, written program evaluations completed during the final group session, client satisfaction surveys, and participant evaluations of presentations and trainings
Program Results	<ul style="list-style-type: none"> ▪ many parents in home-based services have set positive goals for their futures and are now enrolled in GED or college programs ▪ many public schools have requested parenting services from the agency as a result of observed behaviour changes in families who have completed the program ▪ an increase in requests for services every year ▪ more families self-referring to the program as a result of positive input from families who have attended the program ▪ more than 1,000 families have received services since 1989 ▪ many families return with their teens or babies for further family growth and development services

Australian Parenting Programs

Of greater interest and relevance is a parenting program developed and offered to families in Australia. The program was developed by Professor Matt Sanders and colleagues from the Parenting and Family Support Centre in the School of Psychology at The University of Queensland and a detailed program outline is available on the Internet. The program is a multi-level, parenting and family support strategy that aims to prevent severe behavioural, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. It is titled Triple P, standing for Positive Parenting Program and incorporates five levels of intervention of increasing strength for parents of children from birth to age 12. Recently the program has been extended to address the concerns of parents of young people aged 12-16. The following information is taken directly from the Triple P Internet site (www.ppp.health.qld.au):

- Level 1, a universal parent information strategy, provides parents with access to information about parenting through a coordinated media and promotional campaign using print and electronic media. This level of intervention aims to increase community awareness of parenting resources, to encourage parents to participate in programs, and to create a sense of optimism by depicting solutions to common behavioural and developmental concerns.
- Level 2 is a brief, 1 or 2-session primary health care intervention providing anticipatory developmental guidance to parents of children with mild behaviour difficulties, with the aid of user-friendly parenting tip sheets and videotapes that demonstrate specific parenting strategies.
- Level 3, a 4-session primary care intervention, targets children with mild to moderate behaviour difficulties and includes active skills training for parents.
- Level 4 is an intensive 8 to 10-session individual, group or self-help parenting program for parents of children with more severe behaviour difficulties.
- Level 5 is an enhanced behavioural family intervention program for families where parenting difficulties are complicated by other sources of family distress (e.g. relationship conflict, parental depression or high levels of stress).

This tiered multi-level strategy recognises that parents have differing needs and desires regarding the type, intensity and mode of assistance they may require. The Triple P system is designed to maximise efficiency, contain costs and ensure the program has wide reach in the community.

Triple P has been developed through more than 20 years of clinical research trials. The program is based on contemporary knowledge, has been well tested in international research and has been found useful by many parents.

The aims of Triple P are:

- To promote the independence and health of families by enhancing parents' knowledge, skills and confidence.
- To promote the development of non-violent, protective and nurturing environments for children.
- To promote the development, growth, health and social competencies of young children.
- To reduce the incidence of child abuse, mental illness, behavioural problems, delinquency and homelessness.
- To enhance the competence, resourcefulness and self-sufficiency of parents in raising their preadolescent children.

Triple P draws on social learning, cognitive behavioural and developmental theory, as well as research into risk and protective factors associated with the development of social and behavioural problems in children.

The program's multi-level framework aims to tailor information, advice and professional support to the needs of individual families. It recognises that parents have differing needs and desires regarding the type, intensity and mode of assistance they may require. Triple P interventions range from the provision of brief information resources such as tip sheets and videos at Level 1, through to brief targeted interventions (for specific behaviour problems) offered by primary care practitioners at Levels 2 and 3, to more intensive parent training programs at Level 4 and Level 5 programs targeting broader family issues such as relationship conflict and parental depression and stress.

The acknowledgements included in the Triple P site provide an indication of the States and organisations who have contributed to the development of this program.

The Positive Parenting Program (Triple P) is an initiative of the Parenting and Family Support Centre at The University of Queensland. Triple P is dedicated to the many parents and children who have participated in the development of the program. Many of the ideas and principles of positive parenting contained in this volume have evolved as a result of the experience and feedback provided by parents and children participating in research and therapy programs. Their assistance is gratefully acknowledged. The authors also gratefully acknowledge the financial support of Queensland Health, Victorian Department

of Human Services, Health Department of Western Australia, the National Health and Medical Research Council, and the School of Psychology and Department of Psychiatry at The University of Queensland who have contributed to the development of Triple P over the years.

EVALUATION METHODOLOGY

As a program that was originally designed as an adjunct to other intervention programs, particularly those provided through Supported Accommodation Assistance Program (SAAP) funded services, HAPPI should be but one service amongst a number that is delivered to a family.

Therefore, an evaluation methodology should include both the specific details and outcomes of HAPPI's direct involvement with the family as well as an overview of where these services sit within the overall case management plan and service delivery.

The methodology selected for the review of HAPPI includes:

- Desk top research of HAPPI family files including both closed and ongoing cases
- Program statistics and data
- Semi-structured interviews with client families based on the client questionnaire included (Appendix B).
- Structured interviews with referring workers and agencies (Appendix C)
- Structured questionnaires completed by referring workers and agencies (Appendix C2)
- Interviews with relevant Commonwealth and State Government Officers
- Focus groups with HAPPI's Advisory Committee
- Discussions with HAPPI staff
- Literature review of local and international parenting programs.

These information sources provide qualitative, quantitative and anecdotal information about the program and together present an overview of its breadth, its place in overall service delivery to families in South Australia, the issues confronting the families and their workers, and indicators about possible future developments in the program's focus and management.

The scope and format of the review methodology was influenced by a number of factors including the length of time the program has been offered (ie less than 2 years); the limited time available for the review; and the timing of the commencement of the review (ie towards the end of the two years of the initial funding), rather than establishing qualitative evaluation structures and building them into the program from its commencement.

