'Kicking Into The Wind'

Longitudinal study of outcomes
for families who have experienced homelessness

Second Report

May 2003

Violet Kolar

Hanover
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ACKNOWLEDGMENTS

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EXECUTIVE SUMMARY

Aim & Objectives:

This report, the second in the series, presents findings from follow-up interviews with families participating in the Hanover Family Outcomes Study (HFOS); a longitudinal study of 42 families who have experienced housing crisis. The aim of the Study is to gain an understanding of the pathways out of homelessness, and to identify the key issues associated with establishing and maintaining housing and family stability (Horn and Cooke 2001). The Study seeks to address the following specific research questions:

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

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

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

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

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

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

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

The findings presented in this report are based on data collected from a total of 33 families who participated in *all* three waves of interviews: baseline, six months and 12 months. Incorporating both qualitative and quantitative analyses, the findings focus on: the profile of participating families; family concerns; housing circumstances; income and employment; use of welfare services and informal support networks; child development and parent wellbeing.

Profile sample of families:

Since the beginning of the HFOS, a total of nine families (21 per cent) have dropped out. This still means, however, that 33 (79 per cent) of the original 42 families recruited for the baseline study have continued on. They have now been a part of the HFOS for 12 months. Under the circumstances, this is a reasonably good response rate. Typically, participants were mothers who had left school early (Year 10), aged 31 years, Australian-born, and with 2.4 children. For the sub-group of children, most were aged less than 12 years, and tended to be in the early years of primary school.

Over the past year, the main demographic change occurred to family composition, illustrating just how changeable families could be. At the baseline, for example, close to three-quarters of participants were sole parents. Twelve months later, this dropped to over half. Some of the changes to family composition were a result of reconciliation between biological parents, while others were a result of the formation of new relationships and households. It reflects a relatively more even distribution between sole parent families and two parent families.

Housing Circumstances:

In general, a total of 21 per cent of the original 42 families were 'lost' to the study over a one-year period. In all instances, these families had moved house resulting in a loss of contact. For most of them, it is likely that the move was *involuntary* and spurred by crisis. In terms of housing circumstances for the original 42 families, this means that over a one-year period, 60 per cent were in stable housing (no house moves), while 19 per cent were in unstable housing (moving) but remained with the study. In other words, over three-quarter (79 per cent) remained engaged and committed to the study.

Focusing on these 79 per cent of families (n=33) the findings showed that, over the 12 months, just over three-quarters of (76 per cent) had *not* moved house. In the last six months, 91 per cent of families had *not* moved house. Further, most perceived their housing as 'stable'.

One year on 46 per cent of families were renting privately and 39 per cent were in public housing, and there was a strong focus on the quality of housing. Face-to-face interviews provided an opportunity to observe the standard of housing in both the private and public sectors. It was striking to see the lack of consistency in the standard of housing, particularly in the public sector. Indeed, the best and worst were represented. Thus, some families enjoyed new, clean and comfortable housing, while others had to endure the opposite extreme. According to some families in public housing, their accommodation was not suitable for children (usually because of lack of space, or drugs in the area).

Stable housing and housing affordability:

Not surprisingly, the cost of housing was higher for families in private rental than in public housing. The median rent for families renting privately was currently $165.00 per week. Over the 12 months, private rental had increased by 3.13 per cent. In contrast, families in public housing currently paid a median rent of $78.00. The rent for public housing families had increased by 1.37 per cent.

Despite the increase in these housing costs, more families in private rental were currently in affordable housing than was the case six months ago. This occurred, not because private rental families moved into places with cheaper rent. Rather, it was related to the increase in participants who had re-partnered. Re-partnering meant that two-parent households had increased opportunities for better income support, as well as increasing the possibility for generating income via paid work. In contrast, single parent families were relatively more restricted in their access to income support, as well as any type of paid work. This meant, therefore, that single parent families were

particularly financially vulnerable. In addition, it was families in urban areas who were getting their full entitlements compared to families in regional or rural areas.

Access to full entitlements can, in effect, represent relatively modest increases to the overall total family income. For some of the families, the modest increase was probably enough to push them below the 30 per cent affordability benchmark. It is possible that the picture of housing affordability may actually be skewed towards the positive end, given that housing affordability was based purely on the rent paid, and did not take into account other housing costs such as utility bills and maintenance. Overall, 43 per cent of families in private rental were still paying more than 30 per cent of their total net income in rent.

Stable housing and underlying vulnerabilities:

While housing was relatively stable for families, other spheres of their lives had deteriorated. The findings showed that the 6-month wave was the peak time for families, in relation to positive outcomes: most had stable housing and most reported few concerns/difficulties. Six months later, things had changed; while most families remained in stable housing, those who reported multiple concerns/difficulties had increased markedly.

The reason for this may be because those concerns/difficulties had never been resolved. The housing issue, being the main priority for families, may have overshadowed all other concerns. As housing stabilised, the underlying, and unresolved, concerns or vulnerabilities resurfaced. These key vulnerabilities were related to financial issues, employment, health and relationships. The number of concerns had also increased implying greater hardship for families now compared with six months earlier.

Indeed, based on the number of concerns reported by families, two groups emerged: those who had listed few or no vulnerabilities (between none and two), and those who had listed multiple (three or more). Further, the data indicated that multiple issues were usually interrelated, such as, for example, employment and financial and relationship worries. This would suggest that any response to address the needs of homeless families and those at risk of homelessness would reasonably need to incorporate a holistic approach, rather than simply a unilateral one.

Income and Employment:

Income sources included the Parenting Allowance and Family Tax Payment, Rent Assistance, and, in five cases, income from paid work. There was a marked difference in the income received by families in private rental and those in public housing. Most families in *public housing* were sole parents who primarily relied on income support benefits such as the Parenting Allowance and Family Tax Payment. Those in private rental had a median weekly income of $538.00 at the 12-month wave, while those in public housing had a median weekly income of $400.00. In fact, families in private rental experienced a 35 per cent increase in median income over a 12-month period compared with only 4 per cent among families in public housing.

The findings highlighted the precarious nature of attachment to the labour market. Over the year the labour force status of participants changed only marginally. At 12 months one-third of participants were not in the labour force. Thus, they were not in paid work nor were they looking for paid work. They were, instead, full-time carers of young children. For the few who were employed, the work was only part-time with short hours and of a casual nature. It was also typically low skilled and low paid.

The increased concern about employment factors, which had risen steadily over the 12-month period, prompted a high proportion of participants to report that they would think about moving in the future to get or maintain employment. When comparing those in private rental and public housing there was little difference in the way participants responded.

Use of welfare services:

A critical finding in the study was that there had been an increase in the use of welfare services (relating to non-housing issues) rather than a drop in service use. It was anticipated that as housing stabilised and 'life hurdles' decreased, there would be less demand for welfare services. The findings illustrated the contrary: housing had stabilised but 'life hurdles' had increased, as did the demand for welfare services. The range of non-housing support received by families included food vouchers, emotional and financial counselling, respite care, personal care, material goods, and drug rehabilitation.

Access to welfare services:

The 12-month data showed that, overall, participants reported that access to welfare services was good. The majority of families were able to get the services or assistance that they had required without difficulty. Nevertheless, there remained some families for whom this had been a difficult exercise. It was of particular concern that families who had reported multiple concerns experienced this difficulty. Among this group, more than half had experienced difficulty getting support or assistance in the last six months.

Informal Support Networks:

In general, most participants reported that they had some type of informal support network. They comprised parents, friends, partners, and sisters or brothers. The type of support received tended to be emotional, financial and looking after the children. While friends were a common source of emotional succour, parent(s) were important in providing financial aid and help with looking after grandchildren. Partners were also a source of emotional support, but they also provided practical help.

Family emerged as a consistent theme in the analysis. Relationships with own parents tended to be good; and regular contact, whether in person or over the telephone, usually occurred at least on a weekly basis. Families were also geographically close to their parent(s) with most living less than an hour away by car.

Child development:

For the sub-sample of children, the findings indicated improvements in general behaviour, health, school performance and family relationships. When asked about their child's general behaviour, participants tended to focus on positive factors; they spoke about an increase in the child's maturity, confidence and sociability. They also noted that their child was generally in good health (76 per cent), but there were also a high proportion of reported health issues. More than one-third of children had experienced a disabling condition that had limited or interfered with their activity in some way. This included asthma, sight or speech impediment, skin condition, hip problem, emotional difficulty, depression/anxiety, attention deficit and hyperactivity disorder, Ehlers-Danlos Syndrome (a disease of the joints), and Asberger Syndrome (high functioning autism).

The majority of children attended school (or kinder) and were mostly in the early years of primary school. The year of stable housing had positive impacts for most of the children who attended school. School performance had improved, but there were also other influences that played a major role; they included the benefits of new teachers or moving to a new school, and good relationships with parents. School attendance had also improved, with a drop in the average number of days absent from school. For example, at 12 months the average was seven days compared with the baseline average of twelve days

With regard to their personal relationships with their child and the relationship between the focus child and their siblings, most participants made positive comments and described those relationships as close. In only a few cases (15 per cent) the relationship between the participant and their child was described as variable.

Participant health and wellbeing:

In terms of their own general health, just over half the participants reported good health but one-quarter said it was poor. Compared to the baseline self-esteem scores, at 12-months, improved wellbeing was indicated by the increased proportion of participants who received a high self-esteem rating. Summing up their perception of how they had faired over the last six months, over half the participants said they had coped well; almost one-quarter had experienced a varied cycle of doing well and barely coping. Around one-quarter said that they had not coped well. This last group comprised mostly sole parent families who tended to be in public housing and had no paid work. When asked to comment on their hopes for the next six months, participants talked about improvements in the following areas: housing, relationships, finances and employment, health and education.

Conclusion:

The keys findings from this phase of the study reflected that housing was stable, based on objective and subjective measures. For children, it meant improvements in health, school performance, family relationships, and general behaviour. Against this positive picture was one that showed deterioration for families in other areas of their lives. Families experienced a number of vulnerabilities, particularly in relation to financial issues, employment, health and family relationships. This was also reflected in the fact that families had currently made greater use of non-housing crisis support services than they had in the previous six months.

In policy terms, the findings highlight the need for innovative and integrated responses to family homelessness and those at risk of becoming homeless. Access to good quality housing is crucial for family wellbeing. There is a need for a preventative strategy that guards against the loss of housing, whether in the private or public sectors. Indeed, in the public sector, it should be a matter of priority to ensure that families in public housing do not face the risk of homelessness. In terms of housing quality, there should be a recognised minimum set of standards. While things are changing in relation to public housing, governments need to do more to maximise efforts to improve the standard of housing stock. Improved housing quality will certainly mean better outcomes for family wellbeing.

Despite efforts and a desire to work, employment prospects were gloomy and exacerbated by personal factors that included lack of qualifications and health problems. There need to be innovative opportunities for engaging in employment, or study. Without the prospect of employment, or the opportunity to gain further qualifications, families will remain trapped in poverty.

For those families who were in private rental, 43 per cent still paid rent beyond the 30 per cent affordability benchmark. Clearly, in terms of access to affordable housing, the effectiveness of Rent Assistance is highly questionable. It is paramount that Rent Assistance is sufficiently adequate so that it does, in fact, ensure that families are able to access and maintain affordable housing.

Without the political and community will to address the range of issues underlying homelessness, especially structural factors, government intervention will remain focused on reactive responses to crisis. These are both inefficient and ineffective in the longer term. The personal costs of social and economic exclusion are substantial. Such exclusion, however, also impacts on the whole community through the costs of additional use of the full range of welfare, health and justice programs.

The next 12 months will prove a crucial time for families. The remaining two waves of interviews will help to clarify families' circumstances, and will give the opportunity to explore the longer-term effect that the increase in concerns will have on their housing. That is, will their current housing situation mean that families will be able to address their concerns, or will those concerns further destabilise families to the point where their housing is again jeopardised?

This past year has been challenging for families; some have had to deal with extraordinary circumstances on a daily basis. The struggle has been relentless. Even though there have been some positive changes, families remain in poverty and therefore, continue to be vulnerable to the risk of homelessness. Despite their continuing struggles, their resilience has sustained them. With the help of crisis support services, the majority of families were able to maintain their housing.

1. THE HANOVER FAMILY OUTCOMES STUDY

Conducted by Hanover Welfare Services, the Hanover Family Outcomes Study (HFOS) first began in 2000. It is a longitudinal study designed to follow a sample of 42 families over a two-year period. The First Report (Horn and Cooke 2001) was based on data collected from first-stage interviews with families who had experienced homelessness or unstable housing.

This Second Report aims to provide a detailed account of how things have changed for families over a one-year period after receiving help for housing crisis. The report presents findings based on three waves of data collection referred to as the baseline, 6-month wave and the 12-month wave. The key themes explored are housing, income and employment, use of welfare services, support networks, child development and parent wellbeing.

Research objective:

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

More specifically, the Study is guided by several research questions:

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

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

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

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

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

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

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

Methodology:

The HFOS is essentially an exploratory study using data from a volunteer sample of parents. It employs both quantitative and qualitative research methods. Since the baseline interviews 12 months ago, families have participated in two waves of follow-up interviews, which occurred at six-monthly interviews. Information regarding the selection and recruitment of families, and procedures for retaining families in the study is detailed in the First Report (Horn and Cooke 2001).

Data collection:

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

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

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

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

At each interview wave, participants received a gift of $25.00 as a token of appreciation for their time and valuable contribution to the Study. The extended period of data collection, around five months, was necessitated by the difficulties encountered when first recruiting families to the Study. A detailed account is available in the First Report (Horn and Cooke 2001).

Research instruments:

In order to address the research questions, the interview schedule was designed to obtain data on demographic details, housing circumstances, employment and income, use of welfare services, support networks, child development and wellbeing, parent wellbeing, and family relationships. It should be noted that the 12-month interview schedule (Appendix 1) is a relatively more comprehensive instrument than the baseline (Appendix 3) and the 6-month interview schedules (Appendix 2). Hence the marked difference in the average length of interview time between the two waves of data collection. Both interview schedules were semi-structured, combining both open and closed question formats.

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

The Coopersmith Self-Esteem Inventory (Appendix 4) is a self-complete instrument with 25 short statements reflecting a range of feelings. The Coopersmith was included in the 12-month data collection; participants were asked to complete the instrument at the end of the face-to-face interview.

Research Ethics:

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

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

The ongoing relationship meant that the study team would contact families who would be facing difficulties or even crises at various times throughout the study. Indeed, circumstances could change dramatically from one interview wave to the next. Some families experienced improved lives, while others faced increased hardship. While some families were 'lost' from the study because of increased hardship, others in similar circumstances remained connected. It was paramount that participation in the study did not exacerbate hardships. The study needed to be flexible and sensitive to families' needs. In one case, for example, an interview was not arranged because of the difficulties a family experienced. This family was able to participate in the next wave of interviews when things were less chaotic.

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

Analysis and interpretation:

The longitudinal nature of the HFOS aims to understand the pathways out of homelessness from the perspective of families themselves: their subjective perceptions, thoughts and feelings. The goal was not, therefore, focused on producing results that were statistically generalisable, but rather to explore the nature of longer-term outcomes for families who have experienced housing crisis.

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

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

change to quotes has been to include words that appear in square brackets, in order to clarify certain references.

However, to provide some context and facilitate interpretation, each quote provides details of family type and number of children. Where findings related specifically to the focus child such as, for example, school performance, the age of the focus child is also included. It should also be noted that all quotes presented in this report relate solely to the 12-month data.

Limitations of methodology:

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

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

Finally, it is important to note that the interview schedule was changed over the course of the three data collection periods. Some questions were slightly modified to provide clarity, or as a natural evolutionary process that is part of a longitudinal research inquiry. Therefore, some questions were not directly comparable. Where this has occurred and is pertinent to the findings presented, it has been acknowledged in this report.

2.   PROFILE OF FAMILIES

Given the longitudinal nature of the Study, there were several strategies adopted to maximise retention rates. These included the recruitment of experienced interviewers, assigning interviewers to the same participant for follow-ups, collection of three contact details, sending newsletters and Christmas cards, as well as providing a 1800 number for participants to call (Horn and Cooke 2001). In spite of these efforts some attrition was perhaps inevitable, especially since the Study deals with families who have experienced chaos and trauma in their lives.

Since the beginning of the HFOS, a total of nine families (21 per cent) have dropped out. This still means, however, that 33 (79 per cent) of the original 42 families recruited for the baseline study have continued on. They have now been a part of the HFOS for 12 months. Under the circumstances, this is a reasonably good response rate.

This section presents a brief profile of those 33 families, including children, who participated in *all* three waves of interviews. This has enabled a more in-depth and accurate analysis of what has changed, over time, for these families in the key domains of housing, income and employment, use of welfare services, support networks, child development and parent wellbeing. This section also presents a profile of those nine families who are no longer part of the HFOS, with a brief discussion of possible reasons underlying their absence.

The characteristics presented in Table 1a pertain to the 33 families who participated in three waves of interviews. The profile focuses on family composition, sex and age of participant, country of birth, indigenous background, and educational attainment.

Family composition:

It is interesting to note the changes that have occurred to family composition over the year, which illustrates just how fluid it can be. At the baseline, for example, close to three-quarters of participants were sole parents. Over the course of 12 months, this has dropped to over half. Some changes were a result of reconciliation between biological parents, while others were a result of the formation of new relationships and households. It reflects a relatively more even distribution between sole parent families and two parent families.

Sex and Age of participant:

The vast majority of participants were mothers. The 12-month wave shows a drop in the proportion of mothers interviewed while there was a rise in fathers interviewed. This occurred because in one case, the situation at the time made it difficult for the mother to be interviewed; the father was available, so he participated instead. While this occurred in only one case, it highlighted the need for flexibility in responding to the circumstances faced by families. Age was relatively evenly spread across the three age categories, with relatively little change over the 12-month period. The youngest parent was aged 19 years and the oldest was aged 49; the median age was 31 years.

Table 1a: Demographic profile of participating families by interview wave (N=33)

DEMOGRAPHIC PROFILE	Baseline	6-Month Wave	12-Month Wave
	%	%	%
Family composition:			
Sole parent family	72.7	51.5	54.5
Biological parent family	18.2	30.3	24.2
Step parent family	9.1	18.2	21.2
Sex of participant:			
Female	84.8	84.2	81.8
Male	15.2	15.2	18.2
Age of participant:			
19 to 29 years	33.3	33.3	30.3
30 to 35 years	33.3	33.3	36.4
36 to 49 years	33.3	33.3	33.3
Country of birth			
Australia	81.8	81.8	81.8
England/Wales/Scotland	12.1	12.1	12.1
Other	6.1	6.1	6.1
Aboriginal/Torres Strait Islander:			
Yes	24.2	24.2	24.2
No	75.8	75.8	75.8
Educational attainment:			
Some tertiary	6.1	6.1	6.1
Year 12	21.2	21.2	21.2
Year 11	24.2	24.2	24.2
Year 10	39.4	39.4	39.4
Year 9 or below	9.1	9.1	9.1
Source: Hanover Family Outcomes Study, 2002			

Country of birth:

The vast majority of participants (82 per cent) were Australian-born but a handful were born overseas, including England/Wales and Scotland (12 per cent). A handful of participants were born in Fiji and the Philippines (6 per cent). This was relatively consistent with SAAP clients, which represented 84 per cent Australian-born (Council to Homeless Persons 2002). However, those from Fiji and the Philippines were an under-representation of families from non-English speaking backgrounds, which make up 15 per cent of SAAP clients in Victoria (AIHW 2000).

Indigenous background:

It should be noted that the relevant question regarding indigenous background was not necessarily specific to the participant. Twenty-four per cent of participants reported that someone in their family was Aboriginal or Torres Strait Islander. Focusing on the broader SAAP client base, 16 per cent were indigenous Australians (Council to Homeless Persons 2002). This suggests that families with an indigenous family member were over-represented in the HFOS.

Education:

In relation to educational attainment, the data show that most participants had completed school before Year 12. Less than one-quarter completed Year 12 and only a handful had gone on to tertiary education. There were no participants, in this sample of families, who had completed any TAFE studies. These data reflect the fact that the majority of participants were mothers who had their first child at a relatively young age, leaving little opportunity to pursue educational goals.

Consistent with the summary presented in the First Report (Horn and Cooke 2001:15), the typical participant was a mother, born in Australia, and who had left school early. The biggest change was highlighted in family composition. The change in family relationships meant that the distribution of sole parents and two parents was relatively more even in this sample of 33 families than it had been at the first wave of interviews. At the time of the first-round interviews, just over half of the 33 families had been recruited from metropolitan welfare agencies, close to one-quarter came from regional agencies and one-quarter were from rural agencies.