EVALUATION RESULTS

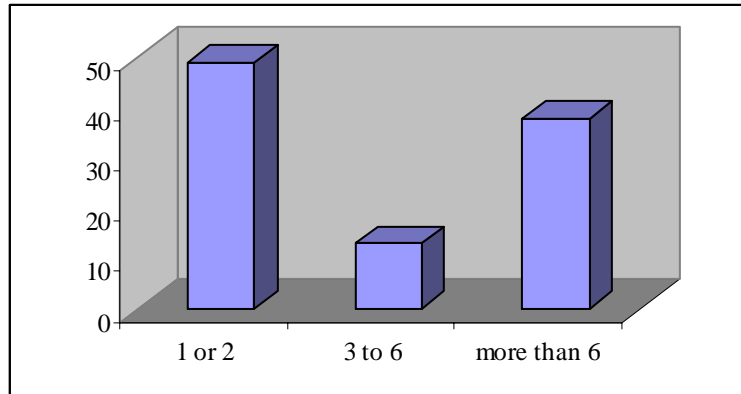
The most significant information collated for this evaluation came directly from the workers and agencies who refer families to the HAPPI Program and who have an knowledge and understanding of the issues for the family and have observed the outcomes of the program's intervention. Data relating to over 30 families are represented in the following data that provides an overview of the process, experiences and outcomes relating to the HAPPI Program.

Structured interviews and questionnaires completed by referring workers provided information about the number of clients that each worker had referred to the HAPPI Program, the presenting problems within the families that led to the referral being made, the workers experience of communicating and working with program staff and comments and observations regarding the importance and relevance of the program within service delivery options to families in South Australia.

The number of families referred by each of the referring workers since the commencement of the program in 2001.

The number of clients referred to the HAPPI Program varied according the referring workers knowledge of the program and the length of time they had been in their current positions. Some workers stated that they had recently commenced work in service delivery positions and that their colleagues had told them of the program. There are also has a number of workers from both SAAP and government agencies who make frequent referrals to the program as can be seen from the diagram below.

Number of families referred to HAPPI x referring worker or agency

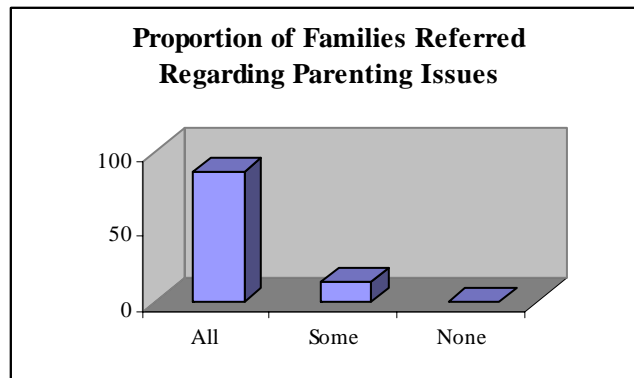


An overview of the family’s presenting problems that prompted the referral to HAPPI

Workers referred to the program for a range of parenting and family issues the main reasons being parenting, family and homelessness issues in keeping with the purpose of the program. Parent and child relationships and children’s issues including neglect and abuse were also reasons for referrals being made. The following charts show the proportion by percentage of the reasons for referrals by workers.

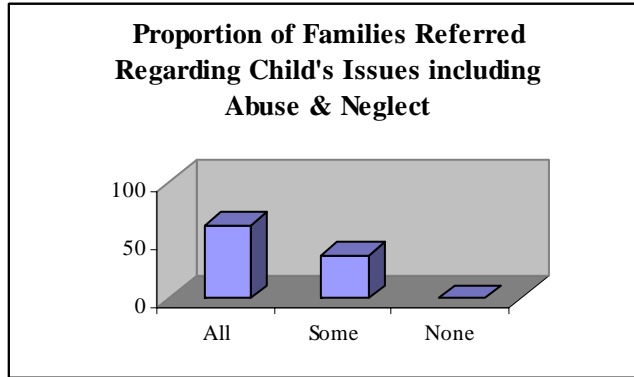
Parenting issues

As can be seen below majority of referrals made to the HAPPI program included parenting issues.



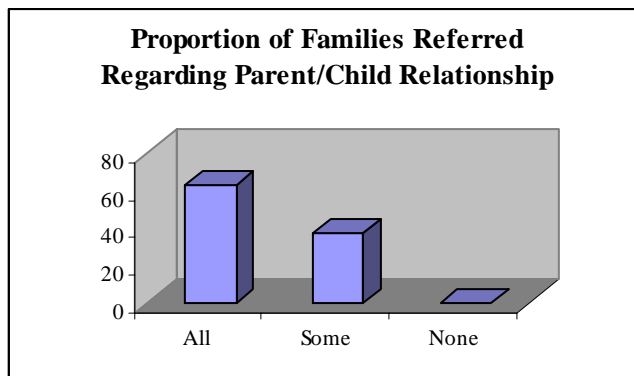
Child's issues including neglect and abuse

Although neglect and abuse of children was a major issue it was less likely to be nominated as a factor for referral than parenting and family issues.



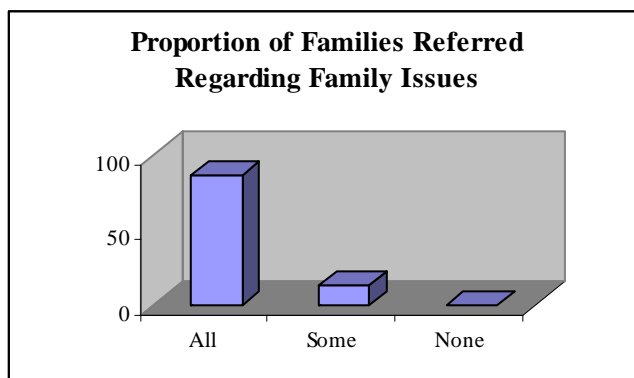
Parent/Child relationship issues

Workers concerns about parent/child relationships were a significant factor in their referrals to the HAPPI program.



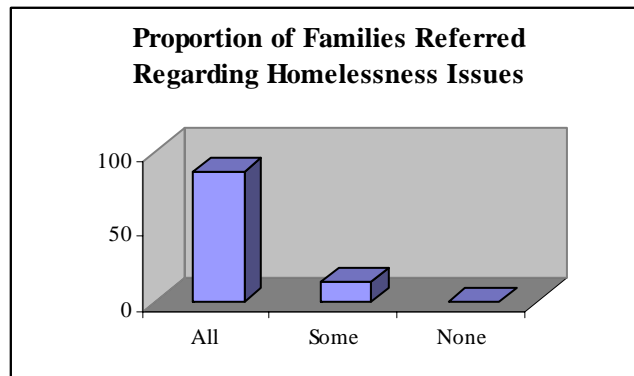
Family issues

Issues for the whole family were identified by the majority of workers as being a factor in their referrals to the HAPPI program.