Non-response rate:

So, who were the nine families who dropped out? Table 1b shows that around half were sole parent families and half were two parent families. Nearly all were mothers, mostly aged between 30 to 35 years. The main country of birth was Australia; one person was born in New Zealand; only two people were Aboriginal/Torres Strait Islanders. Around half had some level of tertiary (including TAFE) education while the remaining group had completed Year 11 or below. There appears to be little to distinguish this group of families from the demographic profiles shown in Table 1a for the remaining sample.

None of the nine families actually refused to continue with the Study. The main reason for their absence was that they were unable to be contacted. At the 6-month wave, this had occurred mostly because the families had moved; despite most having contact details available, attempts to re-establish contact proved futile. Analysis of the baseline data indicated that all four families who dropped out at the 6-month wave had reported that multiple issues had contributed to their housing crisis, which included domestic violence in three cases. It is likely that these families had moved because of continuing difficulties or, perhaps, things had even deteriorated and thrown them into another crisis. Under such circumstances, it is very unlikely that their participation in a longitudinal study would have been high on their priority list. When crisis descends, it boils down to survival.

The five families who dropped out at the 12-month wave had, in nearly all instances, also moved. Attempts to follow them up were extremely difficult given that they either had only one contact person available (who had usually also moved) or no contact person at all. In contrast to the sub-group above, these five had reported in the 6-month interviews that they had few or no issues that caused them concern. Things may have improved or remained stable. Having moved on, these families probably found that it made little sense to continue participating in a study on family homelessness.

Table 1b: Demographic profile of families who dropped out at the
6-month and 12-month waves

DEMOGRAPHIC PROFILE	6-Month Wave n=4	12-Month Wave n=5	Total n=9
	n	n	n
Family composition:			
Sole parent family	2	2	4
Biological parent family	1	2	3
Step parent family	1	1	2
Sex of participant:			
Female	3	5	8
Male	1	0	1
Age of participant:			
19 to 29 years	0	2	2
30 to 35 years	4	3	7
Country of birth			
Australia	4	4	8
New Zealand	0	1	1
Aboriginal/Torres Strait Islander:			
Yes	0	2	2
No	4	3	7
Educational attainment:			
Some tertiary	1	0	1
Some TAFE	1	2	3
Year 11	0	1	1
Year 10	1	1	2
Year 9 or below	1	1	2
Source: Hanover Family Outcomes Study, 2002			

In a case from the 6-month wave, a biological two-parent family with four children, three interview appointment times were missed, despite the participant agreeing to be involved. Further, the appointed interviewer expressed concern in relation to issues of personal safety; a decision was made, therefore, to suspend this participant from the sample.

In one case from the 12-month wave, a sole parent with a young child was experiencing considerable crisis and it was deemed unethical, under the circumstances, to try to engage this participant. However, the participant remains a part of the sample and will be contacted for participation in subsequent waves.

PROFILE OF CHILDREN

This section provides a brief description of the children in the sample families. This is presented in two parts: the first looks at the total number of children and their ages and the family size. The second part presents details for one child in each family. In order to explore issues of child development and wellbeing in some depth, it was necessary to select only one child from each family. Referred to as the 'focus child', they tended to be the first-born and were generally nominated by participants. The details pertaining to the focus child include their sex, age, and school level.

Age of all children:

Table 2 shows that when the HFOS began the 33 families who participated represented a total of 74 children aged between a few months and 16 years of age or older. The total number of children currently represented in the study was 80. Generally, these were families with young children; most were aged between 0 to 12 years of age. Compared with SAAP data, the younger children aged 0 to 4 years (36 per cent) were under-represented compared with SAAP data (46 per cent), while those aged 5 to 12 years (48 per cent) were slightly over-represented compared with SAAP data (42 per cent) (Horn and Cooke 2001). At 12-months, the family size ranged from one to six children (with an average number of 2.4 children). Nine families had only one child, and seven families had four or more children.

Table 2: Age profile of *all* children in sample families by interview wave

Age of all children	Baseline n=74 children	6-Month Wave n=78 children	12-Month Wave n=80 children
	%	%	%
Age categories:			
0 – 4 years	37.8	37.2	36.3
5 – 12 years	51.4	44.9	47.5
13 – 15 years	2.7	7.7	10.0
16 years and older	8.1	10.2	6.2
Source: Hanover Family Outcomes Study, 2002			

Age and sex of focus child:

For the sub-sample of children selected as the *focus child*, Table 3 shows that over the 12 months of the study as the children aged, those in the 0 to 4 group decreased, while those aged 5 to 12 years dropped and then increased again. Thus, almost two-thirds of the focus children were of primary school age. Girls (55 per cent) were slightly over-represented compared with boys (46 per cent) in the sub-sample of focus children.

Table 3: Demographic details of the selected Focus Child in sample families
by interview wave (N=33)

DEMOGRAPHIC DETAILS	Baseline	6-Month Wave	12-Month Wave
	%	%	%
Age categories:			
0 – 4 years	33.3	30.3	21.2
5 – 12 years	54.6	51.5	60.6
13 – 15 years	3.0	9.1	9.1
16 – 19 years	9.1	9.1	9.1
Sex of Focus Child:			
Female	54.5	54.5	54.5
Male	45.5	45.5	45.5
Current school level:			
Not yet of kinder age	24.2	15.2	15.2
Kinder/Prep	15.2	30.3	21.2
Years 1 – 3	30.3	21.2	30.3
Years 4 – 6	9.1	15.2	9.1
Years 7 – 9	9.1	9.1	12.1
Years 10 - 12	6.1	0	3.0
TAFE	3.0	6.1	0
Tertiary	3.0	3.0	0
Not attending school/uni	0	0	9.1
Source: Hanover Family Outcomes Study, 2002			

Current school level for focus child:

On the whole, just over three-quarters (76 per cent) of the sub-sample of children were attending school, including kinder/prep, at the 12-month phase. Of this group, just over two-thirds were in kinder/prep or in the early years of school. Of those not at school/kinder, all were under three years of age.

Given the very small numbers in the sub-sample of older teenagers, it was expected that the numbers enrolled at the tertiary level would be small. Table 3 shows that at the first-round interviews, a young person was attending TAFE and one was at university. This was maintained six months later and actually increased to two young people attending TAFE. At 12-months, however, these three young people (9 per cent) were no longer enrolled.

Further analysis indicated that two had become first-time parents. In one case, the young person not at school/university was 13 years old and had left school to give birth to her first child. This young mother had remained at home with her family and had their support. Her partner had moved in to help care for their child. The longitudinal nature of the HFOS will provide an opportunity to follow the development and wellbeing of this 'new' young family.

In the third case, a young person had to discontinue with her university studies. Her family was in Australia without a valid visa; as such, her status at university was redefined to that of international student. As a result, she was required to pay full course fees. This was financially prohibitive for her and her family; she had little choice but to drop out of university after 1.5 years into a psychology degree.

3. FAMILY CONCERNS

Twelve months ago, a sample of families took part in the first wave of interviews for the Family Outcomes Study. They were recruited to the Study following their exit from homeless services after having experienced unstable housing or loss of housing. In the baseline interviews families were presented with a list and asked to identify the difficulties that resulted in their moving house. According to the Study's First Report (Horn and Cooke 2001) the common difficulties experienced by participants that resulted in house moves included: relationship/family breakdown, physical/emotional abuse, domestic violence, financial difficulty, eviction and substance abuse. Given the centrality of these issues to the housing crisis experienced by participants, it remains essential to monitor the changes and how they impact on the longer-term housing stability and wellbeing of families.

What changes occurred over the 12 months and what were families currently concerned about? The data in Figure 1 illustrate a complex picture of improvements followed by setbacks in a range of areas. In general, the data suggest that participating families were currently in a worse situation than was the case six months ago. For example, at the 12-month wave, only 12 per cent of families reported that they had no concerns compared with three-times as many families who reported no concerns six months earlier. In other words, 88 per cent of families currently reported at least one area of concern, while six months ago it was 63 per cent. At the initial interviews, *all* families reported at least one concern. The common areas of concern are detailed below.

Relationship & family issues:

Six months following the initial interview, things had dramatically improved for participants, particularly where personal and family relationships were concerned. That is, Figure 1 clearly indicates that relatively few participants had identified relationship/family breakdown, physical/emotional abuse, or domestic violence as a *concern* at the 6-month wave. However, at the 12-month wave, *concern* related to these areas rose again and was particularly marked for the general category of relationship/family breakdown. This indicates the precarious nature of personal and family relationships; they are not fixed but are constantly changing and evolving, and can be vulnerable to the impact of other concerns, such as for example, financial problems.

Financial difficulty:

At the initial interview, over half the families reported financial difficulty as a concern. There was only marginal improvement six months later. At the 12-month wave, however, things had deteriorated with around three-quarters of the families currently concerned about their financial situation.

Eviction:

Twelve months ago, around one-third of this sample of families reported that their housing crisis resulted in eviction. A relatively positive picture emerged at the 6-month wave where less than 10 per cent of families reported that they were concerned about the prospect of eviction. Following the current wave of interviews the picture

again looks grim with the proportion concerned about eviction having doubled to just over 20 per cent.

Employment factors:

In contrast to the improvement underlying the issue of substance abuse, employment was an area where there was a consistent decline. Over a 12-month period, employment had emerged as a common area of concern for families. Close to 40 per cent of participants reported that they were concerned about their employment situation.

Figure 1: Types of difficulties/current concerns by interview wave (N=33)

Legend: ☐ 12-Mth Wave ■ 6-Mth Wave ☐ Baseline

Hanover Family Outcomes Study, 2002
Note: Multiple responses possible
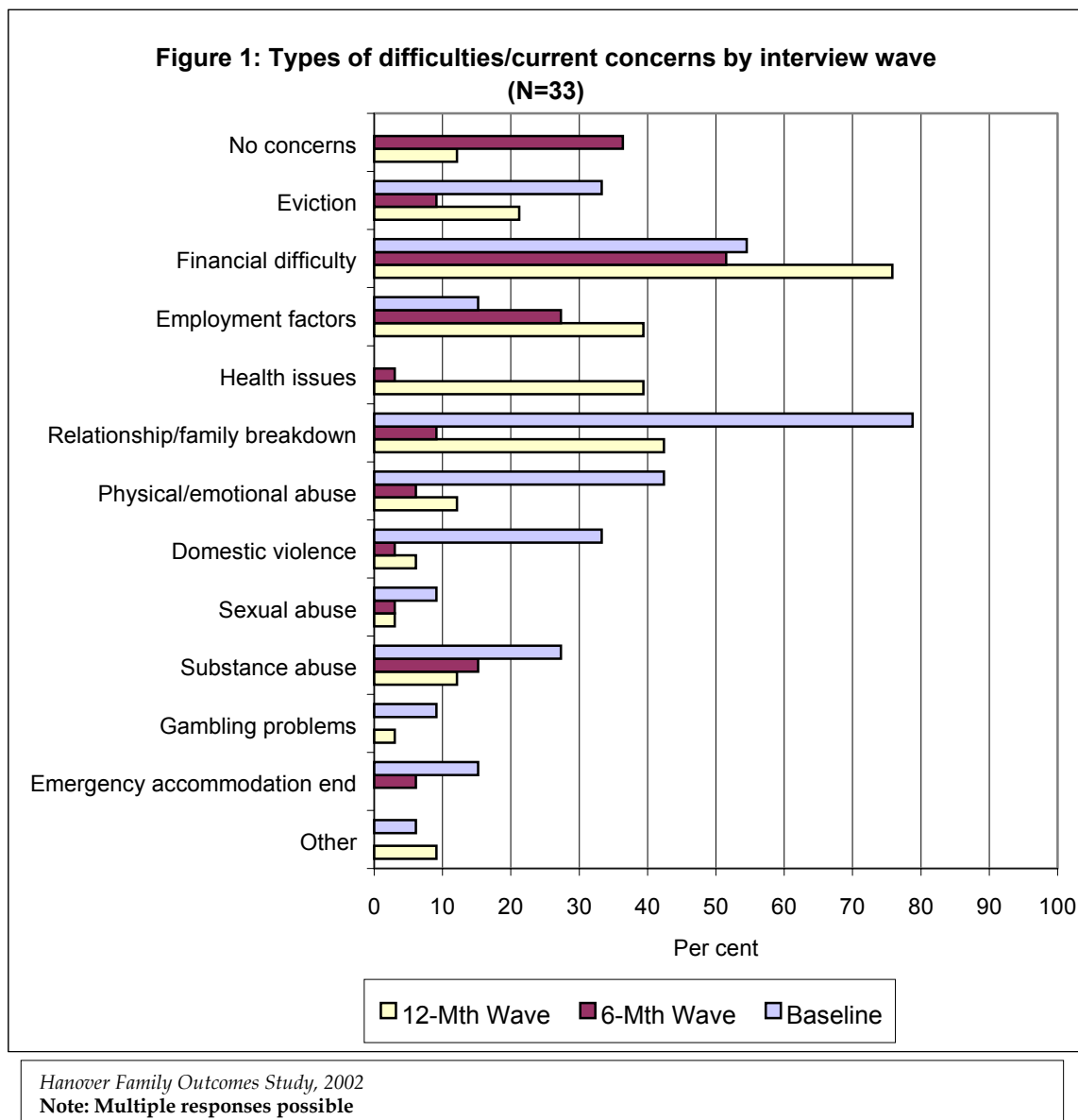
Health issues:

At the 12-month wave, health also emerged as an area of concern for a high proportion of families. But it needs to be noted that any comment about whether things have improved or declined is difficult since, unlike the third-round interviews, health was not specifically included in the list presented to families in the first-round or second-round interviews. During the second-round interviews, only one participant raised health issues as an area of concern.

Substance abuse:

The issue of substance abuse was the only area where there had been a consistent improvement over a one-year period. At the first-round of interviews, close to 30 per cent of participants reported this as a reason for their housing crisis. At the third-round interviews just over 10 per cent of participants reported this as a concern.

Multiple concerns:

Figure 1 indicated that families could be faced with multiple concerns. It should be noted that for reporting purposes, two arbitrary labels were used to categorise the number of concerns reported. Where families identified 0-2 worries, this was referred to as *few or no concerns*. Where families noted three or more worries, this was referred to as *multiple concerns*. These labels do not attempt to rank the concerns according to the nature or severity of the issues and the labels should not be interpreted as such. Nor are the labels, especially *few or no concerns*, meant to undermine the difficult and complex issues that families faced.

Further analysis confirmed that current circumstances had declined for a number of families. Figure 2 shows that the 6-month period was the peak time for families in terms of improved circumstances. That is, the vast majority of families reported *few or no concerns* compared with a relatively small proportion that identified *multiple concerns*. Things deteriorated thereafter with *multiple concerns* currently reported by nearly half the sample of families.

Figure 2: Number of difficulties/concerns by interview wave (N=33)

Source: Hanover Family Outcomes Study, 2002
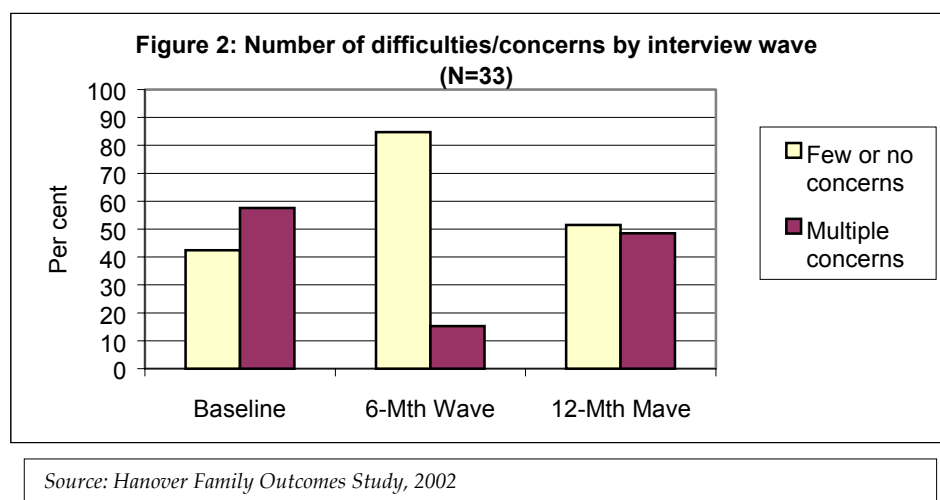
Interrelationship between concerns:

These data also highlighted the interrelationship between areas of concern. For example, a high proportion of participants who nominated *financial difficulty* as a concern, were also worried about *relationship/family issues*, *employment factors*, and *health issues*. It was not surprising that those who reported *employment concerns*, in the vast majority of cases, also experienced *financial problems*.

Additionally, there were seven families whose concerns about *eviction* were directly linked with *financial difficulty*. In two of these cases, the families were in public housing and paying back rent arrears. The remaining five families were all in private rental apart from one family staying temporarily with a friend. This group also had difficulty keeping up with the rent. In one case, a family was facing eviction because the landlord had recently put their rented house on the market; they had been on a waiting list for public housing for some time:

> *'When they [landlords] put the house up for sale I started to get worried that I might have to move out. I rang up the Housing Commission [Office of Housing] because I had put my name down on the [waiting] list in 1996. I thought my name may be coming up to the top and if I had to move out within a certain time, I may be able to get some help that way, but they said I still had another five years to wait…so I found that a real negative kickback…'* (sole parent family, three children).

The following examples highlight the complex nature of some of the issues confronting families:

> *'My husband is on anti-depressants at the moment [attempted suicide four months ago]…he's had several [episodes] of depression (is that in the family – hereditary?) no, not really…[doctors] can't really link it to that…it's dealing with everyday life, the housing, it gets us all to breaking point at times; and the employment, my husband's in a job that he really isn't enjoying at all now but we're not in the financial position that we're able to move…there's been so much pressure on our relationship I wonder how much it can tolerate…'* (two-parent family, two children).

> *'We had a son who died of SIDS about two years ago, our relationship troubles are very complex …my partner, he's unemployed and we're finding it really hard…'* (two-parent family, three children).

Why had circumstances declined for families?

In terms of the number of concerns, why were families currently in a worse situation compared with six months earlier? A possible explanation may be that at the baseline wave families were just overcoming their issues of instability and housing crisis. Families may have been particularly receptive to the improved changes in their housing circumstances and possibly feeling optimistic about their future. This may have meant that some issues were not a concern but it does not necessarily mean that the issues had been resolved. Put another way: the concerns may always have been there, but the overriding issue had to do with families' housing crisis. Once their housing was stabilised, other concerns surfaced and became a priority, such as for example, employment factors.

It was also clear from the 12-month analysis that financial difficulty was the overriding concern for families who were renting privately or publicly; it was, however, particularly high among private rental families (86 per cent) compared with those in public housing (69 per cent). With regard to relationship/family breakdown, health issues and employment factors, the differences related to tenure were only marginal. It was also clear from the 12-month data that type of tenure had little impact on the number of concerns that families had. For example, among those who had multiple concerns, half were in private rental and half were in public housing.

The subsequent waves of interviews will provide an opportunity to clarify families' circumstances, as well as to explore the longer-term effect that the increase in concerns will have on their housing. That is, will their current housing situation mean that families will be able to address their concerns, or will those concerns destabilise families to the point where their housing is again jeopardised?

4.   HOUSING, INCOME AND EMPLOYMENT

Homelessness, poverty and unemployment have been described as the 'three great destabilisers of families' (McCaughey 1992:61). Pathways out of homelessness require access to stable affordable housing, sufficient income support and jobs (McCaughey 1992:56). This section focuses on these three crucial dimensions and explores how participating families regarded their housing, financial and employment status some
12 months after experiencing housing crisis.

Housing circumstances 12 months on:

The First Report (Horn and Cooke 2001) identified that 80 per cent of families had exited homeless services to move into independent housing. What was their current housing situation: had any families moved house? What was their housing tenure and housing type? Did families perceive their housing as stable? What effect did housing have on families? What about housing quality, and how much say did they have about where they lived? Importantly, what were families paying for their housing?

In general, the data suggest there was relative stability over the 12-month period. At the 6-month wave 15 per cent of families had moved house, while at 12-months it was only 9 per cent. While this represents a total of 24 per cent of individual families who had moved, it nevertheless means that for a one-year period, over three-quarters of the 33 families (76 per cent) had not moved house. For the 9 per cent who had moved in the last six months, the reasons included: the loss of accommodation (it was either temporary or it was placed on the market), a lack of accommodation, the high cost of rent, and domestic violence.

The moves were stressful for all the families involved. One participant described the effects of moving house as:

> *'Horrific, very unsettling for the child and myself, none of our own possessions, having to live a long way from home…general feeling of loss of home and life and your bearing, it's horrible…'* (sole parent family, one child – staying with friend).