Homelessness or lack of stable accommodation issues

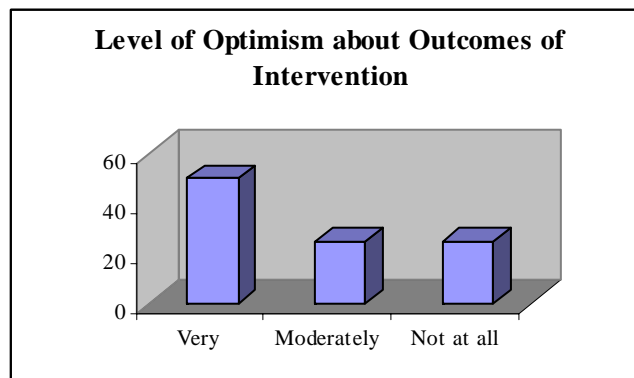
Referrals from SAAP funded and other services include homelessness or lack of stability of accommodation as a factor in referring families to the program.



Optimism about the outcomes of HAPPI's intervention

This result reflects the level of difficulty experienced by the families referred to HAPPI.

Issues such as intellectual disability, psychiatric disorders, personality disorders, drug and alcohol abuse, developmental delays, offending and criminal behaviour, violence including domestic violence, poverty and homelessness influence the referring workers optimism about the capacity of the family to benefit from intervention.



Referring workers and agencies were asked to provide information about outcomes for specific clients in line with the original funding and service agreement that was the basis for the establishment of the HAPPI Program. Refer to Appendix D for details of the funding and service agreement.

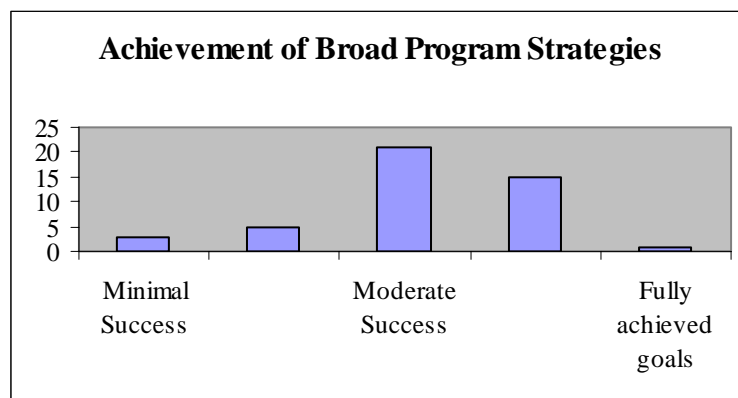
Broad Program Strategies

1. Improving the knowledge and skills of parents regarding the well-being of their children was a goal for 89% of families. 82% of these families were identified by

their referring workers as gaining a moderate to high level of achievement in regard to this goal.

2. Improving and enhancing relationships between parents and their children was a goal for 89% of families. 76% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
3. Increasing the participation of parents and their children in case management processes was a goal for 47% of families. 91% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.

An overview of goal achievement in these 3 areas is set out below

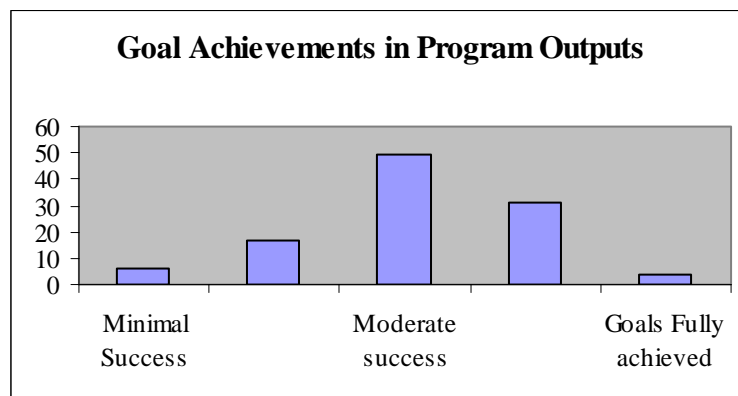


Program Outputs

1. Improved skills, knowledge and understanding of parenting strategies was a goal for 89% of families. 87% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
2. Increased awareness by parents of child development issues, and long-term implications of poor child health was a goal for 78% of families. 93% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
3. Improved relationships between parents and children was a goal for 89% of families. 87% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
4. Increased support of the needs of children was a goal for 89% of families. 80% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.

5. Increased access to and use of specialist support services for both parents and children was a goal for 68% of families. 71% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
6. Increased support systems developed by parents was a goal for 68% of families. 70% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
7. A reduction in generational homelessness was a goal for 53% of families. 54% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.

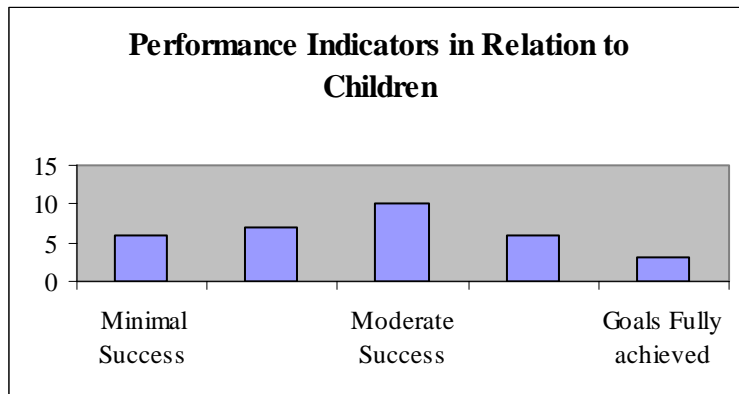
An overview of goal achievements in Program Output areas is demonstrated below:



Performance Indicators – Children

1. Improvement in school participation, including school attendance was a goal for 63% of families. 67% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
2. Basic life skill taught to children eg hygiene, health, nutrition, grooming, conflict resolution, problem solving was a goal for 47% of families. 67% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
3. Improved feedback from children regarding their feelings of safety in the home environment was a goal for 23% of families. 45% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.