Another said:

> *'[It's] like kinda [we] intruded on other people's lives you know…dad's never had me living here now all of a sudden he's got me as a grown-up and he's got my partner and my baby living here…I'm glad I've got dad otherwise I'd have nobody to help'* (two-parent family, one child – staying with family of origin).

Housing tenure and housing type:

Housing tenure is illustrated in Table 4 and shows that, on the whole, there was little change over a one-year period. The two common forms of housing tenure, of course, were private rental and public housing. At the 6-month wave, there was a slight increase in the proportion of families in public housing, while at 12-months, there was a slight drop in the proportion in private rental. Nevertheless, those in private rental remained consistently higher than those in public housing. The data also show that in one case, a family had secured a mortgage and were paying off their own home. As

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noted above, a handful of families experienced unstable housing over the 12 months with one or two moving into and out of SAAP accommodation or staying with family and friends.

Table 5 presents data on housing type, which was only included for the 12-month interviews. Table 5 shows that two-thirds of families lived in separate houses. Another one-quarter of families lived in self-contained flats.

Table 4: Housing tenure by interview wave (N=33)

HOUSING TENURE	Baseline (N=33)	6-Month Wave (N=33)	12-Month Wave (N=33)
	%	%	%
Private rental	48.5	48.5	45.5
Public housing	36.4	39.4	39.4
Owner occupied	0	3.0	3.0
SAAP - Crisis	0	3.0	0
SAAP – Transitional	9.1	3.0	3.0
Family/friends home	3.0	0	6.0
Community housing	3.0	3.0	3.0
Source: Hanover Family Outcomes Study 2002			

Table 5: 12-mth wave - Housing type (N=33)

HOUSING TYPE	12-Month Wave (N=33)
Separate house	66.7
Self-contained flat or unit	24.2
Semi-detached house or terrace	3.0
Caravan	3.0
House/flat attached to business	3.0
Source: Hanover Family Outcomes Study 2002	

Perception of housing stability:

While housing stability has been confirmed by the above data, is it consistent with how families perceived their housing; did they regard their housing as 'stable'? Did their perceptions vary according to housing tenure? Did their perceptions vary according to what was happening in other spheres of their lives? One participant, for example, summed up her housing situation in the following way:

> *'I need my stable house because everything else is up in the air, I'm really happy with this home…'* (sole parent, one child – private rental).

To explore the subjective aspect of housing stability families were asked simply: *'would you describe your current housing situation as 'stable'?'*. It should be noted that families replied to this question according to their own personal definitions of 'stable'. Figure 3a shows that the vast majority of families perceived their housing as 'stable'. There were only marginal differences recorded over the 12-month period. At the baseline, around three-quarters of the families had replied in the positive. Six months later, this had increased to 82 per cent of families. At the 12-month wave, however, the perception of stability had fallen slightly to 76 per cent, which meant that one-quarter of families currently regarded their housing as unstable.

Figure 3a: Current housing 'stable' by interview wave (N=33)

Source: Hanover Family Outcomes Study, 2002
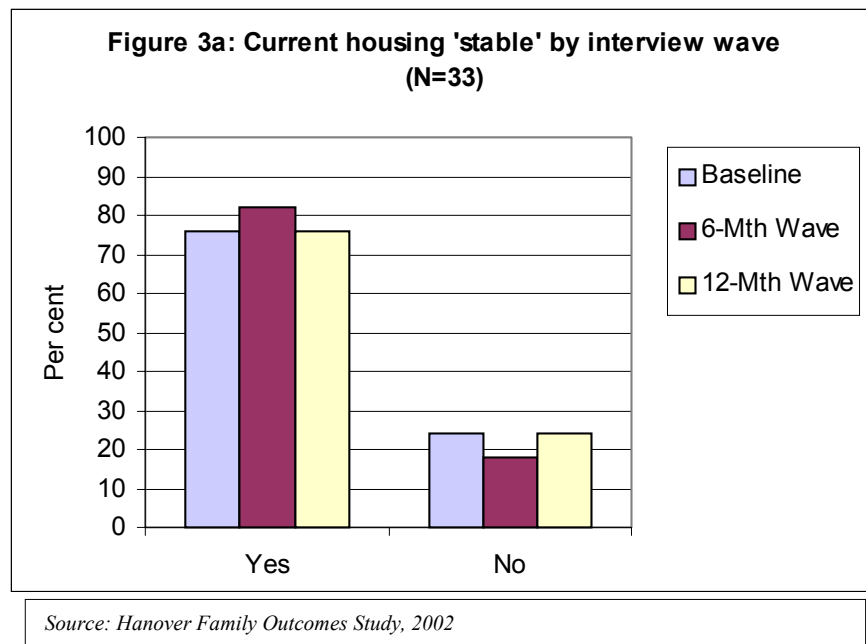
Did housing tenure have an impact on whether families perceived their housing as 'stable'? Figure 3b illustrates how perceptions of housing stability differed among families living in private rental or public housing. As might be expected, housing was more widely perceived as 'stable' among families in public housing than among those in private rental. Indeed, families in public housing were unanimous in their perception of their housing as 'stable'. This was consistent for the first two interview waves but changed slightly at 12 months. The change in perception among a family in public housing was due to the fact that they had experienced financial difficulty, which meant that they were three months behind in their rent; they therefore felt their public housing was 'unstable'.

Figure 3b: Current housing 'stable' by housing tenure and interview wave
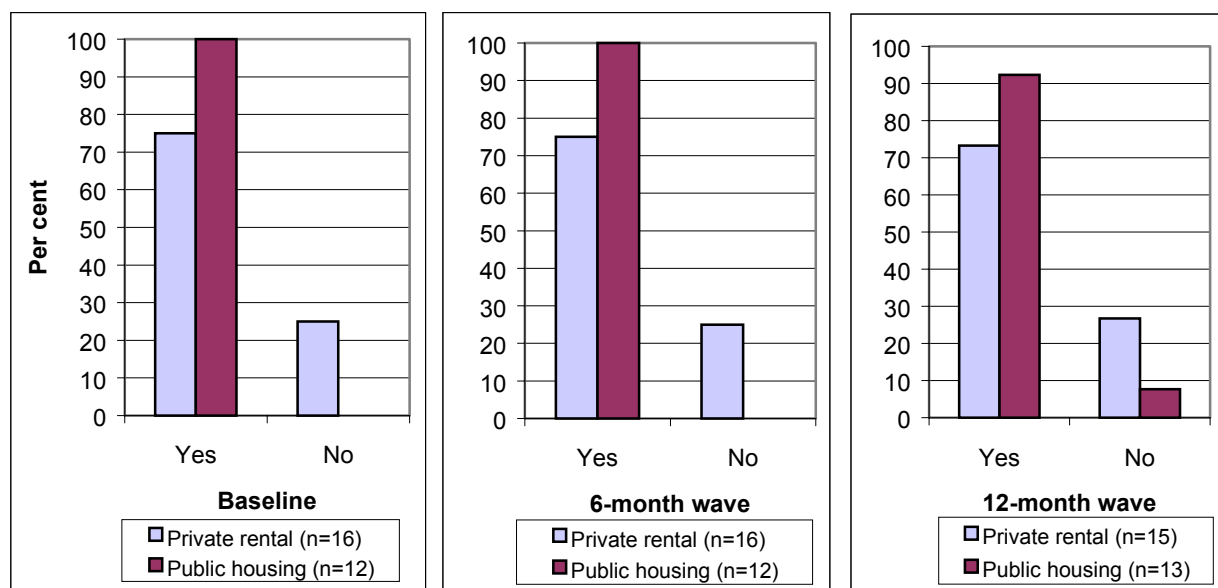
Source: Hanover Family Outcomes Study, 2002

So what did 'stable housing' mean to the families? How did they personally define the concept? Given their experiences of housing difficulties and eviction (Horn and Cooke 2001), it was not surprising to find that following analysis of the 12-month qualitative data, *security* emerged as a prominent theme. Some families spoke in general terms about the idea of security while others were more specific and referred to factors related to *safety*, *security of tenure* or *financial security*:

> *'Where it's safe, [where] I don't have to move from forever. Somewhere I can call home and have a dog and it [house] can't be taken away from me...'* (sole parent family, one child - staying with friend).

> *'Just a home and somewhere safe for my children to come home and feel comfortable and...stable security...it's probably why my children are doing so well, because this is home and they feel safe...'* (sole parent family, four children – public housing).

> *'I don't have to worry about like the rent being paid because I know for a fact it comes out [through direct debit]. So stable housing for me (means) at least the rent's paid and I know for a fact that I can't get [thrown out], that's what the stress was mostly about'* (sole parent family, three children – public housing).

> *'Security for ourselves and the kids, having a roof over our heads and knowing that at the end of the day you've got somewhere to come home and it's yours...'* (step-family, four children – public housing).

In addition, there were the tangible and physical aspects of housing that contributed to 'stable housing'. This included such things as *"having a roof over our heads"*, or a house being comfortable and without leaks. For some, 'stable housing' meant *having*

a lease while for others it meant *owning* a house. Relationships were also important to the concept of 'stable housing'; including family relationships, interactions with real estate agents/landlords, and other relationships in the broader community. 'Housing stability' also meant having *hope for the future/something to look forward to*. A number of these themes are illustrated in the following quote, which also highlights the impact that 'housing stability' had on a participant's sense of worth:

> *'It means putting the family back together, having a house, having a roof over your head that you know is there because you're doing the right thing, it [gives] us all something more to look forward to, I think'*
> (sole parent, 2 children – public housing).

For those families who reported that their current housing was not stable, the reasons given indicated a general *lack of security*: there was no lease; the rental property was on the market; or the rent was late. Three of these families were in transition and tended to be in short-term housing, which by its very nature is unstable. Another two families faced an uncertain future; they were awaiting the outcomes to their visa application to remain in Australia.

Effects of current housing:

Participants were asked to talk about the effect, if any, that their current housing had on them and their families. Only five participants reported that their current housing had 'no effect', while the vast majority described positive and negative aspects.

Benefits for children:

Qualitative analysis indicated that the one of the main themes to emerge focused clearly on the positive outcome of housing for children:

> *'It's actually had a good effect on all of us particularly the children because before we moved into this house we were classed as homeless and they [the children] were at the age where they understood what was happening…they're a lot more stable…'* (sole parent family, two children - public housing).

> *'A lot more stable, a lot less stressed…I'm not as anxious about things…I know that my boys are fine…'* (sole parent family, two children - public housing).

Financial issues:

There was also the cost of housing, which, for some, proved to be a substantial financial burden:

> *'Very broke, I suppose, most of my money goes to pay the rent, [it] keeps us in a very low socio-economic group, which is a bit distressing [for my daughter]…that's why she wants to move in with her mum…'*
> (sole parent family, one child - private rental).

Housing quality:

Housing quality was another strong theme that was highlighted in comments that focused on negative effects of housing. Face-to-face interviewing, in fact, provided an opportunity to observe first-hand the standard or quality of the housing in which the sample families lived. First and foremost, there was a dramatic lack of consistency in housing quality, particularly among public housing stock. It is best described as occupying a continuum, representing the best and worst in housing standards and quality. Thus, some lucky families enjoyed housing that was big, new or comfortable, clean, and had a backyard, while others had to endure the opposite extreme.

For a family who lived in a derelict caravan (costing $140.00 per week), the experience resulted in the separation of family members:

> *'I'm hardly here anyway, cos I don't wanna be here, it's the worst caravan park I've ever been in, the kids refuse to come [here] (where are they staying?) they're at [my] mums…there's a lot of drugs in this caravan park, it's just not a place for kids to be…[there's] a lot of stress, especially when it's near Christmas, can't even have a Christmas tree or nothing'* (step-family, two children - private rental).

According to another family, the poor standard of housing affected the health of the children:

> *'It's the mould that puts me off, what's the point if it's making the kids sick…there's so much moisture in those bedrooms, it runs off the windows (they are painted shut), and it runs off the walls…'*(step-family, two children - private rental).

Other physical aspects of housing that were raised related to the absence of fencing on properties (which made parents uncomfortable about children playing outside), and thin walls (which impinged on privacy within the family and between neighbours). Indeed, 12 months down the track, some families were in a position where they regarded their housing differently compared to when they experienced their initial housing crisis:

> *'When we first moved in here I was fine and it was great, we were desperate for anything, but the thing that I don't like is the quality of the housing, I'm not happy with it…the lounge-room's too small for a start, you can't have 3 kids in here…it's just ridiculous. There's other things like just the sturdiness of the house, the walls, all that sort of stuff, it's old fibro housing…There's a good effect where I'd say our emotional lives are better because now we can trust that we come home to the same house, that's a lot better, but negatively, I feel like the space in the house contributes to people being down and depressed and bored, you know there's just not enough room to move around…so there's two different effects'* (two-parent family, three children - public housing).

Poor quality housing can do little to assuage a family's housing crisis, or contribute in any meaningful way to 'housing stability', or even to the self-esteem of family members, resulting in devastating feelings of being stigmatised:

*'I feel like scum sometimes living in a place like this, you know. You see
everyone else, even my sisters, they all live in nice places and you sort
of get embarrassed when people come over (does it stop you from
inviting people over?), yes, it does, it really does, I was supposed to
have [my daughter's] birthday party here but I just didn't want others
coming so I cancelled it, it was all planned and I just decided to cancel
it…look at the carpet, it's just filthy, I looked under the carpet and it's
all mouldy and disgusting, and then I got a carpet bloke to come over
and he said [not to] bother getting it steam-cleaned because…it would
be a waste of money…'* (sole parent family, one child - private rental).

Housing location:

The impact that an area can have on a family, particularly in terms of how a family
functions and relates to the local environment or neighbourhood, can be significant.
An area can serve to encourage social participation or to hinder it. This is illustrated
in the following comment from a young mother who lived with her family in a
regional public housing area, characterised by old and poor quality housing, and
where drugs were a big problem:

*'What I dislike is a lot of the social problems in the area…we still have
trouble worrying about people just breaking in when we're at home
because it's getting worse and worse around here, there's all home
invasions and stuff. What we concentrate on is not knowing anybody
because I feel like a lot of it's to do with friends and drugs and all that
sort of stuff, so we just try to keep an extra quiet house, which is
actually not very good. It's like no-one can actually know each other
around here…you can't even make a good friend because you're not
sure if they're into the drug thing and then they could have all their
mates coming around. Next thing you know, someone's broken into your
house at three o'clock in the morning…'* (two-parent family, three
children - public housing).

Qualitative analysis of data from the 12-month wave indicated a range of reasons
underlying families' decisions to locate to a particular area. Their responses were
coded and are presented in Figure 4. The decision to locate to a particular area,
however, was not available to all families. In fact, over one-third of participants
reported that they had 'no choice' in relation to where they lived. Not surprisingly,
over two-thirds of the families in this group were public housing tenants, while those
remaining were in community housing, transitional housing, or staying with family or
friends. Families in private rental chose the area where they wanted to live; but for
some, choice was tempered by financial limitations.

Figure 4 shows that the two main reasons for attracting families to an area were being
close to family and *to schools/kinder*, a combination of both personal and practical
considerations. Other personal considerations incorporated being *close to friends*, and
having *grown up in the area*. Practical matters included closeness to other services
such as *hospitals and shops, and public transport*. The *affordability* of an area was
also raised, as was the *short waiting list for public housing* available in certain areas.
The 'other' category included things such as wanting to move away from the 'drug
scene', to get away from a former partner, and the tranquillity of an area. Figure 6

also shows that one-third of families had no choice about the area where they lived. Most of the families in this group were public housing tenants.

Figure 4: 12-mth wave - What made you decide to live in the area (N=33)

Source: Hanover Family Outcomes Study: 12-Month Wave 2002
Note: Multiple responses possible
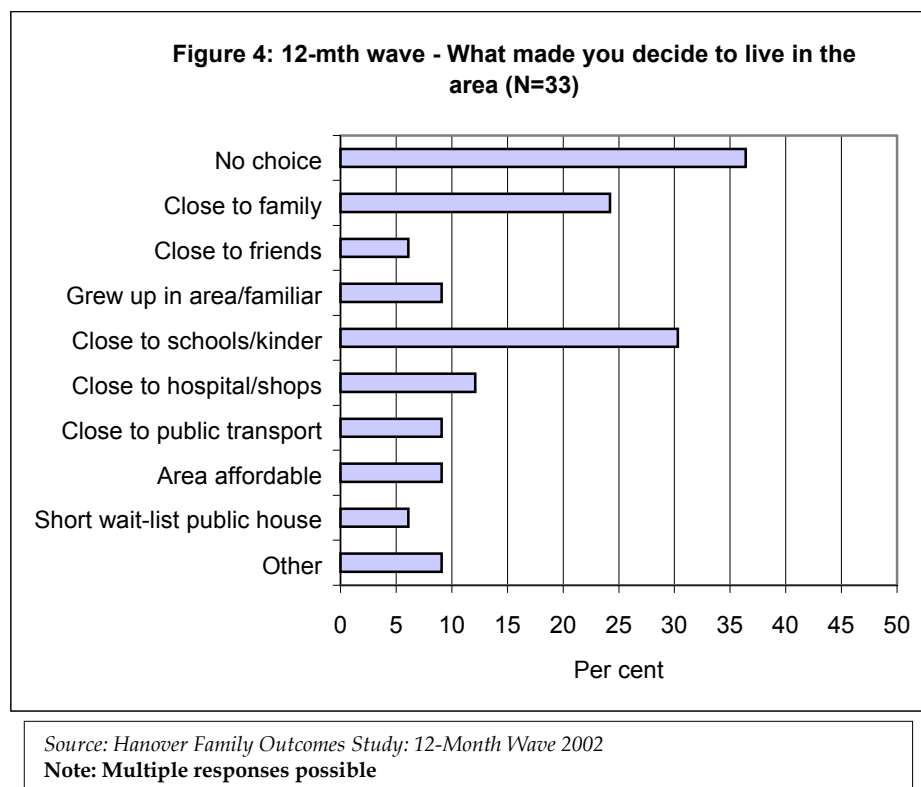
It is worth noting that *employment* was not a theme that was mentioned by this sample of families; it was not an important issue in deciding where to live. However, it needs to be remembered that, as indicated earlier in Table 4, the majority of families had not moved house in the last 12 months. This means that their responses, in fact, reflect the reasons that were pertinent to families some 12-months ago, when they had only just recently exited from homeless services. It seems reasonable to assume that resolving their housing crisis would have been more of a priority for families than addressing employment factors, for example.

Certainly the data presented earlier in Figure 1 appears to support this assertion. Figure 1 showed that *employment*, 12 months ago, was a concern for relatively few families. But over the one-year period there has been a consistent increase. In other words, with their housing crisis resolved, more families were now focusing on *employment factors*. This may also reflect the fact that a high proportion of participants were sole parents with young children, whose main priority was the full-time care and nurture of their children rather than focusing on *employment*, for example.

Housing cost:

What did housing cost families in terms of the weekly rent paid? It should be noted that analysis on the cost of housing was completed only for those families who were paying rent in private or public housing *and* receiving an income. Figure 5 compares the median rent paid by families in private and public housing for the three waves of data collection.

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As might be expected, Figure 5 shows a marked difference in the cost of housing for families renting privately compared with those in public housing. At each data collection period, the median rent paid by families in private rental was double the rent paid by those in public housing.

The Figure shows that for families renting privately, the median rent was $160.00 per week at the baseline interviews; it dipped slightly to just below this figure six months later and then rose to $165.00 recorded at the 12-month wave. Thus, over a 12-month period, families who rented privately experienced an increase of 3.13 per cent in their rent. In contrast, for families in public housing, the median rent, recorded for the baseline period, was $73.00 per week. Six months later it increased to $78.00 and then dropped back to $74.00 recorded at the 12-month period. The overall increase in rent for public housing families over the 12-month period was 1.37 per cent.

The change in the cost of housing recorded at the 6-month wave was probably affected by the changed housing circumstances of three families. In the first case, a family who had stayed with family/friends at the baseline interviews were in private rental six months later. In the second case, a family who had been in transitional housing at the baseline interviews were in public housing by the time of the 6-month interviews. In the third case, a family who had been in private rental for the baseline interviews were in their own home and paying off a mortgage by the time that the 6-month interviews were due.

It should be noted that housing cost varies according to housing type, whether flat or house, for example, and the number of bedrooms. While data regarding the former was collected, data on the number of bedrooms was not. This may well have some bearing on the data presented in Figure 5.