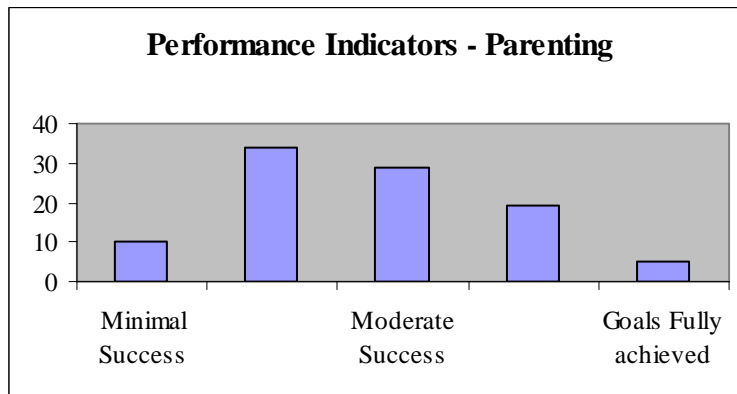
An overview of the Performance Indicators in relation to children in the HAPPI program is set out below:



Performance Indicators – Parenting

1. Improvement in attachment levels of parents with their child/ren was a goal for 89% of families. 59% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
2. Capacity of parents to set appropriate limits for their child/ren was a goal for 89% of families. 53% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
3. Extent of physical care and supervision was a goal for 68% of families. 77% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
4. Extent of emotional care of child/ren was a goal for 89% of families. 41% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
5. Parent's capacity to meet their own support needs was a goal for 78% of families. 44% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.
6. Parent's motivation to participate in service provision was a goal for 89% of families. 59% of these families were identified by their referring workers as gaining a moderate to high level of achievement in regard to this goal.

The following chart demonstrates the overall outcomes in relation to program's performance indicators for parenting.



Overall, the program's successes, based on information from the referring workers and agencies, are easily identifiable in each of the key areas. Given the fact that the program has been running for less than two years together with the complexity of issues facing the families referred to the program the results are positive. A moderate level of success can clearly be seen in each of the areas with scores given in the higher success areas including some scores denoting that goals were fully achieved.

These results support the programs internal performance measures provided in the document *Centacare HAPPI Family Function Outcomes* in Appendix E.

AGENCY CONTACT EXPERIENCE: FEEDBACK FROM REFERRING WORKERS AND AGENCIES

A further major area of the questionnaire for referring workers and agencies were questions regarding their overall contact with the agency from their initial referral to HAPPI, throughout the intervention process to closure. The information provided below gives an overview of the responses provided.

Communication between HAPPI and referring worker

Referring workers were highly complimentary about their ease of access to HAPPI workers. They described communication as being very good, fine, easy, appropriate, excellent being readily available, flexible and picking up issues and cases quickly.

HAPPI's emphasis on providing a quick, open response was acknowledged with one worker describing how her referral was quickly followed through with only one week from referral to action. Referring workers stated that HAPPI workers were clear about their role and complemented their collaborative approach with case conferences held on a regular basis with telephone contact in between. Overall feedback rated between really good and excellent with the exception of one worker who had found feedback on the family's progress to be sporadic.

Ease Of Contact From Initial Referral To Termination

Referring workers stated that although HAPPI workers are very busy they always responded promptly, and noted their interest in and commitment to families and their needs.. They stated that they were easy to contact making good use of mobile telephones. However, one worker stated a concern about the length of time between contacts.

Information Sharing Including Ease Of Access To Ongoing Reports

Referring workers stated that HAPPI staff had a respect for confidentiality and dealt with this sensitively creating a problem free team approach. All agencies except one appreciated the need for consents to be signed by the client for information release, and the constraints of confidentiality were handled appropriately with good co-operation and co-ordination between the agencies including families involvement.

HAPPI's Methodology And Approach In Working With Families

Comments varied from positive – 'they really like children and focus on them'. 'they have a knowledge of child development processes', 'their methodology is fine and fits in well with the shelter' to 'the families uniqueness needs to be taking more into account'. Overall, the majority of comments were highly positive with one worker stating that 'they do it really well'.

Referring workers were 'particularly impressed' with HAPPI's indigenous worker and her 'great cultural knowledge' which enables her to give families information about their history and place in Aboriginal society.

Overall, the programs 'respectful approach', 'client driven processes', 'flexibility, skills in engaging families' and 'positive approach focussing on the family strengths' were commended. Their 'willingness to change their approach', 'ability to engage reluctant families' and 'to work with families to have good times together', 'home visiting' and 'professional and empathetic approach' was commented upon by the vast majority of referring workers.

HAPPI's Policies In Relation To Agency And Client Contact

Those referring workers who felt able to comment on this area stated that they had no problems with the policies and fully agreed with HAPPI's Child Protection notification policy and their openness with the client families from the beginning of their intervention. Only one worker reported concerns about the outcome of a notification stating that the family had chosen not to continue working with HAPPI after a notification had been made. However, the majority of agencies acknowledge their responsibility to protect children's wellbeing and agree with and work to similar policies.

HAPPI's Case Closure Processes With Both Client And Referring Agency

In working with transient and homeless families, case closure presents challenges such as the family returning 'home' interstate; losing interest, energy and enthusiasm in the short term but wanting to recommence working on their issues at a later date; resolving other issues such as relationships, accommodation and regaining their coping skills.

Referring workers' comments reflect these challenges with one stating 'that closure was different with different families', that 'on one occasion termination was not rounded off but petered out', 'the family drifted out of program', 'it was left open for future contact'. One worker stated that 'the case was closed without successful outcomes but the process was clear and appropriate and a decision made that further contact would be unhelpful rather than a drift to no contact'. Another referring worker stated that 'the closure was very satisfactory and clear'.

General Comments from Referring Workers and Agencies

These included comments about the worker and their interventions. Words such as 'fantastic', 'flexible', 'freshness in approach' were used with specific feedback about HAPPI's Aboriginal Worker and how she worked with families.

The HAPPI program was commended for its mobility and portability with the program being described as unique, useful to many families and filling a gap in services.

Referring workers were able to identify outcomes for families who had been referred to the program describing 'better relationships between parents and children', 'stabilised families' and 'new skills gained by families'.

What makes these gains particularly significant is the referring workers description of the client characteristics and their presenting issues. Domestic violence, homelessness, 'horrendous abuse', 'extremely difficult family', 'mental health issues', intellectual disabilities and children with developmental delays were a common feature in many families.

A record of this feedback is contained in Appendix F of this report.

CURRENT PROGRAM INFORMATION

Mother/child separation

Currently there are three workers on the HAPPI program who are actively engaged with a total of 45 families, two of which are complex multi-generational families.

It is of particular relevance to the overall picture of the program and the level of difficulty of the families engaged that of the current active cases 16 of the mothers no longer have children to whom they gave birth living with them.

Of these 16 the total number of children no longer living in their mother's care is 40. This is a significant level of mother/child separation.

Caseworker involvement with HAPPI's active cases

HAPPI workers report that of their current active cases 37% have nominated and active case managers, of the remaining families 26% have workers who are not case managers and 37% have no services other than HAPPI involved.

Level of success

While the 3 current staff have not all been involved in the program from the beginning they are able to identify successful outcomes for client families. Although families have left the program for many reasons including feeling that they have received enough support, leaving the metropolitan area, not following up with the program despite workers' efforts to contact them, or moving house and not advising workers of their new location, collectively the workers were able to identify 25 families as having made significant gains from their involvement with the program.

HAPPI's portability and mobility

One of the noted strengths of the program is the ability to provide services to transient families as they relocate in different living places in the metropolitan area. Program statistics dated 31 March 2003 (Appendix G Table 16) show that 36% of client families had moved house once during HAPPI's intervention and that 7% of families had had between 5 and 10 living places.

The mobility of client families has resulted in workers travelling significant distances to visit them. The three current workers state that weekly they travel approximately 200, 400 – 500 and 560 kilometres respectively.

Client feedback

A small number of currently active clients were interviewed as part of the review process. They were very positive about their involvement with the program, identifying positive changes that had come about as a result. They stated that they had learned skills and strategies from the workers but also that their new way of approaching their parenting responsibilities had enabled them to develop new ways of dealing with situations themselves.

SUMMARY

The results and findings from the evaluation of the HAPPI program have been collated from a range of people and documents. The overall view of the program is congruent across this range of sources and the available information describes a program that is filling a much needed service in an area where no other such services exist.

The scope of this evaluation does not allow for the number of questions arising from the information collected. It can be seen that complex and compound problems experienced by the families referred to the program create a high level of difficulty. It is also evident that while the program was initially set up as an adjunct to other services under the direction and support of a case manager in many cases this is not happening. In fact there are a significant number of families who are receiving support from HAPPI workers only, and the significance of this, particularly in relation to the management of the SAAP outreach programs, could well be an issue for further consideration for policy makers and program administration.

Overall, the findings of this evaluation can be summarised as:

- Firstly, the program is meeting a previously unmet need in service delivery in SA with the level of difficulty of the client families being very high with complex issues needing to be addressed with families experiencing psychiatric, intellectual disability, development delays, homelessness, drugs and alcohol, violence including domestic violence, offending and criminal behaviour, poverty and homelessness. A further factor is the loss of removal of children in a significant proportion of the families.
- Secondly, that this evaluation has brought together information about the program that presents an overview of many factors associated both within the program and in the context in which it delivers services. However, it raises as many questions as it answers and further and ongoing research into some of the specific aspects of the program, most importantly the child issues and concerns, would be of great value to both this program, policy makers and services to homeless children in other sectors and program areas.

CONCLUSIONS

HAPPI has been funded for less than 2 years. The recruitment and retention of highly skilled staff has been a priority for Centacare in establishing this program. Delays in the funding process also contributed to a delay in the implementation of the program. Despite the delayed start, the service has managed to attract a high rate of referrals from its inception.

HAPPI was funded and established as an adjunct to other services that would provide overall case management. The concept of HAPPI was to be one of a range of supports and services provided to homeless parents and children. This generally has not occurred and of the current HAPPI cases 37% have no other agency involved; 26% have other agencies involved but no one nominated as case manager; and only 37% have an active case manager.

HAPPI was established to be an early intervention program, yet it appears that in most cases its involvement is used as a 'last resort'. As a result, HAPPI workers are often required to perform an additional case management function and undertake the role of seeking other support services, including housing for the families.

As an early intervention model, HAPPI was seen to be a way of breaking the cycle of inter-generational homelessness in families, by making the children the prime focus of its service delivery, rather than children being perceived as an adjunct to the parent(s). This needs to be tested with a longitudinal study.

HAPPI fills a major gap in service delivery in South Australia. It is able to work with its clients flexibly over a significant period of time and to follow them wherever they choose to live in the metropolitan area.

The concept of HAPPI is almost unanimously considered to be an excellent model and service by all those who were consulted during the evaluation. This was supported by

limited, structured interviews with clients who appreciated having 'someone who listens and understands my problems and shows me how to do things differently'. Centacare reports that clients also appreciate having the continuity of a worker across the metropolitan area, regarded as rare in human service delivery.

Centacare has proved to be an ideal auspice for the program providing strong support to workers and dealing with problems that arise quickly and collaboratively, thereby ensuring ongoing relationships with other service providers are supported.

The Aboriginal component of the program has achieved a good uptake level with both Aboriginal parents and non-Aboriginal parents of Aboriginal children using HAPPI. Current statistics show that 22% of parents and 25% of the children receiving services from the program are Aboriginal.

The evaluation has established that HAPPI families have complex and comprehensive problems including intellectual disability, developmental delays, homelessness, drugs and alcohol abuse, violence including domestic violence, offending criminal behaviour and poverty. Often families receive little or no support from service agencies funded to deal with these issues as they are seen as 'borderline' or not meeting service guidelines, yet the range and complexity of the presenting problems should make these families ideal targets for a range of support services.