Figure 5: Median weekly rent paid by housing tenure and interview wave

Source: Hanover Family Outcomes Study, 2002
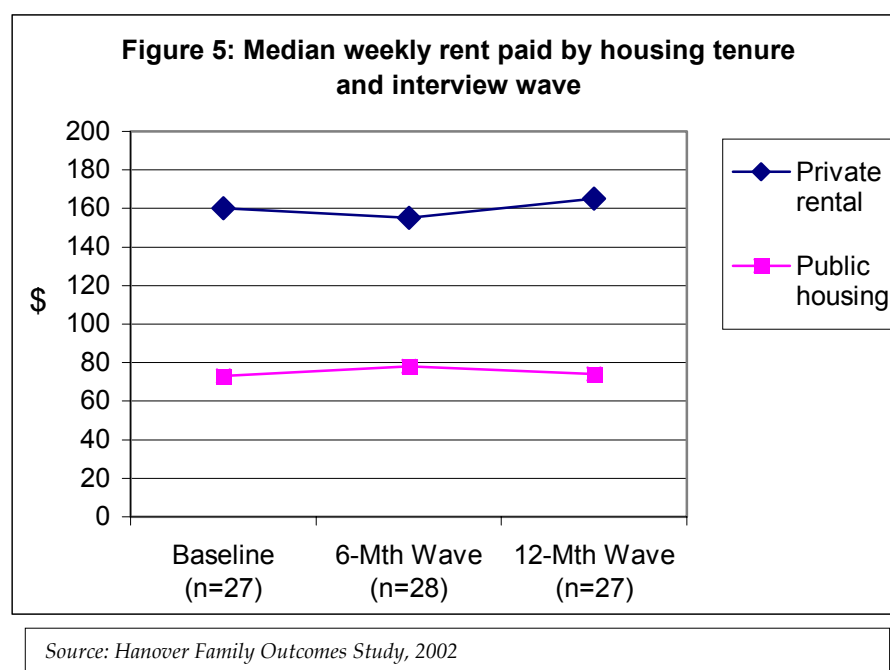
Housing affordability:

A recent publication from the Australian Institute of Health and Welfare (AIHW) indicated that there is no official or uniform measure of housing affordability (AIHW 2001). To illustrate the point, an example was provided contrasting the measure of affordability used by the Commonwealth and State Housing Agreement (CSHA) Program, which is based on households, with that utilised in determining the level of Commonwealth Rent Assistance, which is based on income units (AIHW 2001:57).

For the purpose of this Study, housing affordability was calculated based on the weekly rent paid as a proportion of total household net weekly income. Analysis, therefore, was based only on families who were renting, either privately or publicly, *and* receiving an income. Income also included rent assistance received by those families in private rental. For low-income households, the general benchmark for assessing affordable housing is housing that costs up to 30 per cent of income (DHS 2001). Low-income households can face financial hardship when housing costs start to rise above the 30 per cent threshold. Thus, housing that costs more than 30 per cent of income can be regarded as an indicator of housing stress.

It is public policy that public housing tenants pay no more than 30 per cent of their income in rent; and this is reflected in the data presented in Figure 6a. However, there was one exception. The 6-month data showed that a family in public housing paid more than 30 per cent of their income in rent. Further analysis indicated that this was due, in large part, to the family being required to pay back rent arrears. However, there were other families in public housing who were also paying back rent arrears, but that did not appear to push their housing costs over the 30 per cent affordability benchmark.

On the whole, Figure 6a illustrates that housing stress was a common experience for families in private rental but that it had decreased over a 12-month period. For example, for the first-round interviews, the majority of families in private rent (73 per cent) paid more than 30 per cent of their income in rent. While it had fallen slightly, housing stress remained common six months later following the second-round interviews. Following the third-round interviews at the 12-month mark, however, the data illustrate a dramatic change in which housing stress was reduced for most of the families in private rental. That is, 57 per cent of these families now had 'affordable housing' where they paid less than 30 per cent of their income in rent.

Figure 6a: Housing affordability by housing tenure and interview wave
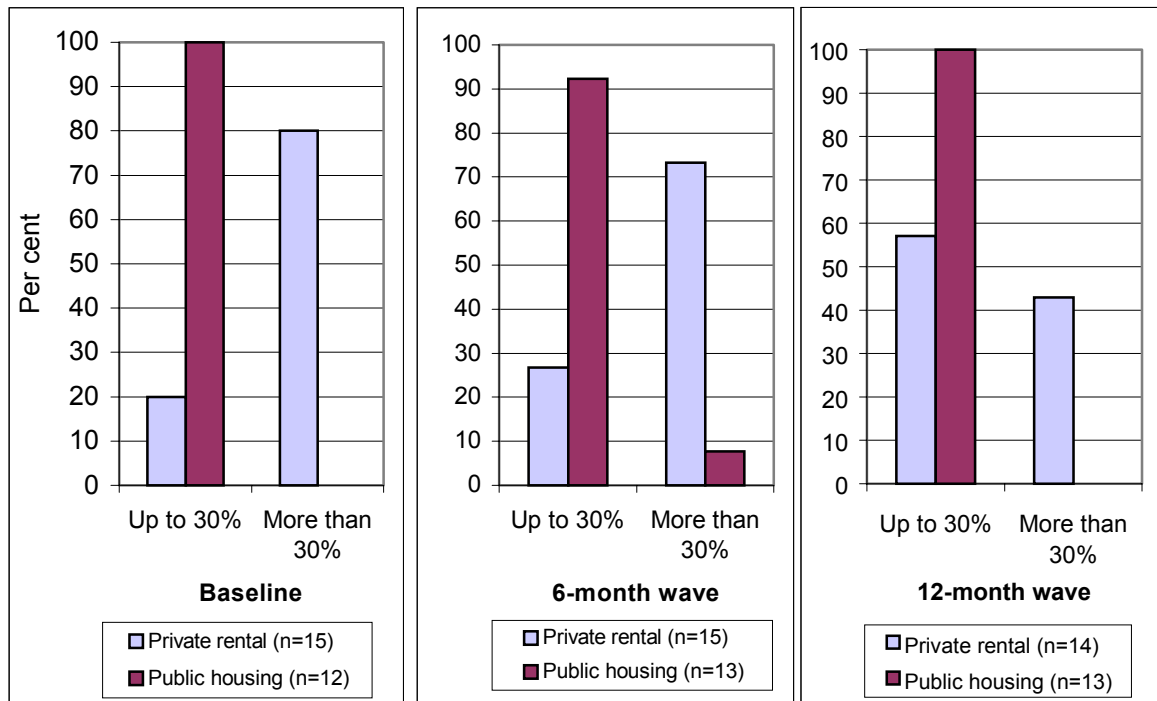
Source: Hanover Family Outcomes Study, 2002

Was the increase in housing affordability due to some families moving into cheaper housing? The answer is no. Only one family had moved house in the previous six months, from one private rental house to another. This family experienced only a marginal increase in rent as a result of shifting house, but their housing affordability remained within the 30 per cent benchmark.

Further analysis indicated that over a one-year period, much of the variation in housing affordability occurred in the 31 to 40 per cent category. For example, Figure 6b shows that 12 months ago over 45 per cent of families paid between 31 to 40 per cent of their income in rent; the current rate was markedly lower with only around 15 per cent now paying between 31 to 40 per cent of their income in rent. To be a lot more specific, most of these families were, in fact, paying between 31 and 35 per cent of their income in rent.

The data suggest that any improvement in the families' circumstances, such as getting paid work, for example, would have nudged some of them into the 30 per cent affordability category, which may explain what occurred at the 12-month wave. Income is explored in the next section. Figure 6b also shows that despite improvements in housing affordability, a high proportion of families in private rental continued to experience housing stress, with some paying more than 40 per cent of their income in rent.

Figure 6b: PRIVATE RENTAL TENANTS - Housing affordability by interview wave

Source: Hanover Family Outcomes Study, 2002
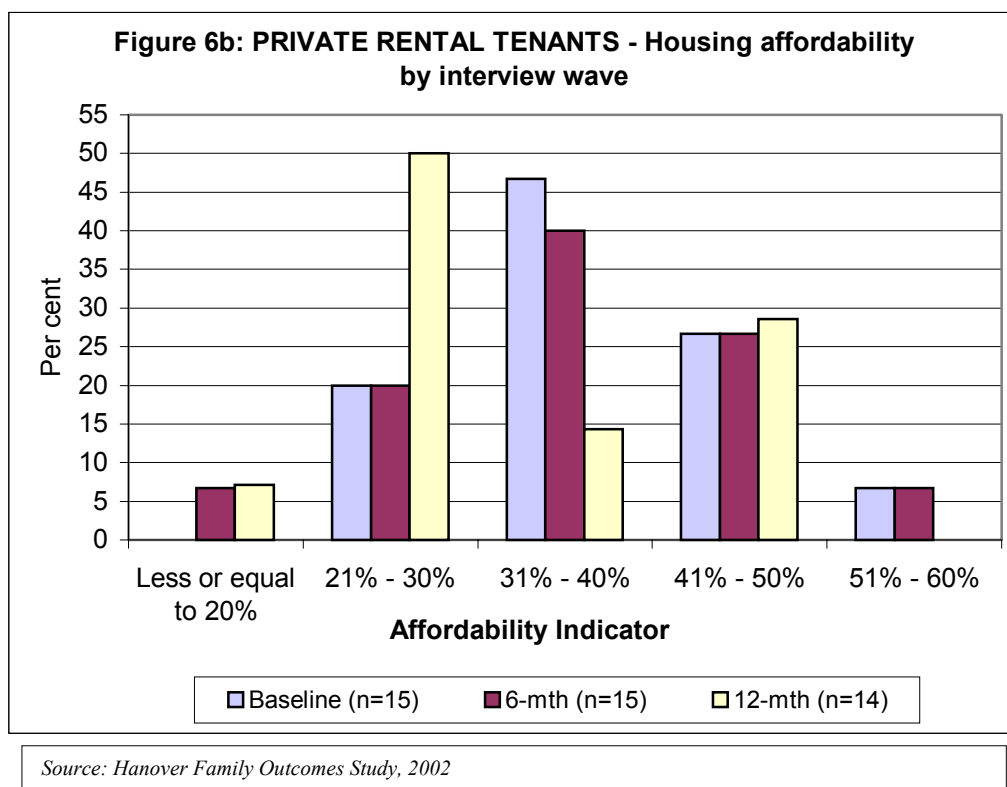
Housing affordability by region:

According to the Rental Report (September Quarter 2001) compiled by the Victorian Office of Housing, private rental was generally more affordable in non-metropolitan regions than in metropolitan Melbourne (84 per cent compared with 26 per cent respectively of private rental properties were within the 30 per cent affordability benchmark).

Figure 6c shows that this situation is reflected only for the 6-month wave. Nevertheless, housing stress tended to characterise the circumstances of private rental families in rural areas. Thus, at the first interview, all the rural families were in housing stress, paying over 30 per cent of their income in rent. There was some improvement in housing affordability for the rural families in the subsequent interviews waves; however, the improved housing affordability highlighted in Figure 6b was, in fact, experienced among private rental families in urban areas.

It should be noted that the number of families in private rental in rural areas is very small, which means that the findings can only pertain to this sample of families and should not be broadly interpreted. Further analysis indicated fluctuation in the income of the rural families. For example, in one case, a family paid 31 per cent or their income in rent at the first interview; six months later the full-time income of a partner reduced this to 18 per cent; another six months later, the loss of the full-time job increased it to 25 per cent.

Additionally, it should be noted that the definition of *region* comprised the broad categories of urban, rural *and* regional location. Figure 6c, however, only presents data for private rental families in *urban* and *rural* areas since those families who lived

in regional areas were not in private rental; instead, they were all public housing tenants.

Figure 6c: PRIVATE RENTAL TENANTS - Housing affordability by region and interview wave
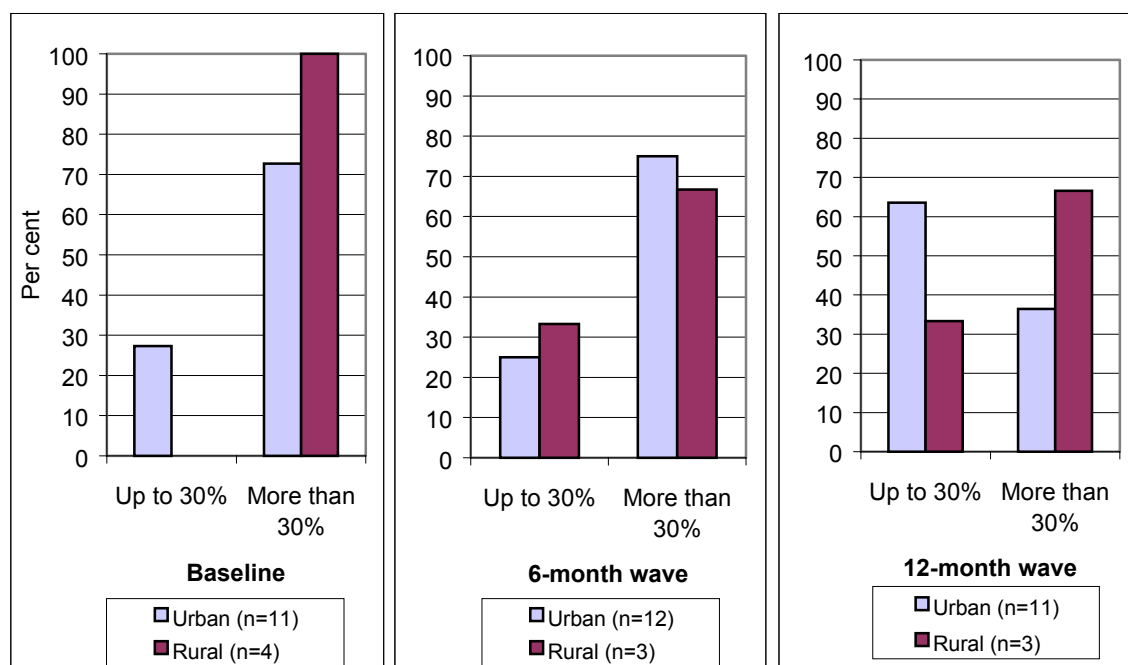
Source: Hanover Family Outcomes Study, 2002

INCOME

Housing costs rose, but so too had housing affordability. So, what was happening to the families' incomes over this period? Income data was collected by reading through a list of 13 possible sources of income and asking participants to identify the source and the *approximate weekly income after tax*. It should be noted that any variation in income may have been affected not only by the obvious changes in employment status, but potentially by participant recall of *all* relevant sources of income.

Figure 7a shows the median weekly income for those families who paid rent *and* received an income over the three interview waves. It indicates that the increase in housing affordability noted in the previous section was affected by changes in income. While median weekly income remained almost unchanged at $400.00 six months after the first interview, it rose to $454.00 12 months later, representing an increase of 13.5 per cent.

**Figure 7a: PRIVATE & PUBLIC RENTAL TENANTS -
Median weekly income by interview wave**

Source: Hanover Family Outcomes Study, 2002
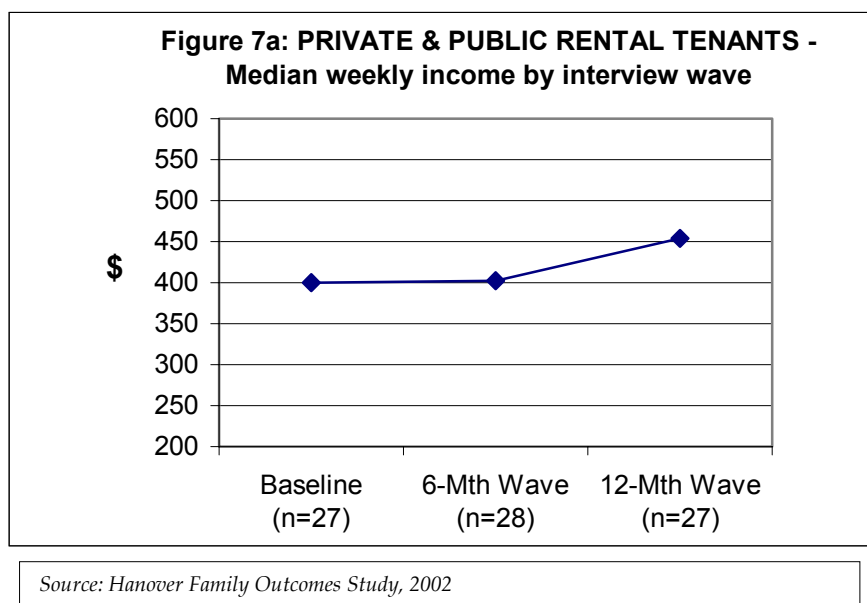
To provide further context for interpreting these data, Figure 7b shows how the median weekly income varied between private rental and public housing tenants. It illustrates that the gap in median weekly income for the two groups, while relatively similar at the baseline interviews, increased markedly over the subsequent two interview periods. Those in private rental had a median weekly income of $538.00 at the 12-month wave, while those in public housing had a median weekly income of $400.00. In fact, private rental families experienced a 35 per cent increase in median income over a 12-month period compared to only 4 per cent among families in public housing.

These data suggest that families in private rental had greater opportunity to improve their sources of income by, for example, gaining paid work, than families in public housing. Indeed, further analysis indicated that 43 per cent of families in private rental were sole parent families compared with 69 per cent of families in public housing, demonstrating that this group probably had limited opportunity to improve income sources because of parenting responsibilities.

**Figure 7b: Median Weekly Income by Tenure and
Interview Wave**

Source: Hanover Family Outcomes Study, 2002

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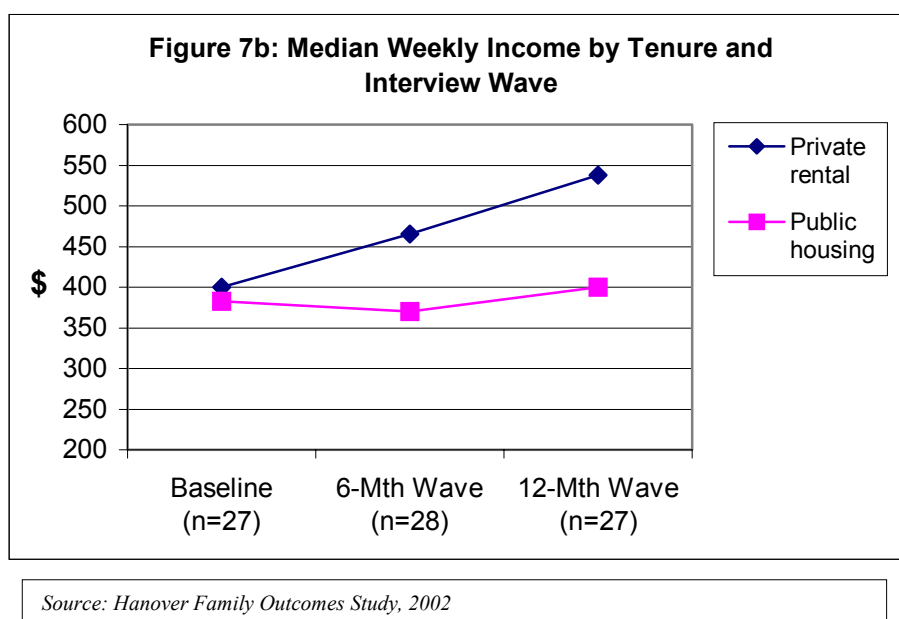
Figure 7c shows what median weekly income looked like for families in urban, regional and rural areas. On the whole, it indicates that the greatest increase in median income occurred for families living in urban areas. There were only relatively modest increases in the six months after the first interview; the exception was that families in urban areas experienced a drop in median income. However, the increases were more marked six months after the second interview wave. In fact, the greatest increase in median income was experienced among the families in urban areas. Their median income rose by 20 per cent from the previous six months compared with 7 per cent among families in rural areas, while the increase for families in regional areas was just 0.2 per cent.

Figure 7c: PRIVATE & PUBLIC RENTAL TENANTS - Median Weekly Income by Region and Interview Wave

Source: Hanover Family Outcomes Study, 2002
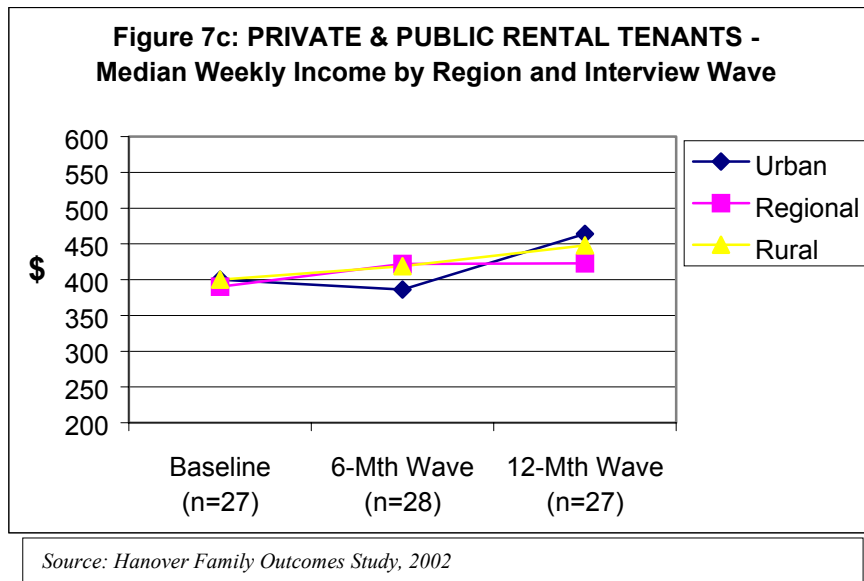
Sources of family income:

These data beg the question: what was the basis for the improved financial circumstances of participating families? Initially, it might be assumed that the improved financial status was a result of an increase in employment. However, Figure 8a, which presents a complete list of all sources of family income over a 12-month period, suggests otherwise. It shows, for example, that the proportion who received income from a family member engaged in full-time work rose from 7 per cent at the initial interview to 18 per cent six months later. At 12 months, however, the proportion had dropped again to 7 per cent. A similar situation was reflected for part-time work where the increase was followed by a drop, although the drop was not as marked as it was for full-time work.