In this regard, it appears that HAPPI has conformed to the concept in the funding model and has targeted the most difficult families. Given the level of difficulty of the families that HAPPI works with, the outcomes for clients are regarded by other service providers as being quite good. Feedback obtained from referring agencies points to a high regard for the skill and the work of the HAPPI workers, and for the program itself and that it fills a significant service gap for homeless families with high and complex needs.

An investigation of both closed and open files within the program indicate that clients often cease contact with the program before all the goals are achieved. There are many reasons for this, including the mobility of homeless families, and that families may consider that other factors in their lives have improved and the need for HAPPI has lessened, however

the family is encouraged to contact HAPPI if required in the future. There was little evidence in some files as to why a client may have ceased contact with HAPPI.

Workers are currently carrying caseloads of 18-20 clients each. There is a waiting list of about 20 clients. The evaluators consider that the caseload is too high, given the complexity of the families and that the high workloads contribute to a perception from some agencies that the client contact should be more frequent.

Centacare was funded to develop and implement training for other service providers in its first year of funding. Centacare reports that whilst training programs were developed and promoted, the uptake was very limited from other service agencies. This may be for a number of reasons: agencies may have the view that there was nothing new to be learned, or that HAPPI as a new player in the field needed to establish its credibility as a service model before training was developed.

Programs (refer to the literature review) elsewhere that share similar concepts to HAPPI, have been established for up to 25 years and still describe themselves as developing and evolving.

Ongoing program monitoring and qualitative analysis are required. Research on the effects of homelessness on children would contribute to further refinements to this program. The initial concept has shown that the program is very much needed, fills a void in the service system for homeless families and has skilled and committed workers available to provide the service, but the model needs to have the option of built in adjustments to ensure it is meeting clients' needs, including community involvement. Given that the program is considered to be in its infancy compared to other well-established program both here and overseas, client outcomes would benefit from ongoing development.

Given the short term of its operation, it has been difficult to identify successful graduates of HAPPI from the statistics. However, workers from many agencies report significant gains and high levels of optimism for families as a result of HAPPI's intervention.

In any decisions regarding an extension of funding, there needs to be consideration of whether HAPPI continues to focus on higher needs clients or whether a tiered system of intervention should be considered.

Finally, the flexibility of the HAPPI response is both its strength and its weakness. Referring agencies appreciate that the varying needs and abilities of their clients can be incorporated into the case plans and interventions. However, this flexibility and the responsiveness of the HAPPI workers to take on so many new clients is leading the program towards becoming all things to all people. This needs to be monitored. More attention to targeting clients will increase the successes of the program.

The question that should be addressed in any further development is:

“Is success positive outcomes - ie large gains for lower need clients - or is it working with extremely high need clients and making small and progressive gains? Or could it be both?”

RECOMMENDATIONS

As stated previously, the HAPPI program is in its infancy. It is, for the first time in South Australia, testing a model of parenting and supporting children in homeless families that have complex and multiple issues.

The complexity of the issues for these families requires that HAPPI remain in place with the families for an extended period of time compared to more time limited and intensive services such as SAAP etc.

It is therefore recommended that:

1. HAPPI funding is continued on a recurrent basis after the expiry of its current funding period.
2. HAPPI funding be expanded to support additional families and to reduce client caseloads for workers. This in turn will enable more frequent contact with families on the program.
3. HAPPI continues to work with families across the metropolitan area.
4. The Aboriginal funding component of the Program continues to build on its successes.
5. HAPPI's shared approach to client work, ie its workers and intervention strategies are utilised across both Aboriginal and non-Aboriginal clients with the Aboriginal worker working with non-Aboriginal clients and vice versa provides a model that should be emulated in other services.

6. Research on homelessness and children is undertaken to identify and address the impact on children and to reduce the intergenerational effects of homelessness.
7. Policies be developed to address the issues arising from the lack of case management available for some clients.
8. Information in client files be improved to include regular reviews of goals and progress for clients. This should also include a record of other service providers and case managers involved with clients.
9. Structured client feedback and client satisfaction surveys be conducted every 6 months.
10. The program for each client be adapted to take into account the client's changing needs.
11. The Child Well-Being Plans setting out the developmental milestones for the ages and stages of child development be more widely used in family services to identify possible developmental delays in children's speech, and cognitive, social and behavioural development. This may be a topic for development of future training.

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HAPPI EVALUATION

Client survey for parents

Your worker _____ is part of a program called HAPPI which was set up to help families to learn more about their children - how they develop and what they need to help them do well at school and at home.

Right now the program is being evaluated and your help with this questionnaire would be very helpful to us in working out exactly how helpful the program has been to you and your children.

As you will see we are not collecting personal information about you or your children. This evaluation is about the program itself and no identifying information about you or any other persons working with HAPPI will be included in the report.

Thank you for taking time to help us with the evaluation.

Please read the following statements and rate how they apply to you both before and since working with your HAPPI worker.

THERE ARE A NUMBER OF QUESTIONS BUT IT WOULD BE VERY HELPFUL IF YOU COULD ADD ANY OF YOUR OWN COMMENTS TO THE QUESTIONS. ONCE AGAIN THANK YOU FOR HELPING US WITH THIS QUESTIONNAIRE.

1 Before working with HAPPI would you have said that your relationship with your children was really good?

- all of the time
- most of the time
- some of the time
- occasionally
- never

2 Right now - would you say your relationship with your children was really good?

- all of the time
- most of the time
- some of the time
- occasionally
- never

3 Before working with HAPPI how often did you wish that your relationships with your children was better?

- all of the time
- most of the time
- some of the time
- occasionally
- never

4 Since working with HAPPI how often do you wish that your relationships with your children was better?

- all of the time
- most of the time
- some of the time
- occasionally
- never

5 What is different now?

6 How much did you know about and understand your child's behaviour and the usual 'phases' that children go through as they grow up before you started working with your HAPPI worker?

- everything
- most things
- some things
- a few things
- nothing much

7 And how much do you feel that you know now?

- everything
- most things
- some things
- a few things
- nothing much

8 What is different now?

9 How much did you know ways of managing your child's behaviour - encouraging the things you wanted them to do and stopping them doing things you didn't want them to do before you started working with your HAPPI worker?

- everything
- most things
- some things
- a few things
- nothing much

10 And how much do you know now?

- everything
- most things
- some things
- a few things
- nothing much

11 What are some of the things that you have learnt that are working for you?

12 How important was your child's health and the way you look after her or him before you started working with your HAPPI worker?

- more important than anything else
- very important
- important
- not very important
- not important at all

13 How important do you think it is now?

- more important than anything else
- very important
- important
- not very important
- not important at all

14 How has this changed?

15 How much help and support were you getting for yourself and with looking after your child before you started working with your HAPPI worker?

- a great deal
- quite a lot
- some help
- occasional help
- not much

16 How much help and support do you feel that you are you getting now?

- a great deal
- quite a lot
- some help
- occasional help
- not much

17 How has this changed? Who do you feel is providing you with support now?

18 How hopeful are you about your chances of finding and keeping safe, affordable accommodation now?

- extremely hopeful
- very hopeful
- hopeful
- quite hopeful
- not at all hopeful

19 How hopeful were you before you started working with your HAPPI worker?

- extremely hopeful
- very hopeful
- hopeful
- quite hopeful
- not at all hopeful

20 How has this changed?

21 How close did you feel to your child before you started working with your HAPPI worker?

- extremely close
- very close
- close
- quite close
- not at all close

22 How would describe your closeness to your child this now?

- extremely close
- very close
- close
- quite close
- not at all close

23 How important was your job of being a parent and did you feel that you had enough time and energy to give to being a parent before working on the Happi program?

- more important than anything else
- very important
- important
- not very important
- not important at all

- 24 How do you feel about being a parent now?
- more important than anything else
- very important
- important
- not very important
- not important at all

25 How is it different now?

- 26 Before you started working with your HAPPI worker how much control did you feel that you had over your own life?
- in total control
- mostly in control
- in control
- occasionally in control
- not at all in control

- 27 How much in control of your life are you now?
- in total control
- mostly in control
- in control
- occasionally in control
- not at all in control

28 How are things different?

29 Overall, how much and in what ways would you say that the HAPPI program has changed your life?

Questionnaire completed by:.....Date:.....

HAPPI EVALUATION

QUESTIONNAIRE FOR WORKERS AND AGENCIES

REFERRING TO THE HAPPI PROGRAM

In June 2003 HAPPI will have been funded for the two years of its original funding agreement. As a Commonwealth Government initiative funded through the National Homelessness Strategy and the Child Care Broadband and in conjunction with the State Government's Supported Accommodation Assistance Program this 2 year initiative targeted families who were homeless or at risk of homelessness. Its specific objectives are set out in Part 2 of this survey.

The Commonwealth Department of Family and Child's Services has requested an evaluation of the program to determine its impact on homeless families in SA.

As a worker who has referred families to HAPPI your help is requested in providing the following information. NO PERSONAL OR IDENTIFYING INFORMATION ABOUT CLIENTS IS REQUESTED OR NEEDED. This is a program evaluation looking at the broad response to the outcomes and performance indicators established for the program.

Thank you for taking the time to assist with this evaluation. As part of the process there will be a number of focus groups discussing these issues in greater detail thus providing additional information regarding the value and impact of the HAPPI program. If you are interested in receiving further details about attending a focus group please contact me on 8278 1923 or 0411 292990 or by email on mpor@chariot.net.au

PART I

Please read the following statements and rate how they apply to your clients generally:

1. How many clients have you referred to HAPPI since it commenced in 2001.

1 or 2	<input type="checkbox"/>
3 – 6	<input type="checkbox"/>
more than 6	<input type="checkbox"/>

2. Generally what were the presenting problems that prompted you to refer to HAPPI
 - a) Parenting issues:

all referrals	<input type="checkbox"/>
some referrals	<input type="checkbox"/>
none of the referrals	<input type="checkbox"/>

 - b) Child's issues including neglect and abuse:

all referrals	<input type="checkbox"/>
some referrals	<input type="checkbox"/>
none of the referrals	<input type="checkbox"/>

 - c) Parent/Child relationship:

- all referrals
- some referrals
- none of the referrals

continued overleaf

- d) Family issues:
- all referrals
 - some referrals
 - none of the referrals

- e) Homelessness or lack of stable accommodation issues:
- all referrals
 - some referrals
 - none of the referrals

3. Generally what changes were you hoping for from HAPPI's involvement?

4. How optimistic were you about the possible outcomes?
- very
 - moderately
 - not at all

5. What were the outcomes or changes that you observed?

AGENCY CONTACT EXPERIENCE

Could you comment on the following:

I. Communication between HAPPI and yourself:

II. Ease of contact from initial referral to termination:

III. Information sharing including ease of access to ongoing reports:

IV. HAPPI's methodology and approach in working with families:

V. HAPPI's policies in relation to agency and client contact:

VI. HAPPI's case closure processes with both client and your agency

FOR EACH FAMILY – please photocopy if necessary

The specific goals of the HAPPI Program are identified below. Using the scale provided could you identify 1) if this was a goal for this specific family and 2) to what extent was this goal achieved by HAPPI. Please circle the most appropriate number from 1 - 5

Broad Program Strategies	Was this a goal in working with this particular family?	Was this goal successfully achieved?
Improving the knowledge and skills of parents regarding the well-being of their children	YES / NO	(no) 1 2 3 4 5 (yes) not at all fully achieved
Improving and enhancing relationships between parents and their children	YES / NO	(no) 1 2 3 4 5 (yes)
Increasing the participation of parents and their children in case management processes	YES / NO	(no) 1 2 3 4 5 (yes)