Overall, paid work, either full-time or part-time, was not a common source of income for this group of families. For the majority of the families, in fact, the common source of income was welfare payments. These included the Parenting Allowance and Family Tax Benefit (previously known as the Family Allowance), which remained relatively consistent over the three interview waves. Another consistent source of income, although not as common, was the Newstart Allowance, received by close to 20 per cent of families for the same period.

Figure 8a: PRIVATE & PUBLIC RENTAL TENANTS - Sources of family income

Source: Hanover Family Outcomes Study, 2002
Note: Multiple responses possible
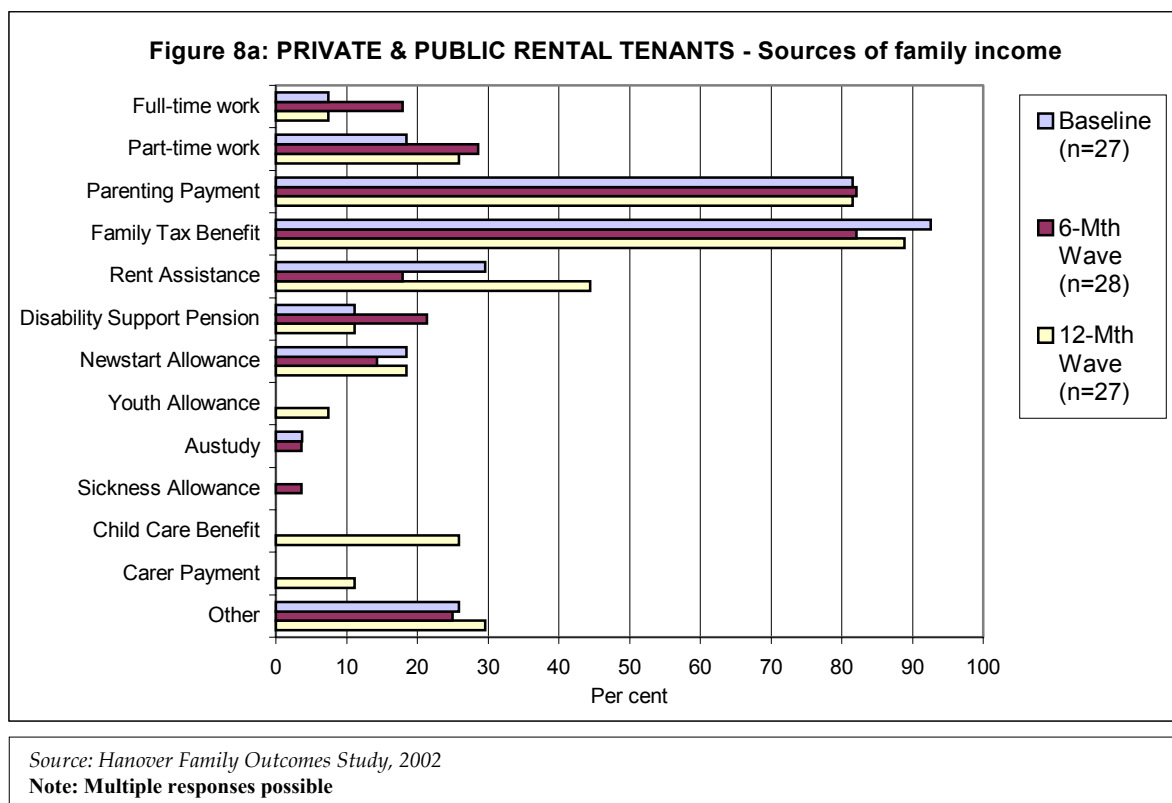
Inconsistency in income sources was also highlighted for Rent Assistance, the Disability Support Pension, and the Child Care Benefit. At the 6-month wave, Rent Assistance was received by 18 per cent of the families; six months down the track, this had increased to 45 per cent. Just over 20 per cent of the families received the Disability Support Pension; this dropped to just over 10 per cent six months later. For the first two interview waves there were no recipients of the Child Care Benefit; at the third interview, just over 25 per cent of families identified it as a source of income. The 'other' category comprised those families whose income was supplemented, in the main, by child maintenance payments.

As illustrated above in Figure 7b, there was a marked increase in the median weekly income reported among families who were in private rental. To elucidate the possible basis for this rise, sources of income were specifically explored for this group of private rental families. These data are presented in Figure 8b. In the main, the data are similar to those presented in Figure 8a. However, there are a few differences to note in Figure 8b. First, while the Parenting Payment and Family Tax Benefit were a common source of income, over a 12-month period, there was a steady decline in the proportions that received these benefits, particularly among those in receipt of the Parenting Payment. This may reflect changes in family structure such as new or reformed relationships.

Figure 8b: PRIVATE RENTAL TENANTS - Sources of family income

Categories (top to bottom): Full-time work, Part-time work, Parenting Payment, Family Tax Benefit, Rent Assistance, Disability Support Pension, Newstart Allowance, Youth Allowance, Sickness Allowance, Child Care Benefit, Carer Payment, Other

Legend:
☐ Baseline (n=15)
■ 6-Mth Wave (n=15)
☐ 12-Mth Wave (n=14)

X-axis: Per cent (0 to 100)
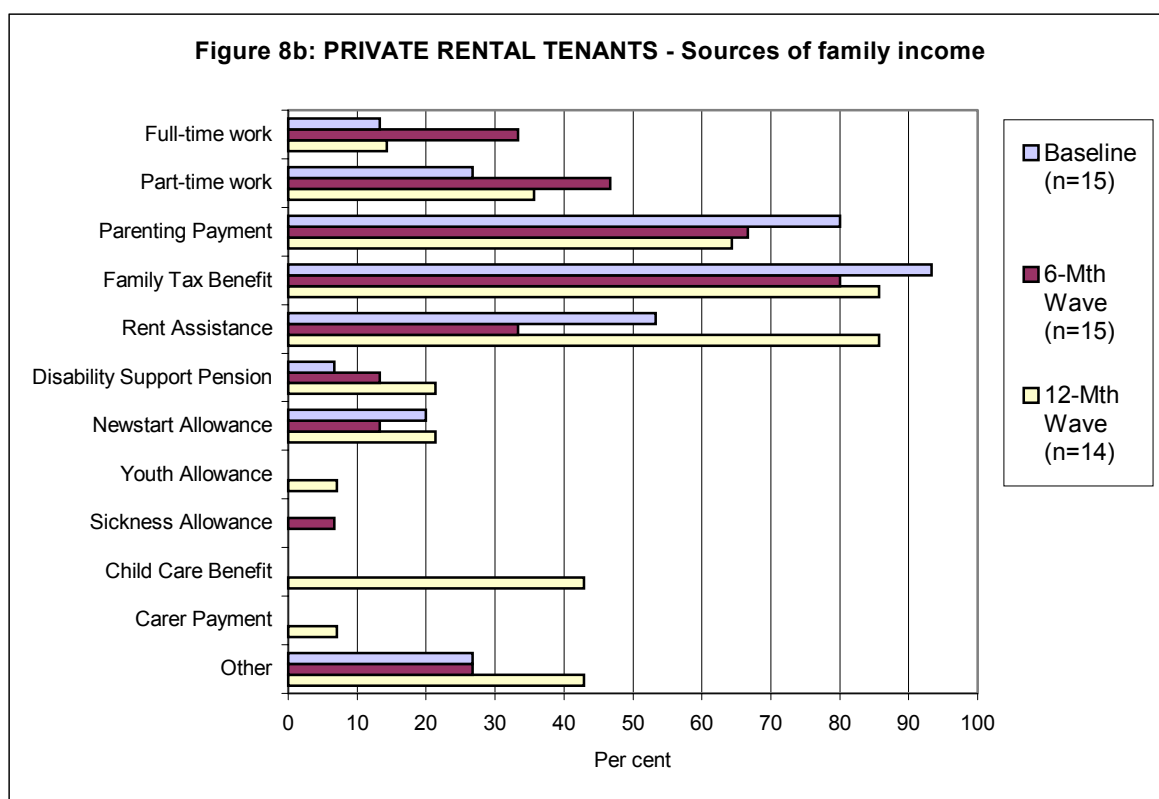
Source: Hanover Family Outcomes Study, 2002
Note: Multiple responses possible

Second, focusing only on *private rental* families, one would expect all these families to be in receipt of Rent Assistance. However, this has not been the case. At the first interview, just over 50 per cent of the families received Rent Assistance; six months later this had fallen to just over 30 per cent. This may, in some instances, be a reflection of participant recall, especially since Rent Assistance was included in the Family Tax Benefit payment. At the 12-month wave, 86 per cent of families received Rent Assistance. While this represents the vast majority there were still a couple of families who were eligible but had not received it. The final point to note is that there was a marked increase in the proportion of families who received the Child Care Benefit. For the first two waves, the proportion was zero, at the 12-month wave it was over 40 per cent.

On the whole, these data suggest that the current improved financial circumstances highlighted among the families in private rental reflect increases in those who received Rent Assistance and the Child Care Benefit. Such increases, while representing relatively modest increments to the overall family income, were probably enough to impact on the housing affordability data shown in Figures 6a and 6b, and the median weekly income presented in Figure 7b.

Sources of family income by family structure:

Still focusing on those who were in *private rental or public housing*, Figure 9a shows the sources of family income for sole parent families, while Figure 9b presents the same data for two parent families.

For sole parent families, Figure 9a shows that no parent in this group was involved in full-time paid work, while the proportion of those who worked part-time was currently lower compared with six months earlier. In the main, sole parents relied on Parenting Payment and the Family Tax Benefit for their income. Compared with the first two waves of interviews, Rent Assistance was currently received by proportionally more sole parent families. The Child Care Benefit and the Carer Payment represented two new sources of financial assistance. The 'other' category for this group of sole parents, which mainly incorporated child maintenance payments, had steadily increased over the last 12 months.

Compared with the sources of income highlighted in Figure 9a for sole parents, Figure 9b indicates that two parent families, including biological and step-parents, experienced relatively more variability in terms of their income sources. The income sources included income from paid work, the Parenting Payment, the Family Tax Benefit, Newstart, and Rent Assistance. The variability may well be related to changes in family structure, as well as changes to the employment status of family members.

Figure 9b shows, for example, that since the first interview wave, there was an increase in those who received income from full-time or part-time work. However, while those involved in part-time work increased, those who worked full-time dropped markedly and was currently at its lowest rate for the 12-month period. Employment issues are presented in the next section.

Figure 9a: Sources of family income for SOLE PARENT families in private rental and public housing by interview wave
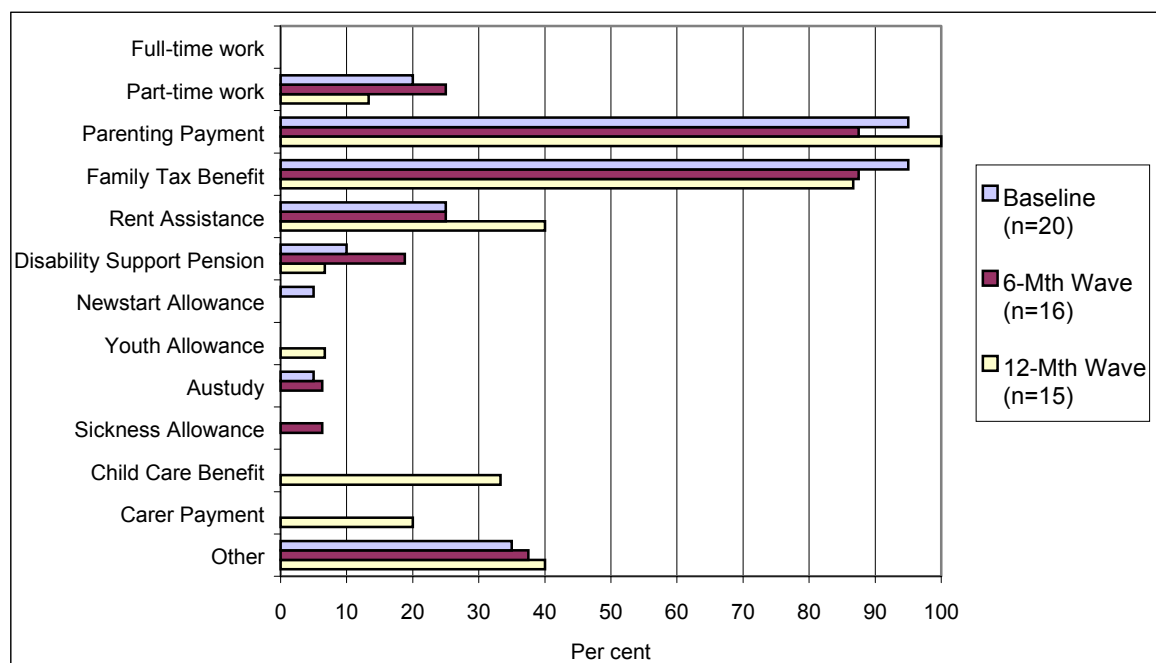
Source: Hanover Family Outcomes Study, 2002-10-09
Note: Multiple responses possible

Figure 9b: Sources of family income for TWO PARENT families in private rental and public housing by interview wave

Source: Hanover Family Outcomes Study, 2002
Note: Multiple responses possible
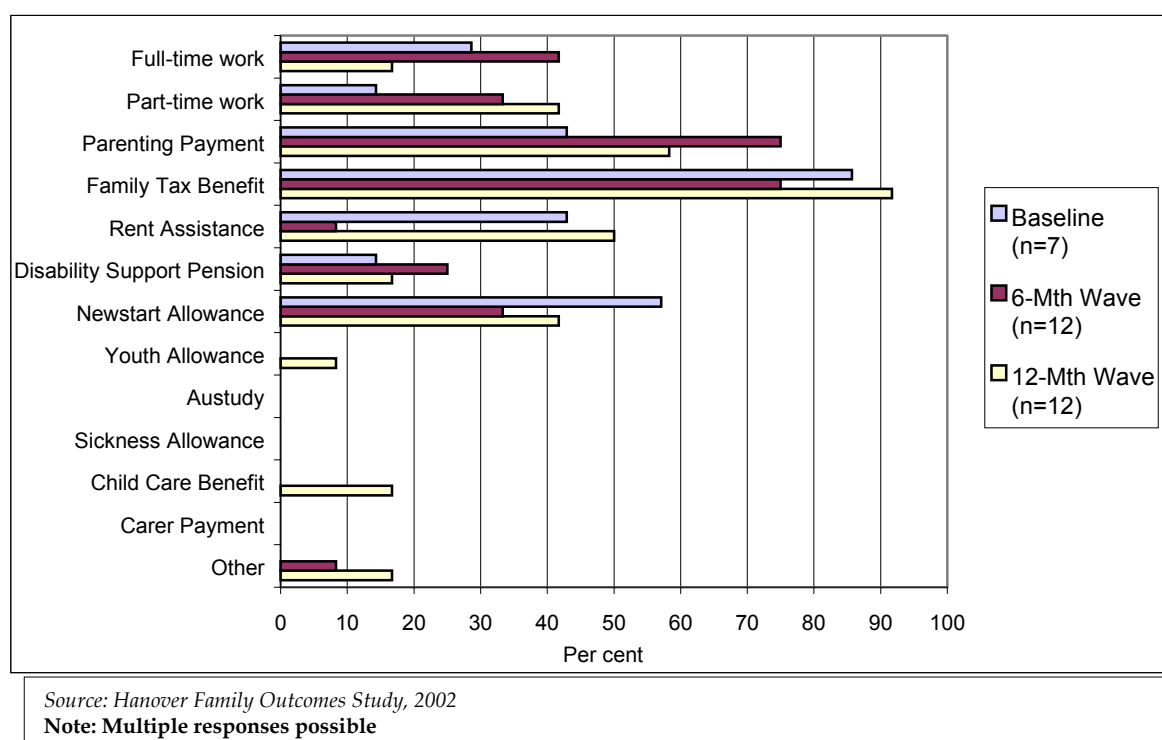
Further analysis suggested that there might have been a change in the way that the 6-month data was collected. Perhaps, participants were not specifically prompted on whether they received Rent Assistance, and it may not have been obvious since it is a payment that was included with the Family Tax Benefit, as noted above. The next two waves of data collection will help clarify the issues.

As reported in Section 3, concerns about financial issues had increased markedly in the last six months. The amount of income that families received was insufficient and certainly did not enable any long-term plans:

> *'Money, living standards, the way you want to live and you can't live the way you wanna live cause there's not enough money to go around...you just struggle to get by...it's a struggle all the time...I can never save...we'll never be able to buy a home cos we just can't, what comes in goes out, it's as simple as that, we'll always be renting...'* (step-family, two children – private rent).

Even the diligent planning of their financial commitments did not ease the financial burdens:

> *'You've got to be careful, we only get a certain amount of money and you really do have to be careful with it. We plan out all our bills now so we pay everything by the fortnight. We don't get behind in anything and try to have a little bit there if the car breaks down'* (sole parent, one child – private rent).

'Just not enough money, it really isn't enough, now that I'm doing everything properly and paying the bills and paying the rent and buying food…it's really hard when [my daughter] needs other things for school and excursions and she can't go because we haven't got the money…just can't seem to stretch it' (sole parent family, two children living at home – public housing).

EMPLOYMENT

Employment represents a major pathway to both housing and financial stability. As illustrated in Figure 1, over the course of a year, concern about employment had increased markedly among families. It was also noted, apart from a couple of families, that all those who were concerned about employment also expressed concern about financial difficulties. This section explores the labour force status of families, the difficulties encountered by those who tried to get paid work, whether there were intentions to move house in the future in order to gain access to paid work, and whether there was any involvement in study or training.

Labour force status of participants:

So what was the labour force status of participants? We know from the previous section on income that only a small proportion of participants had paid work. Does this mean that those remaining were all unemployed? Not according to Figure 10. It shows that over the course of one year, most participants were not in the labour force. In other words, they were neither in paid work *nor* looking for paid work. This clearly reflects, in most cases, their status as full-time carers, remembering that most participants were mothers.

For those who were in the labour force, most were unemployed; but it is interesting to note that changes in the unemployment rate coincided with changes in the rate of those not in the labour force. For example, the drop in those unemployed did not mean an increase in the proportion of those in work, it was instead related to a rise in those not in the labour force. Only a relatively small proportion of participants were in paid work, and this was only on a part-time basis.

Figure 10: Labour force status by interview wave (N=33)
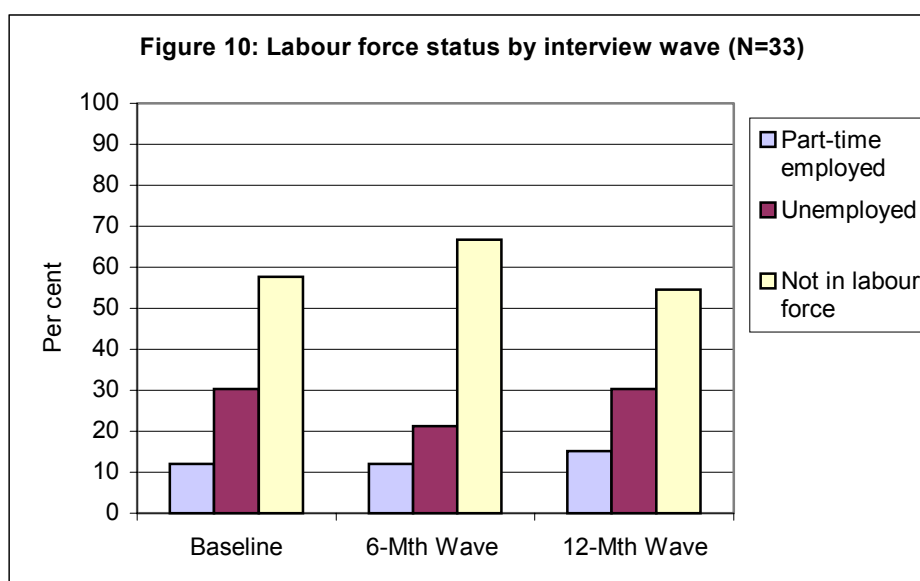
Source: Hanover Family Outcomes Study, 2002

At 12-months, there was a drop in the proportion who were not in the labour force. There was also a rise in those who were unemployed, as well as an increase in those with part-time employment. In general, this work tended to involve short hours and be of short duration. For example, only one participant had been in paid work for six years while for the others, the time ranged from two to four months. Typically, most of the work was low skilled and poorly paid. It generally involved cleaning homes or serving in a take-a-away.

Two parent families and employment:

The employment status of two-parent families (biological and step) is presented in Figure 11. While numbers are small, Figure 11 nevertheless shows an interesting trend. Over the 12-month period, the proportion of two-parents families where neither parent worked has declined, while those with at least one parent in paid work has increased.

This increase in paid work occurred among mothers. However, the work that they secured was for mostly short hours and on a casual basis. Those improvements, therefore, remain precarious; it is also worth remembering that, as illustrated earlier in Figure 1, concerns about employment have increased over the 12 months.

It is also important to note that at the 12-month wave, in half the two-parent families *neither* parent was in paid work. These were relatively young parents who, in effect, were responsible for some 24 children who were living at home at the time of the 12-month interviews.

Figure 11: Two parent families - Employment status by interview wave

Source: Hanover Family Outcomes Study, 2002
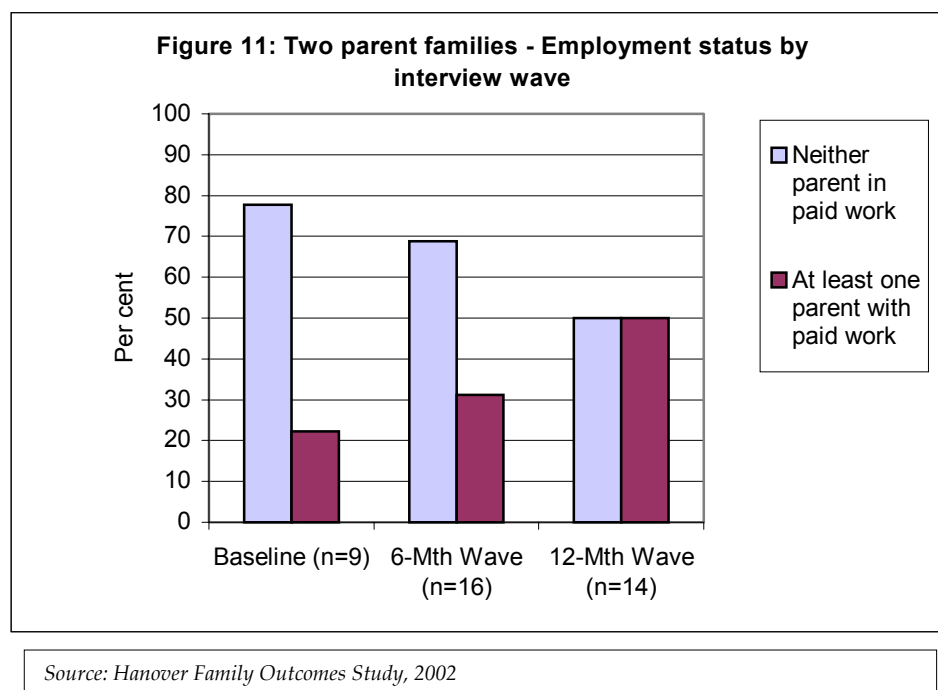
One participant summed up the importance of paid work as follows:

> '*Now that [my partner has] got his work it's a hell of a lot better. [We] can afford to live normal…don't have to scrape to make ends meet all the time. You don't feel like humans when you have to do that…sliding into debt, it gets to the point where you don't care and you know you're going down but you may as well go down with a bang*' (two-parent family, one child).

Housing and employment:

Despite the small sample numbers, the data in Figure 11 also suggest that the improvement in employment circumstances may be connected to improved housing circumstances. That is, as housing has stabilised for families over the past year, so have employment prospects, bearing in mind again, that employment concerns had also increased. The next 12-months will help to further clarify these issues.

For those families in private rental and public housing, the data indicated that those participants who worked part-time were mostly renting privately. In contrast, those participants with no paid work tended to be in public housing.

Difficulties related to getting paid work:

Those with no paid work were asked to comment on the things that made paid work difficult; this occurred only at the 12-month wave. Their responses incorporated various themes and, in the main, reflected the full-time childrearing responsibilities of a large proportion of participants, as already noted above. A related factor was the lack of childcare; others referred to their poor health; and then there was the age factor, being either too young or too old. A lack of qualifications or experience was a common theme. Lack of jobs, time spent in jail, drugs, unstable living situation, and low self-esteem were also identified. There could, of course, be multiple factors involved that created an obstacle to paid work:

> '*The problem is that I left high school in Year 10 and I haven't got my VCE…and my age too, like I'm quite young (19 years), and no [post-school] qualifications of course…*' (two-parent family, one child – family staying with parents).

In one case, the frustration for a young parent whose partner had been without work for the past two years because of health reasons was evident:

> '*I think hopeless is the word because it's going to take so long and he's already been out of work for two years, which is his own fault, but I mean he's got so much going for him, he's got a forklift licence, and then the other problem is we don't have a car, a lot of the factories start at five o'clock in the morning, there's nothing to get there and he's got these health issues waiting in the background*' (two-parent family, three children – public housing).

Effect of no paid work:

What effect did the lack of paid work have on participants and their families? The 12-month data indicated, not surprisingly, that the most common effect of a lack of paid work was related to financial hardship. The second theme related to the negative effects on psychological and emotional health, a particularly personal price to pay, which affected self-worth, was dehumanising, stressful, and led to depression.

- *Financial hardship:*

Financial hardship presented daily or weekly struggles:

> *'I just can't afford to give the kids as much as I need to give the kids, I mean for instance, this year I didn't even buy them new school uniforms, I tried to, I lay-byed them, but I just couldn't [manage the lay-by]. Some weeks I'm lucky to feed the kids, they're not getting too much of anything else at the moment'.* (sole parent family, two children – public housing).

> *'Financially, it makes it hard. Everybody would like to have the best for their kids, but I mean it's a matter of you can't make it, you can only make it as good as what's there to make it good…half the time [my partner] just makes enough for the next couple of days food, you know, you've got to live week to week and it's just very hard…'* (step-family, two children – private rental).

Financial difficulties also presented major barriers with regard to housing:

> *'The real estate [agents] won't sort of let you come in the door, not interested…because they figure they are not going to get their rent'* (step-family, six children – community housing).

> *'Living in horrible situations, cheap housing, bad landlords, mice, termites, property falling apart, no cooking facilities, no hot water…'* (sole parent, one child – staying with friends).

Even if families were prudent with their budgeting, barriers still remained:

> *'It's hard to better yourself as far as getting a car, and stuff like that, because you need a job to get finance and it doesn't matter how good I manage my welfare they [lending institutions] don't accept that it's an income that you get every week, I think that's unfair…'* (step-family, six children – community housing).

One participant referred to what she termed as the *'ceiling of income',* which represented for her a major obstacle to gaining financial stability. According to this young mother, in order to break through barriers and escape the daily struggle of poverty, getting a job was not enough. Rather the imperative was to get qualifications that increased the potential for a better-paid job, one that would break through the *'ceiling of income'*:

> *'What I'm finding difficult is the amount of money I can earn [before benefits start to be affected], there's no way up now, I can clean and earn probably $400.00 a week, which is better than nothing but for us to get our heads above water [we need to earn more]. Once I earn my $400.00 they take all my social security money away, which isn't really getting me*

anywhere. I'm losing $250.00 a week to earn $400.00 a week, so I'm [really only] earning $150.00 more…I've run into like a ceiling of income where I cannot get above that, I need more than that and I need to go back and train up in something to get the better work…if we could both earn $600.00 a week or $650.00 I think we'd be fine, that's $1300.00 a week, that's great, that's all I want and then I'd feel like we'd be normal again, that's all anyone else gets, that's all we want, then we'd be fine. You just can't cope on the amount of money that we're getting' (two-parent family, three children – public housing).

- *Psychological and emotional health:*

The critical importance of work to a sense of self-worth is illustrated below:

'I believe it's [lack of paid work] the root of all the problems, it's why we don't have any money and stuff, I get depressed, I never get to go out anywhere…it's just the start of everything [going wrong]…I've only really realised this, for a long time I was feeling bad because when we were younger we had drug problems, we didn't want to work. Now, we want to work…and since I've been working part-time, I've realised that I'm not slack and lazy, I go to work every time they tell me to come to work. We want the work, I'm a good worker…' (two-parent family, three children – public housing).

'It's totally demoralising, lose all sense of dignity, respect, identity…' (sole parent, one child – private rental).

Future moves for employment:

The importance of employment for families is illustrated in Figure 12, which shows those participants who replied *yes* to the question: *In the future, would you consider moving house in order to gain or maintain employment.* Figure 14 shows that at the baseline only a relatively small proportion of families said they would move house in the future in order to get or maintain employment. This may be because gaining stable, secure housing was of paramount importance, and took precedence over employment factors. Thus, the majority were not prepared to give up their housing for paid work.

For families in private rental, the 6-month wave saw a marked increase in those who would move for employment. This was much higher than it was for families in public housing. At six months, a high proportion of families in private rental experienced housing stress, which may have made employment factors an increasing priority.

As suggested by the 12-month data, the preparedness to move house for employment reasons was high, irrespective of whether families were in private rental or public housing. It is interesting that such a relatively high proportion of families in public housing were willing to say that they would give up that housing for employment reasons. This illustrates the importance of paid work and perhaps the longer-term implications of its absence. Indeed, as illustrated in Figure 1, employment had become a concern for an increasingly number of families.

Figure 12: YES, would move house in future to get/keep employment
by tenure and interview wave

Source: Hanover Family Outcomes Study, 2002
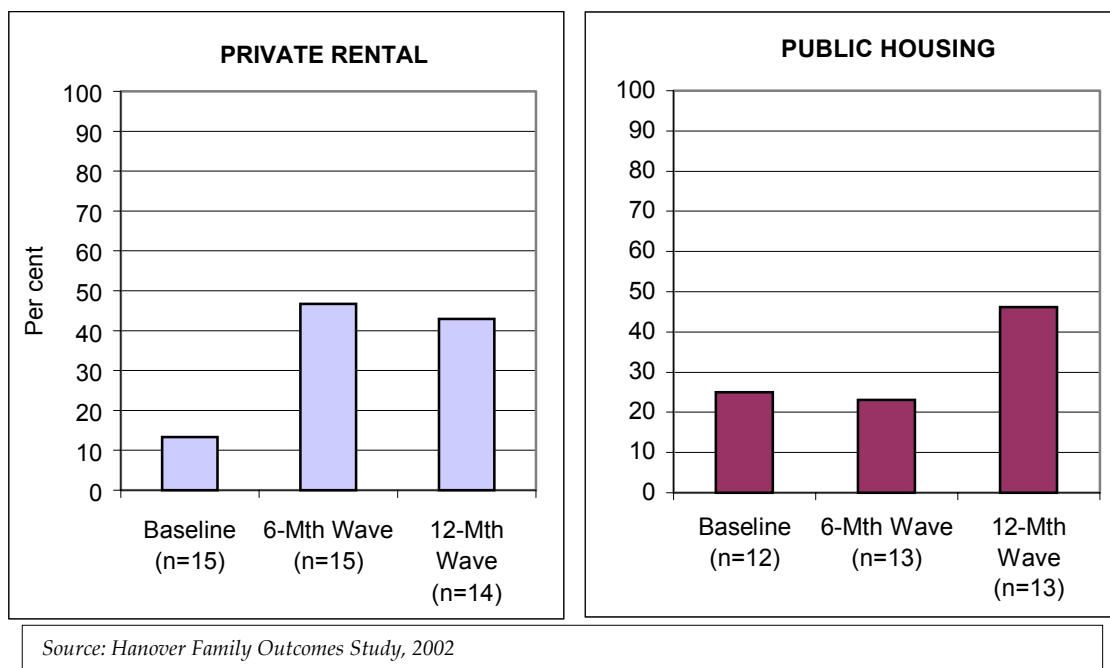
Study/training:

At the 12-month wave, families were asked about any study or training that they were involved in at the time of interview. The majority of participants were not undertaking any study or training. However, four participants were involved in study; half were sole parents and half were partnered. Another two participants had deferred their studies.

The four who were studying were enrolled on a part-time basis, and had only a couple of months to go before completion. In one case, a participant had two years of part-time study still to complete. At the completion of this study/training, each participant would receive one of the following: Diploma in Community Development and Welfare; Certificate 3 in Information Technology; or a Yoga Teaching Certificate. One participant and her partner were taking part in a church-run leadership-training programme with youth groups.

There were two additional instances where partners, alone, were involved with study/training. This was also on a part-time basis. At the completion of the study/training, they would receive a trade certificate in aqua culture (fish farming); and a First Aid Certificate, which would also result in more money at work.

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5. USE OF WELFARE SERVICES

This section focuses on families' use of welfare services. Specifically, the focus is on crisis assistance provided through welfare and community agencies, as opposed to more generalist services such as, for example, maternal and child health services. It also excludes the range of Commonwealth Government-funded income support payments. This section also explores issues of service access.

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

Housing Support:

Over a one-year period, there was relatively little demand from families for housing support services. For example, the baseline data indicated that some families had required support with their accommodation. They were assisted with SAAP accommodation, short-term accommodation, and independent housing. Six months later, demand for housing support was non-existent, and rose only slightly at the 12-month wave, where some families needed financial assistance for rent, utility bills, and moving costs. In a couple of cases, accommodation was an issue. One family was assisted into a refuge, while another was helped to look for a place to live.

It should be noted that housing support does not include Rent Assistance, which is a Commonwealth Government payment for those renting privately. The financial assistance noted above came from a welfare agency.

For the majority of families who had *not* received *housing support*, most stated that they had not needed it, while others commented that they had not wanted it. The implication here was that in some instances there may well have been a need, but families chose to try to get by on their own. In a couple of cases, families had difficulty accessing the *housing support* they required. The issue of access is addressed later in this section.

NON-Housing Support:

Families were asked about the types of *NON-housing support* that they were accessing at the time of each interview wave. Figure 13a shows that a high proportion of families were in receipt of *non-housing support*, particularly during the baseline and 12-month waves. During the 6-month wave, the use of *non-housing support* was relatively low. The subsequent rise in demand for *non-housing services* indicates deterioration in families' circumstances.

Figure 13a also shows that most families were *not* in receipt of *non-housing support* at the time of each interview wave. However, the majority of families, had in fact, accessed such support at *some time* in the six month period leading up to each interview wave. For example, during the period before the 6-month interviews, just over half the families had received some form of *non-housing support*. During the

interval before the 12-month interviews, it was around three-quarters of the families who had accessed such support.

The types of *non-housing support* received commonly included food vouchers or food bags, emotional counselling, and financial aid. Other types of *non-housing support* also included respite care, personal care, financial counselling, material aid (furniture and Christmas presents), and drug rehabilitation.

Figure 13a: Current use of NON-housing support by interview wave (N=33)

Source: Hanover Family Outcomes Study, 2002
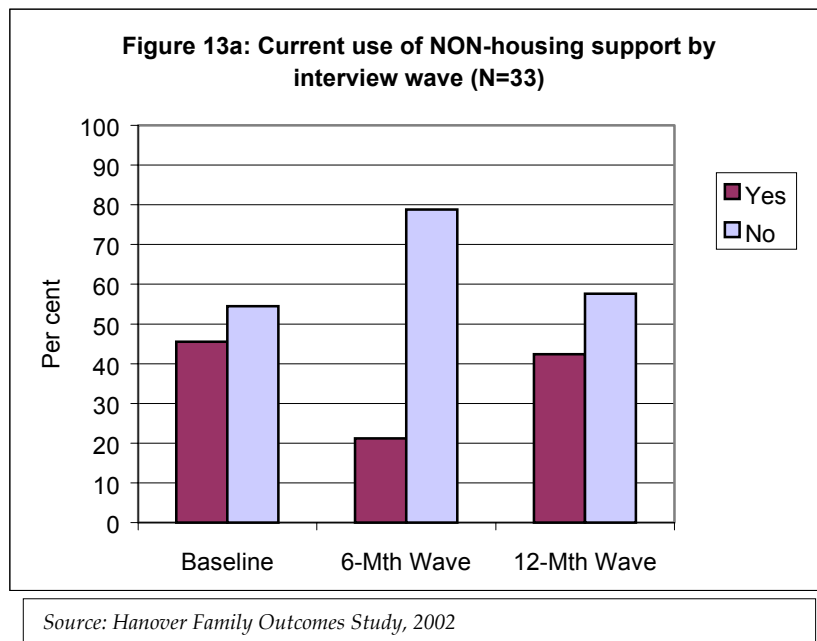
Figure 13b shows the use of *non-housing support* by type of housing tenure. In general, the use of support appeared higher and more variable among families in private rental than those in public housing. For example, among families in private rental the use of support was high at the baseline wave but fell markedly six months later, rising again at the 12-month wave. In contrast, among families in public housing, the use of support was relatively stable over the one-year period. A slight increase was registered at the 12-month wave. These data may indicate that the needs of families renting privately were comparatively more changeable or volatile than for those in public housing.

Figure 13b: YES, current use of NON-housing support by tenure and interview wave
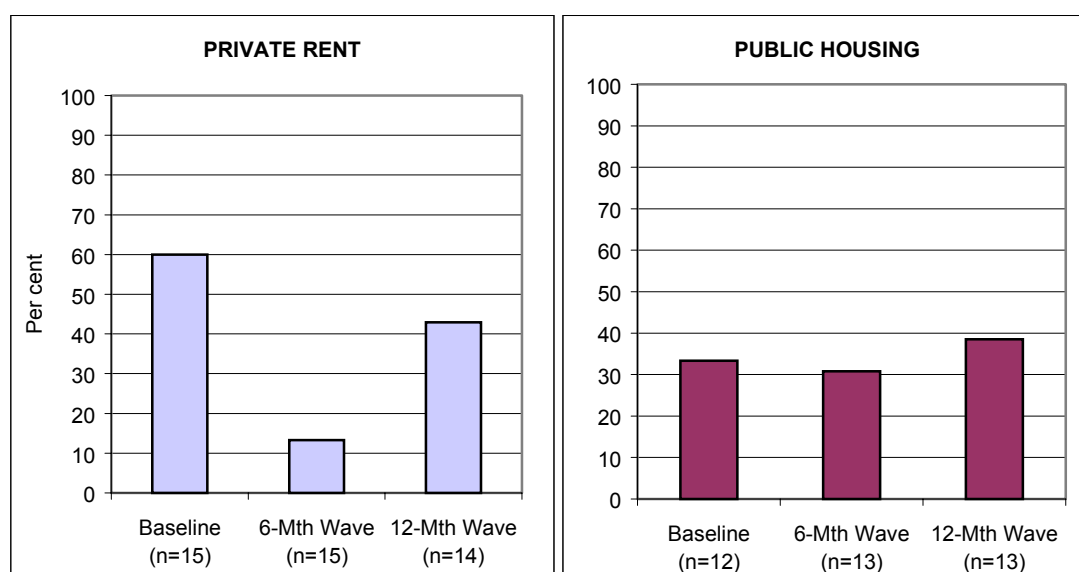
Source: Hanover Family Outcomes Study, 2002

Figure 13c shows how the use of non-housing support varied according to the number of concerns reported by families. Despite the small numbers, Figure 13c shows that, on the whole, the number of concerns experienced by families had some influence on the demand for support services. However, at the baseline, use of support services was high, irrespective of the number of concerns or difficulties reported by families. This result suggests that even where families had exited housing crisis services, there was a need for some sort of ongoing support following a period of complete upheaval and crisis.

Figure 13c: YES, current use of NON-housing support by number of concerns and interview wave

Source: Hanover Family Outcomes Study, 2002

While the demand for support services was relatively low among those families with few or no concerns, especially at the two follow-up waves, it should be noted that not all of the families who had multiple concerns were receiving support. For example, at the 12-month wave, almost 70 per cent of those with multiple concerns were using support services. However, this also meant that around 30 per cent were not. While this may, to some extent, be related to personal choice of whether to seek help or not, it is also related to access, which is discussed in the next section.