Outputs	Was this a goal in working with this particular family?	Was this goal successfully achieved?
Improved skills, knowledge and understanding of parenting strategies	YES / NO	(no) 1 2 3 4 5 (yes)
Increased awareness by parents of child development issues, and long term implications of poor child health	YES / NO	(no) 1 2 3 4 5 (yes)
Improved relationships between parents and children	YES / NO	(no) 1 2 3 4 5 (yes)
Increased support of the needs of children	YES / NO	(no) 1 2 3 4 5 (yes)
Increased access to and use of specialist support services for both parents and children	YES / NO	(no) 1 2 3 4 5 (yes)
Increased support systems developed by parents	YES / NO	(no) 1 2 3 4 5 (yes)
A reduction in generational homelessness?	YES / NO	(no) 1 2 3 4 5 (yes)

Performance Indicators – Children	Was this a goal in working with this particular family?	Was this goal successfully achieved?
Improvement in school participation, including school attendance	YES / NO	(no) 1 2 3 4 5 (yes)
Basic life skill taught to children eg hygiene, health, nutrition, grooming, conflict resolution, problem solving	YES / NO	(no) 1 2 3 4 5 (yes)
Improved feedback from children regarding their feelings of safety in the home environment	YES / NO	(no) 1 2 3 4 5 (yes)

Performance Indicators – Parenting	Was this a goal in working with this particular family?	Was this goal successfully achieved?
Improvement in attachment levels of parents with their child/ren	YES / NO	(no) 1 2 3 4 5 (yes)
Capacity of parents to set appropriate limits for their child/ren	YES / NO	(no) 1 2 3 4 5 (yes)
Extent of physical care and supervision	YES / NO	(no) 1 2 3 4 5 (yes)
Extent of emotional care of child/ren	YES / NO	(no) 1 2 3 4 5 (yes)
Parent's capacity to meet their own support needs	YES / NO	(no) 1 2 3 4 5 (yes)
Parent's motivation to participate in service provision	YES / NO	(no) 1 2 3 4 5 (yes)

Name of Worker:

Agency:

GENERAL COMMENTS FROM REFERRING WORKERS AND AGENCIES

What referring workers said about HAPPI Workers

- workers are fantastic
- they taught the mother how to play with her children
- 2 were very successful – skilled worked, sensitive to clients, met client where client was at, supportive, explained things and validated client improving their self esteem
- they were able to confront the client re parenting issues.
- the mother had an intellectual disability but were able to impress on her the importance of their parenting task and this has kept the child safe
- workers worked well with FAYS, court, IDSC etc and provided consistent link for family
- worked well as part of the whole within a multidisciplinary team approach
- HAPPI persisted and the mother learned different ways to deal with behaviour
- HAPPI cut through the family dynamics to the real problems
- very flexible, unstructured and able to 'go with the flow'
- good communication
- non-bureaucratic approach
- brought about subtle changes in power balance
- freshness in approach
- ability to work with FAYS is far superior to other programs
- assisted goals forward movement
- ability to work with FAYS and acknowledge strengths
- team with FAYS as well as treating the family as equal players
- encouraged power development in the family
- supported parenting changes
- excellent supports with interagency correspondence
- dependence on worker to provide all answers and support
- work towards greater stability and security within the families – ie improved family dynamics with commitment to change and to improve the situation

HAPPI's Aboriginal Worker

As well as the comments above, these additional comments were made about the work undertaken by the program's indigenous worker

- she was fantastic
- the indigenous worker is absolutely wonderful
- she hung in with her and was particularly impressive
- she started to look at cultural links and this brought about positive change

The HAPPI Program

Some of the things that referring workers said about the program include:

- HAPPI's mobility and portability
- HAPPI is a unique program if it works well it provides good support
- it's a program that will be useful for many families
- it provides a specialist services that fits in well alongside the services provided by shelters
- HAPPI fits in with the shelters way of working very well
- HAPPI fills a gap in services that was quickly recognised
- we very excited about program when it started
- there's a real gap in services which HAPPI has filled - more resources are needed, the program needs to expand
- the exercises given not practical being paper based for a family with literacy issues
- feedback from client was that the paperwork was too much for her while she was in a crisis situation
- confidentiality and privacy issues slowed the process but that was not HAPPI's fault
- having the same worker as the family relocated provided security and resulted in positive outcomes
- the focus on family as a unit was just what was needed.

Intervention - Time Frames

Comments from workers about the time frames for HAPPI intervention included:

- time frame was too short the family needed more than a 4 month involvement
- I think that an involvement of 12 months minimum is required with a long term termination process

- HAPPI was involved for 16 months which was not long enough for this family – when there are young children involved it seems that support may be needed for up to 10/11 years

Outcomes

Referring workers identified the following outcomes for clients:

- even with the positive support and very respectful interaction the family didn't maintain a commitment to therapeutic change
- staff commitment to families results in positive outcomes
- good engagement and assessment of families and their ability and preparedness to change lead to positive outcomes
- I saw real changes for approx 2 out of the 3 families I referred with them learning to deal with issues so well that FAYS is no longer needed
- Indigenous clients gained an understanding of family issues and what that meant
- better relationships between parents and children
- improvement in relationships within the family
- the family were stabilised
- new skills were gained by the family
- care of the children was much improved
- there was a practical reintroduction of mother to children – they had been in the shelter for a long time
- it made parenting and the children a higher priority in the family
- it re-developed the relationship with children – this takes a specialist service as it is hard to start again
- they focussed in on the bond between the mother and her child and successfully worked on behavioural issues
- the mother has improved her personal care and appearance

Client Characteristics, Needs and Presenting Issues

Referring workers confirmed the level of difficulty experienced by clients that was evident from the files and the HAPPI workers information. Issues included"

- domestic violence
- homelessness
- children 'at risk' of abuse and neglect
- one family had experienced 'horrendous abuse'
- another family had huge anger issues
- it was an extremely difficult family, and mother dismissed the worker
- clients needed information and a one to one worker
- the importance of relationships is particularly difficult with clients with mental health issues
- mental health
- domestic violence problems
- the client was a 22 year old with mental health issues, the children had some delayed learning and behaviour problems
- the mother was depressed and struggling
- goal achievement was not high but reflects more on difficulty of maintaining family commitment rather than critical of the service provided
- extremely complex family structure - task was to reunify mother with her 2 youngest children
- mother had mental health issues