Access to formal support services:

At the 12-month wave, families were asked about access to welfare services. The specific question was: *Has there been a time, in the last 6 months, when you needed some type of assistance or support and you weren't able to get it?* In general, most families (61 per cent) had no difficulties with service access. Nevertheless, a relatively high proportion had not been able to get the support that they had needed. Figure 14, in fact, shows that over half the families with *multiple concerns* had difficulties accessing assistance or support, compared with one-quarter of those with *few or no concerns*.

Figure 14: 12-month wave - Has there been a time, in the last 6 months, when you needed some type of assistance or support and you weren't able to get it?

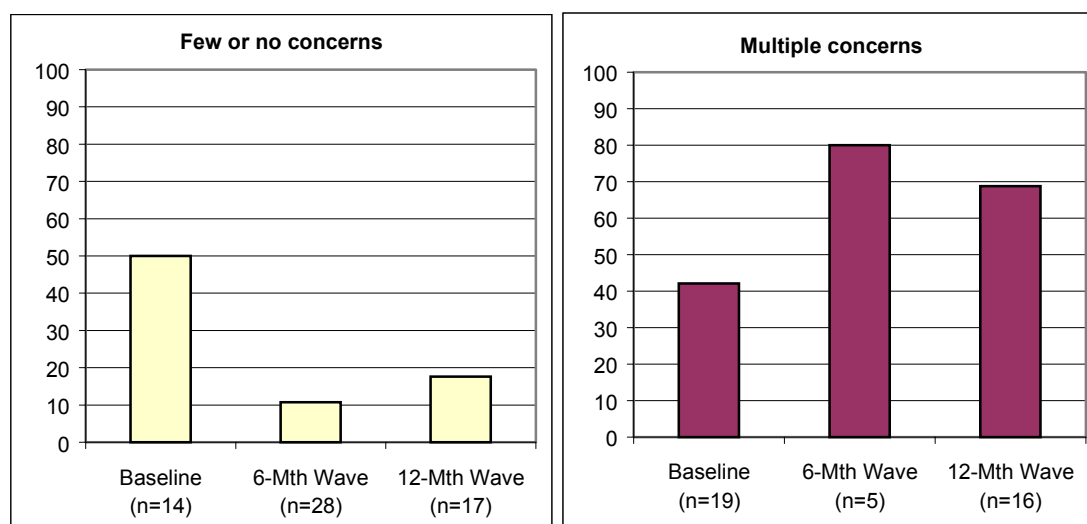*Source: Hanover Family Outcomes Study, 2002*
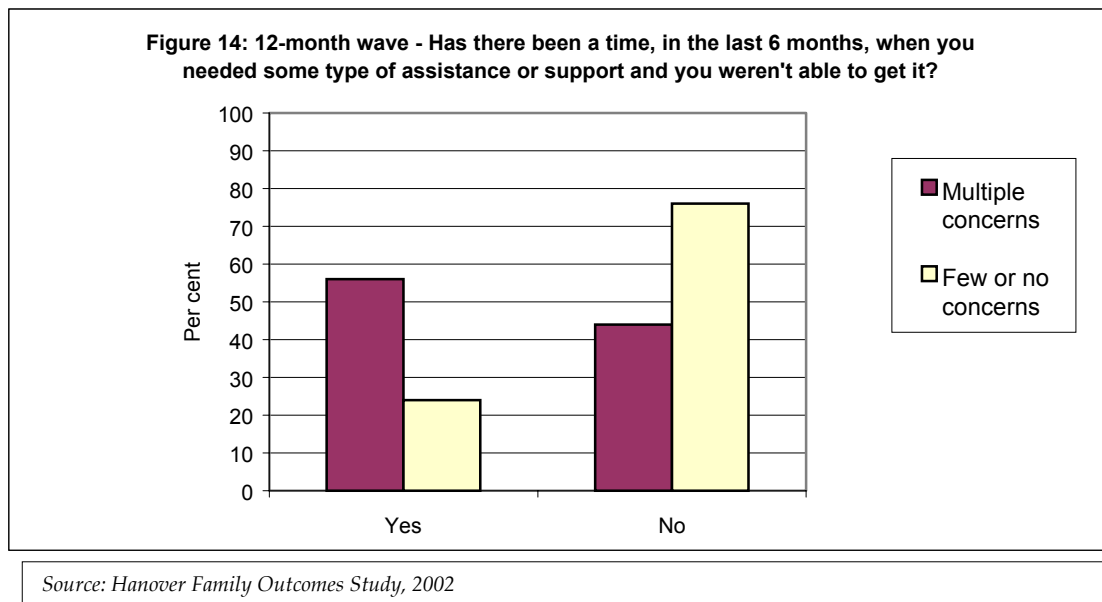
The families with *multiple concerns* experienced barriers accessing support that included counselling, food vouchers, respite care, financial aid, and housing. In some cases, a service was not widely available, open only one day per week, for example. Or, in the case of respite care, the difficulty was with long waiting lists, especially where that care was needed for older children. Financial aid appeared to be available only as a one-off payment. Problems related to housing were about maintaining housing, as well as gaining access to stable housing, which was linked to a shortage in affordable housing stock. Three case studies are presented to illustrate the range of difficulties families encountered in their attempts to access needed support. Those needs related to housing, financial help and respite care.

- *Housing:*

In the first case, a family of four (2 adults and 2 children) had moved twice within six months. Their attempts to get stable housing left them stressed, frustrated, disillusioned and disrupted. This participant and her partner were living in a decrepit caravan that cost them $140.00 per week. Her children refused to stay there and were living instead with their maternal grandparents. In addition to their housing problems, this family faced financial and employment problems, and relationship/family difficulties:

> *'Just movin around from place to place because no-one will find me a house…been looking for somewhere to live for two months, the support worker I've got, he's doin nothing, he puts you more under stress than supporting [you]…just taking a long time to get things done for [you], like probably would have had somewhere to live if they had actually moved and done something…(what do you think is the problem?) Just too slack, can't be bothered doin anything, they've got a house to live, they get paid so they don't care…I've been seein him for over a month now and he just doesn't seem to be helping…'* (step-family, two children – private rental).

- *Financial help:*

This second case study exemplifies the difficulty of getting financial support, which impacted on housing stability. This family of five (2 adults, 3 young children) had fallen behind in their rent for a second time in six months. They paid an extra $50.00 per week to cover rental arrears, and faced likely eviction from their public housing, where they lived for the past 12 months, if they fell behind again. Already struggling financially, they managed this additional financial burden through a casual cleaning job that the participant secured three months prior to the 12-month interview. Her partner, however, has been unemployed for the past two years and was unlikely to gain employment in the near future because of his ongoing health issues. Among her concerns regarding eviction, financial difficulty, employment, and health issues, this participant also identified substance abuse, gambling problems, and relationship issues. She talked at length about her housing and financial predicament:

> *'We have [had] a lot of rental trouble in the last six months…because there's no support…we're behind in our rent, again. I've since fixed it up but there's no agency to, usually it's a one-off [assistance], which I used like four years ago and there's nothing other than that…we can't go back to them [agency]…we used it like four years ago when we first moved to [the area] and [we're] not allowed to use it again…(so it's not a matter of a 12-month limit?) No, that's what I think is wrong, because we had a good run and now we're in trouble again why can't they [agency] help me again, but they just can't and there's nothing you can do about it…basically the thing is that once you're in Office of Housing [accommodation] if you get into [financial] troubles there's no-one who can help you with money…you have to do all that yourself…I'm managing it now [with money from a casual job]…[the first time] I got behind on the rent…we went up to the tribunal and what they do is they just put you on a repayment scheme…it's a six month agreement, two weeks before [the end of the agreement] that's when I fell into debt again, I nearly made it, and…they took me to Office of Housing tribunal,*

*and this is the second time, and now they have an "order of possession",
which means they can kick me out, they can get the police to kick me out,
usually that's what happens…I went in there [tribunal] and they make a
debt agreement with you, which I now have to stick at. My rent when I
first moved in here was $100.00 a week, now to repay everything I have
to pay $300.00 a fortnight…so I have to find an extra $100.00 a
fortnight now to repay all the debts…the whole amount has to be repaid
within six months or else we are going to get an "order of possession"
and get kicked out…a lot of people said Office of Housing is very
secure…I didn't realise [that it's] two strikes and you're out,
basically…if we do get kicked out of here, there's nowhere else [we can
go], we're blacklisted in private rental because of past debt…it's two
strikes and you're out, and that's what I was shocked about. Unless I
don't know of the services, but I mean, I've received all the letters and
I've been to all the places because I'm always like that, I know I need
the help so I go along [to get help]. I've just been told there's just
nothing [here] that can help…*(two-parent family, three children – public
housing).

In order to cover the extra financial burden imposed by having to pay back the rental
arrears within a six-month period, this young mother had managed to find casual work
as a cleaner some three months earlier. This meant that she had had to defer the start
of her university studies. There was little choice; her partner was unable to get paid
work because of a number of health issues.

- *Respite care:*

The final case shows a participant who had the sole full-time care and responsibility
for four children. There was limited support from her small social network. This
parent was in public housing and was three months behind with her rent. Her multiple
concerns related to the threat of eviction, financial difficulty, and family breakdown.
She made persistent attempts to get respite care for her 10-year-old son. She was
unsuccessful. Things reached crisis point, and still there was no immediate response
to her difficulties, which most likely further exacerbated an already difficult
parent/child relationship:

*'I just ring and ring, and no help, no help, and then at one stage…he
[son] started getting into [physically assaulting] some boy at the park,
and that was it, that was the last straw. I just grabbed him, put him in the
car and took him down to [agency] and said – have him -…I cannot
manage, I said – I get no help, there is no other person to help me out and
you can't even help me, I've been asking for it and this is where it gets -
…they still didn't listen, they didn't care, they turned me away…I could
see their point, they didn't want to take him, he was frightened to go, but
if they had tried doing something before, it didn't have to get to that
stage…next [school] holidays for the second week of the holidays they
are going to take him to a farm or something…'* (sole parent family, four
children – public housing).

Access to support services – overall rating:

Despite this rather negative account of some families' personal difficulties in accessing assistance, overall, the majority of families (74 per cent) reported that access to support, in general, was 'easy'. In contrast, relatively few families (16 per cent) reported that access was difficult. According to one family:

> *'It's not easy because you don't know about them. It's not like you've got a list, you've got to hunt for them…'* (step-family, two children – private rental).

Another explained:

> *'It's been pretty easy, you sort of learn where you have to go'* (sole parent, three children – public housing).

6. INFORMAL SUPPORT NETWORKS:

This section focuses on informal support networks. Generally, informal networks include partner/spouse, extended family members, one's children, or friends. Participants were also able to nominate any agency support staff that they regarded as part of their informal network. The relationships shared with extended family members are also explored. Participants were asked to comment on the type of assistance received from their informal support networks in the last 6 months. Data are presented in Table 6a for the baseline interviews, Table 6b for the 6-month wave, and Table 6c for the 12-month wave.

Baseline and 6-month wave:

The baseline data presented in Table 6a show that most participants had someone that they had turned to for support. Relatively few reported that they received no support from their partner/spouse, family of origin, or friends. For friendship and emotional support, participants had turned to partners, family of origin and friends. With child minding, participants had turned to partners and family of origin.

Table 6a: Baseline: Types of support received by category of source of support

TYPE OF SUPPORT	PARTNER/ SPOUSE (n=22)	FAMILY OF ORIGIN (n=33)	FRIENDS (n=33)	OTHER (n=20)
No support	14%	18%	21%	6%
Friendship	86%	67%	82%	55%
Emotional	68%	70%	79%	65%
Good advice	45%	64%	55%	85%
Companionship	64%	49%	61%	35%
Financial	59%	42%	30%	45%
Housing	32%	33%	27%	40%
Recreational	55%	36%	46%	25%
Child minding	73%	55%	24%	30%
Employment	9%	21%	9%	15%
Other	9%	9%	6%	25%
Source: Hanover Family Outcomes Study 2002 **Note: Multiple responses possible**				

Six months later, as illustrated in Table 6b, support networks continued to play an important role in the lives of families. Indeed, a greater proportion of participants had received support from partners, family of origin and friends than was reported in the baseline data. This involved the areas of friendship, emotional help, advice, child minding and financial aid.

The 'other' source of support generally included both informal and formal contacts, ex-partners, other relatives and agency support staff. Participants turned to them for friendship, emotional support, advice, companionship and financial help.

Table 6b: 6-Month Wave: Types of support received by category of source of support

TYPE OF SUPPORT	PARTNER/ SPOUSE (n=17)	FAMILY OF ORIGIN (n=33)	FRIENDS (n=33)	OTHER (n=23)
No support	Nil	24%	9%	4%
Friendship	88%	70%	85%	61%
Emotional	76%	73%	76%	78%
Good advice	65%	67%	61%	61%
Companionship	82%	58%	73%	57%
Financial	53%	58%	33%	57%
Housing	29%	21%	3%	22%
Recreational	71%	33%	58%	22%
Child minding	82%	55%	36%	43%
Employment	6%	9%	3%	9%
Other	6%	9%	12%	13%
Source: Hanover Family Outcomes Study 2002 **Note: Multiple responses possible**				

12-Month Wave:

Unfortunately, the data from the 12-month wave, presented in Table 6c, does not provide the same comprehensive picture of support networks. The primary reason for this was the change in question format at the 12-month follow-up. Rather than have a checklist of specific types of support, as was the case at the 6-month wave, participants were instead presented with open-ended questions regarding support received. They were not necessarily prompted to elaborate on specific types of support in a consistent manner. Thus, comparing Tables 6a and 6b with Table 6c suggests that there had been an under-reporting of the types of support received from networks in the 12-month wave.

This under-reporting was further confirmed in an additional question where participants were asked whether they had experienced any change in their networks of support in the last 6 months. According to two-thirds of the sample, there was no change. In about one-third of case participants received more support, while 6 per cent reported less support.

Despite the discrepancy in the way the data were collected and the lack of detail, Table 6c is consistent with the findings reported above. That is, overall, the majority of participants had received some type of support from their networks in the last 6 months. In the main, Table 6c indicates that emotional help tended to be the most common type of support received, particularly from friends. For financial help, participants had turned to their parents and friends. When it involved looking after their children, participants again turned to their parents and friends. Practical support referred to things such as housework and being driven around, which was provided by partners or the participant's parents.

Table 6c: 12-Month Wave: Types of support received by category of source of support

TYPE OF SUPPORT	PARTNER/ SPOUSE (n=15)	OWN PARENTS (N=33)	SIBLINGS (n=32)	FRIENDS (n=25)
No support	13%	27%	44%	16%
Emotional	40%	42%	41%	68%
Financial	20%	33%	16%	24%
Advice	Nil	3%	Nil	8%
Child minding	13%	30%	13%	24%
Practical	20%	12%	9%	4%
Housing	Nil	3%	Nil	4%
General (no detail)	27%	6%	Nil	Nil
Source: Hanover Family Outcomes Study 2002 **Note: Multiple responses possible**				

Participants were given the opportunity to mention others who were considered a source of support, but were not necessarily included in the categories of partner, parents, siblings, or friends. Just under half identified an 'other' source, which included a variety of informal and professional contacts: ex-partner, in-laws, grandmother, boyfriend/girlfriend, neighbour, case manager/support worker, maternal and child health nurse, church, and school.

In one case, a participant who lacked support and had struggled financially, talked about the local milk-bar owner who, of her own accord, offered support. The participant's response illustrates the importance of community relationships:

> *'Lady at the shop (this is the local milk bar?) yeah, the local milk bar, she helps us out with bread and milk and cigarettes when we're desperate. She's been really good and she talks to the girls...she offered in the beginning, we'd been living here only a couple of weeks and she said "anytime you're short, just tell us, no problems"...'* (sole parent, two children living at home – public housing).

Family of origin:

According to the data presented above, over the 12-month period, the proportion of participants who reported that they had no support from their family of origin had steadily grown over the 12-month period. For example, at the baseline, Table 6a shows that 18 per cent reported no support from family of origin. One year on, that figure had increased to 26 per cent (Table 6c).

However, despite this, family emerged as a consistent theme in the analysis. As noted earlier, participants sought to be close to family in terms of where they lived. As for familial relationships, data show that most participants (61 per cent) enjoyed good or very good relationships with their parents, for some it varied (18 per cent), for others, it was distant or troubled (21 per cent). Contact, whether in person or by phone, had generally occurred on a weekly or daily basis. Most participants lived less than an

hour away by car from their parents. All but one participant had siblings. These relationships were also generally positive, with weekly or daily contact. The majority of participants lived relatively close to their siblings.

7.   CHILD DEVELOPMENT AND PARENT WELLBEING

Homelessness has detrimental effects on the whole family (McCaughey 1992; Bartholomew 1999). For children, it can adversely affect their behaviour, health, physical, social, and educational development (Efron et al. 1996; McCaughey 1992; Purdey 2002).

This section focuses on child development, family relationships, and parent health and wellbeing. The progress, over the past year, for the sub-sample of focus children, was collected via parents' perceptions. How have things been going for the children, particularly in relation to their general behaviour, health, friendships and school performance? What of family relationships: how have they developed in the interim? Just as importantly, what about the parents themselves: what did they have to say about their own health and wellbeing? What hopes did they have for the short-term future?

CHILD DEVELOPMENT:

Temperament:

According to the Australian Temperament Study 1983 to 2000 (Prior et al 2000), temperament incorporates a number of dimensions. These include inflexibility; persistence; sociability; rhythmicity; activity/mood; and threshold. The researchers found that temperament remained stable over a period of time. In contrast, rather than rate specific dimensions, participants in the HFOS were asked to give a general temperament rating. This rating was based on a 5-point scale, where 1 = 'much more difficult than average', and 5 = 'much easier than average'. This represents a relatively crude summary measure of temperament.

Temperament data were collected only at the baseline and 12-month waves. As illustrated in Figure 15, there was remarkable consistency in the way that parents responded at the first interview and 12 months later. In effect, this confirms the reliability of participants' responses Indeed, Figure 15 shows that the only change occurred at the positive end of the scale. Overall, there was comparatively equal distribution of children who were described as 'easier than average', those who were 'average', and those described as 'difficult'.

It would have been beneficial to have collected the temperament data at the 6-month wave, particularly since this was the peak 'positive time' for families where the majority reported few or no concerns. It would have been interesting to see how their perceptions were influenced by these favourable circumstances. The two remaining waves of data collection may help to clarify this.

So can temperament be affected by housing stability? It is certainly recognised in the literature that temperament can be affected by a multitude of factors, including the temperament of parents and the wider social context in which those relationships occur (Bowes and Hayes 1999; Luster and Okagaki 1993).

The effects of housing stability on temperament may well be blurred by the current circumstances experienced by families. As noted earlier, while housing had remained

stable other areas of their lives had deteriorated. In effect, there was some overlap in both the baseline and 12-month data. That is, at both waves, a high proportion of participants reported multiple difficulties/concerns. This, in fact, has resulted in almost identical temperament ratings for the two interview periods.

Indeed, further analysis indicated that those participants who experienced a multitude of concerns tended to view their child's temperament negatively. Over half (56 per cent) of this group rated their child at the difficult end of the scale compared to 18 per cent of those who reported few or no concerns. In contrast, 12 per cent of participants with multiple concerns compared with 53 per cent of participants with few or new concerns rated their child at the positive end of the scale, that is, easier than average. The data suggest that a family's circumstances can impact on the way that a child's behaviour is interpreted.

Figure 15: Temperament rating for focus child by interview wave (N=33)

Source: Hanover Family Outcomes Study, 2002
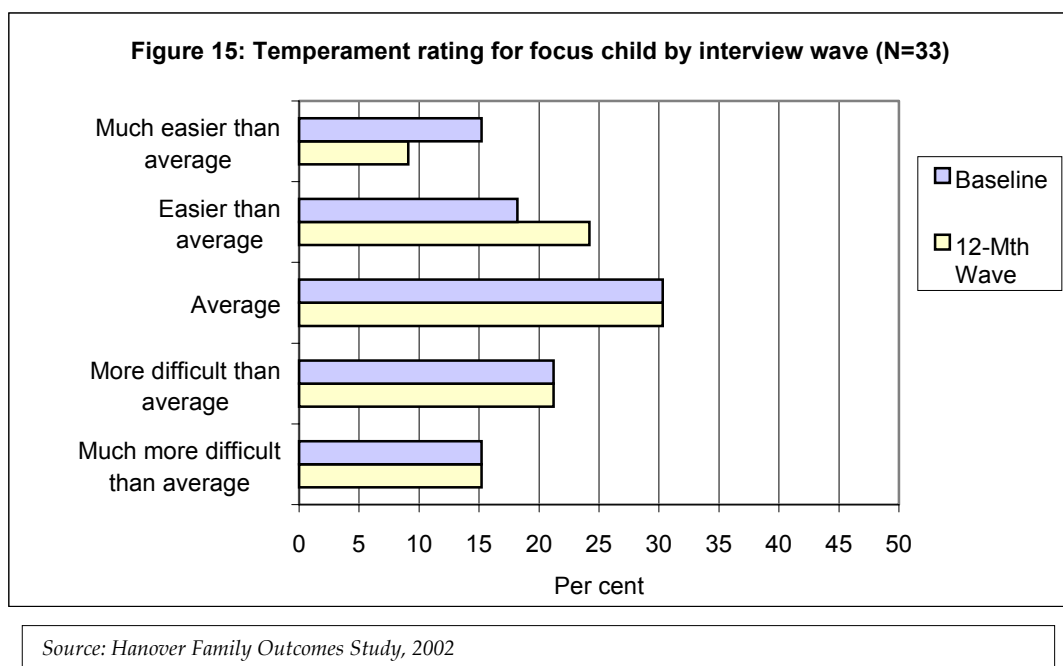
General behaviour:

In relation to children's general behaviour, the 12-month data showed that in one-third of cases, participants had observed positive changes. Participants referred to children's increased maturity, confidence or sociability. For some children, the dramatic improvement in their behaviour was usually linked to multiple factors, especially when it included a change in teachers or schools:

'[My son's] social problems aren't as prominent, he can control his temper, he thinks before he speaks, or thinks before he hits, so yeah, a huge difference in his behaviour…he's always been a loving and caring child, he's always had that side to him…he's just lost most of the aggression (what has sparked the change?) I think it's a combination of things, he's gone to another teacher…also my partner is helping…so a combination of the school teacher and having [my partner] around and having me a lot more settled, too' (sole parent, two children, focus child aged 8 years).

'He can't concentrate on his schoolwork …I believe that he was probably half born with it and it's half a result of his life with us and housing problems, problems with our own relationship, we've never actually split up, which is good, but there is arguments sometimes…he has trouble concentrating because he's so used to his life being up and down…his whole life, every [part] has been so up and down…he can't concentrate at school because it's just so up in the air all the time…he's got millions of friends, he's actually a real chatter box, he's got good friends…This year he started with a new teacher, I don't know what happened last year but he's actually improved…because of the teacher thing I think [the general behaviour] has gotten better, just this year school has gotten better…' (two-parent family, three children, focus child aged 7 years).

Negative behaviour changes were related to health difficulties, including depression and Attention Deficit and Hyperactivity Disorder (ADHD):

'[He's physically] healthy, fit, intelligent, very, very, very artistic, so much so that he had pictures framed and put in the conference room at [his school], and then I'd say he would be very de-motivated because he's very depressed, moody…the doctor's done all of those tests and it's nothing physical…basically, emotionally not there, he shuts himself in his bedroom and cries a lot…[he] will start anti-depressant medication for 12 weeks and then he'll go back to the doctor. He's a sweet little thing, he's very quiet and very helpful, it just breaks your heart…he does the opposite to what you think a 14-year-old would be doing' (step-family, six children, focus child aged 14 years).

'She's only 7 but she acts like…15, her attitude, she swears like a trooper…if I won't let her do anything she calls me names and reckons I don't love her…Over the school holidays she went down to the supermarket and pinched a greeting card, she got caught…I told [her specialist] about that…he wants her on medication everyday…I do that for school because that way I know she concentrates, but on the weekends I won't give [the medication] to her because she doesn't eat (the medication stops her from eating?) mm, stops her from eating so on weekends and school holidays I just put up with [her behaviour]…I prefer her to eat that not eat at all. She's 7, she weighs 21 kilos, [her sister] is 3 and she weighs 24 kilos…whenever she's on the medication you couldn't ask for a better child, it's just when she's off it…[she was diagnosed] with ADHD when she was in prep…' (sole parent, three children, focus child aged 7 years).

Health:

As indicated above, health is obviously an important factor in relation to behaviour. Figure 16 shows that in the main, most children were healthy. For the majority, general health was described as *very good* or *good*. Over the course of the Study, it continued to improve, particularly among those who had *average* or *poor* health. There was, however, a marginal increase among those who experienced *very poor* health.

Figure 16: Focus child - general health by interview wave (N=33)

Source: Hanover Family Outcomes Study, 2002
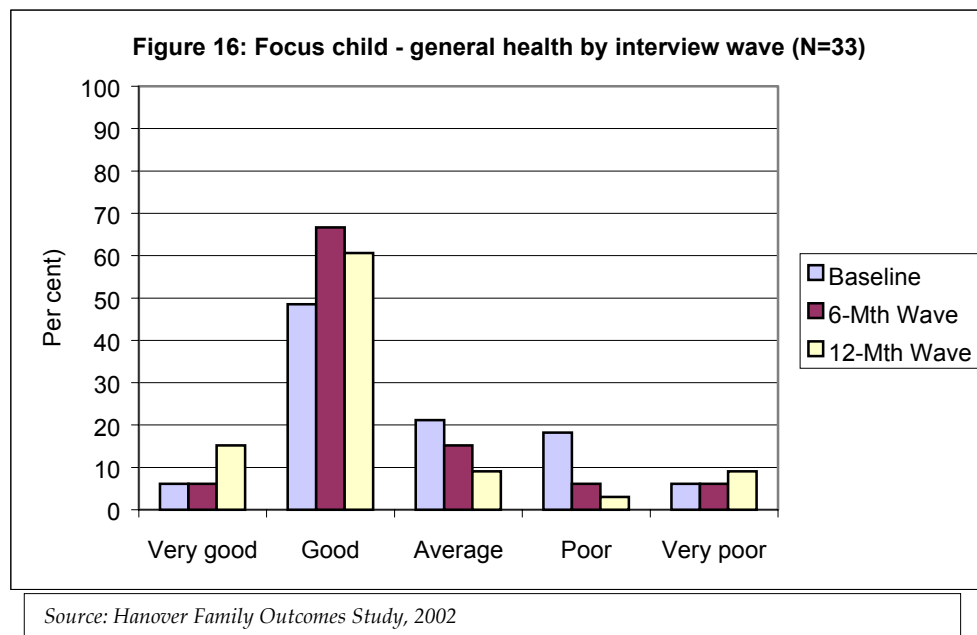
A more specific health question, at the 12-month wave, asked participants whether their child had a disabling condition, which had limited or interfered with that child's activity in any way. It should be noted that this was a general question; it did not relate to any particular timeframe. Additionally, while the question indicates that there was some health difficulty, it does not specify to what extent the health condition was problematic. That is, it could have been a major health difficulty or relatively minor. Overall, 13 participants identified some sort of health difficulty that had hindered their child's activity in some way.

This complete list is detailed in Table 7 and it shows a range of conditions. There was no one specific health condition that predominated and in a couple of cases, children were identified as having more than one health issue. Those children diagnosed with Ehlers-Danlos Syndrome; Asberger Syndrome; ADHD, and depression were on medication. Thus, while the general health of children was good, in over one-third of cases, a number of specific health issues were identified.

Table 7: Nature of disabling condition affecting focus child

DISABLING CONDITION	12-Month Wave (n)
Asthma	2
Sight impediment	2
Speech impediment	1
Skin condition	1
Hip problem	1
Emotional difficulty	1
ADHD	1
ADHD & depression & anxiety	1
Depression & glaucoma	1
Ehlers-Danlos Syndrome (a disease of the joints)	1
Asberger Syndrome (high functioning Autism)	1
TOTAL	13
Source: Hanover Family Outcomes Study 2002	

School Performance:

Housing crisis can destabilise school life and leave children struggling academically. The importance of education was briefly touched upon in the section on general behaviour where a couple of parents spoke about the marked changes in their child's behaviour following a change in school or a change in teacher. Given the relative stability in housing for the sample families, what impact did this have on how children performed at school?

In order to measure school performance, participants were asked to compare their child's school performance to that of other children in the same year. They were asked to use a 5-point scale where 5 meant 'very well' and 1 meant 'very poorly'. Figure 17 compares school performance as reported in the three waves of interviews.

Figure 17 shows that the majority of school-aged children had done well at school over a 12-month period. There had been a shift at the positive end of the scale where those who had done 'very well' decreased over the year; and those who had performed 'quite well' had increased. This may just reflect changes in definitions rather than changes in actual academic performance. In a few cases, school performance was 'average', while for others it was 'below average'. Indeed, while there had been a drop in those struggling at school six months after the first interview to 8 per cent, that proportion had increased at the 12-month wave to 16 per cent. In only one instance, a child was described as performing 'very poorly' at school, and this only occurred at the first-round interviews.

Figure 17: Focus child - school performance by interview wave

Source: Hanover Family Outcomes Study, 2002
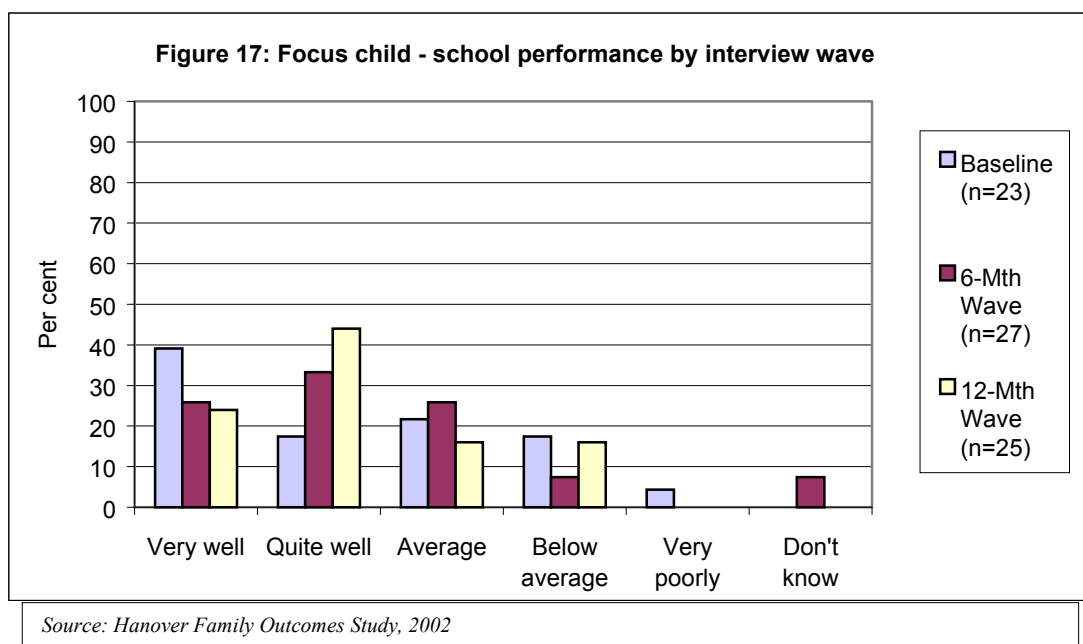
Where school performance had deteriorated, further analysis suggested that there could be a connection with the number of concerns reported by participants. Despite the small numbers, analysis showed that a higher proportion of students whose parents nominated few or no concerns did well at school, compared with those students whose parents reported multiple concerns. For example, for those who reported their child's performance as 'below average', all had reported multiple concerns. In contrast, among those who said their child performed 'very well' at school, half had reported few or no concerns and half had reported multiple concerns. While overall numbers were too small to make any conclusions, it can be postulated that for some, school presented a haven from the struggles at home, while for others, the struggles were an obstacle to performing well at school.

When asked about the challenges that their children faced at school/kinder, participants usually referred to social factors or health issues. For others, the challenges were associated with general academic work, general discipline, and sport. In several cases, participants noted that there were no challenges at school/kinder, implying that their child's progress had been relatively stable.

Special assistance:

The majority of school-aged children had not received special assistance at school. Nevertheless, a high proportion certainly had. Figure 18 shows that at the first-round interviews, special assistance had been received by around 40 per cent of the school-aged children. It included remedial reading, speech therapy, special needs class, integration support, visiting teacher, and advanced classes. Over the year, however, the proportions had steadily decreased; this may well reflect the improved housing circumstances experienced by families.

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Figure 18: Focus child - YES, have received special assistance at school

Category	Per cent
Baseline (n=23)	~39
6-Mth Wave (n=27)	~37
12-Mth Wave (n=25)	~32

Source: Hanover Family Outcomes Study, 2002
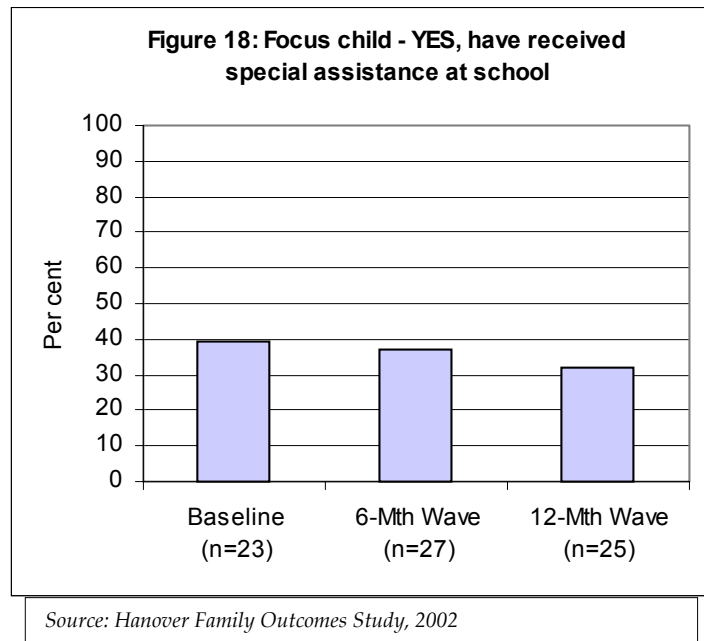
Several quotes, highlighted in the 12-month data, are included below to illustrate how participants perceived and talked about children's academic progress. In some instances, they also reflect references made to the way that teachers commented on children's progress via report cards:

- *Positive school performance:*

Remarks from participants regarding their child's positive school/kinder performance included the following:

> *'[He's doing] quite well…I've spoken to [the 4-year-old kinder teacher] several times, she's very pleased with the way he's going. He was ready for school months ago…after all the ups and downs that we have had it's great to finally get some positive feedback, especially from someone who's not family…'* (Sole parent, focus child aged 5 years).

> *'She's doing very well, she's very good at school, loves school, she doesn't even have a day off if she's feeling sick…[last report said she's] "very helpful' she's consistent"; she still gets a bit agitated so she just has to learn not to call out still [in class]'* (sole parent, focus child aged 7 years).

> *'[He's doing] very well, [he's] in the enhanced group…[last report] all E's [for] excellent'* (step-family, focus child aged 12 years).

> *'[He's doing] very well…[last report was] excellent, [I'm] very proud'* (sole parent, focus child aged 7 years).

> *'[She's doing] quite well. She's having a few problems with her reading but we are going to take her for an eye test…we think that may be the problem…[last report was] all good and above, besides her reading; she was told to borrow more books from the library and try a bit harder…'* (step-family, focus child aged 6 years).

- *Improved school performance:*

In a few cases, participants observed that their child's school performance had improved; this was usually linked to a change in schools:

> *'Since we've moved to [this area] and she's gone to a different school, her behaviour, yeah, at school and that, has come really good. She's not getting into trouble like she was because she likes the school where she is [now]…[Her last report was] pretty bad…she just didn't like the school and just wasn't trying (that was the last school?) yeah (have you received anything from her current school?) no (spoken to her teacher?) no, I haven't…'* (step-family, focus child aged 11 years).

> *'[There's a] great difference from the other school, the other school there were always fights, but here, no…[he's doing] quite well…he's improved, previously he was just average, the teacher has been impressed too and the teacher has noticed the improvement'* (step-family, focus child aged 10 years).

There was also the positive influence of new teachers. In one case, a participant whose child had trouble concentrating in school when he was in grade one attributed this difficulty to their housing crisis. She remarked that this year her son, who was now in grade two, was doing 'quite well', due in large part to a new teacher's understanding:

> *'[He's doing] quite well this year. The teachers have told me he's got grade three handwriting, he's a smart boy, he'll always be smart, it's the emotional thing that holds him back and as long as the teachers can strategise around that…he'll do great, I think. (Is he currently receiving any special assistance at school?) No, other than what the teachers are trying themselves…[his work has improved] because of the teacher's strategies (his new teacher is doing something different?) yeah, it's not the teachers' fault, the teachers try as hard as they can. [His new teacher] might have seen kids like this before, it's also a boy thing (male teacher?) yeah…the male teacher is really friendly, he's not hard on him or anything, but it just seems to work…Last year [teacher comments] were that he does not concentrate for long enough, is easily distracted, um, doesn't do the work that is set within the time, he'll just sit there and talk to people and not do anything for hours and hours…(comments from current teacher?) it's great, they've just said he's doing really, really well, so that's good'* (two-parent family, focus child aged 7 years).

In another case, a new teacher provided a much more positive assessment of a young student compared to the usual litany of negative comments. This participant, who reported that her child was doing 'average to quite well', explained that the new teacher was:

> *'Extremely encouraging and instead of finding a daily note in his diary telling me something that [he] has done wrong today, I'm finding a weekly note in his diary telling me what a wonderful child [he] is to have in his class…'* (sole parent, focus child aged 9 years).

- *Average school performance:*

Where a child's school performance was rated as 'average' or 'below average' participants explained:

> *'[He's doing] average…he has a very high IQ, he might be depressed as ever but he'll get an A in Maths…[last report was] "could try harder"; he gets "quite hard worker" but then he gets ones like "disrupts the classroom", you know the ones…'* (sole parent, focus child aged 14 years).

> *'[She's] below average…[last report was] very good, better than what it should have been…they said she passed but there were about three assignments that she didn't even had in…'* (sole parent, focus child aged 12 years).

> *'[He's] below average…just before Christmas he went down hill…this is their second back [at school] but he's putting more effort in…[last report was] that he doesn't seem to concentrate enough, he doesn't finish his work, set tasks…'* (two-parent family, focus child aged 7 years – diagnosed with depression).
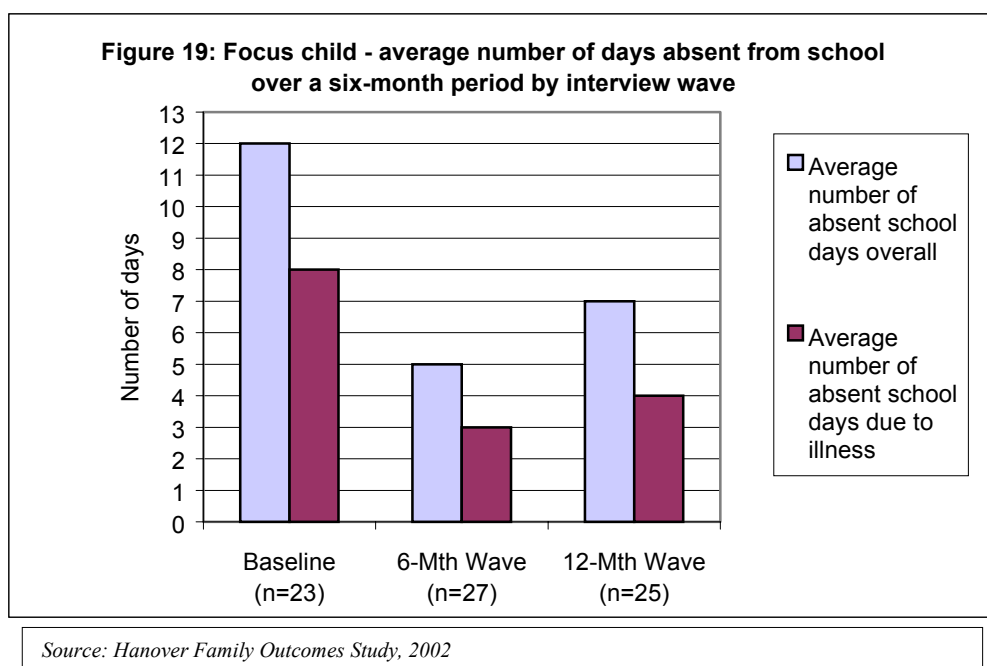
> *'[She's] below average…[last report was] good. She was having a few problems with her speech but she's seeing the speech therapist…apart from that she's eager…she wants to learn'* (sole parent, focus child aged 6 years).

Absent school days:

Figure 19 compares the average number of school days missed for the three waves of data collection. These data refer to the interim six-month period prior to each of the three interview waves. Figure 19 shows that *overall absenteeism* from school decreased markedly following the first-round interviews from an average of 12 absent school days (s.d.=13.7) to an average of just five absent days (s.d.=4.3) recorded at the 6-month wave. At the 12-month wave the average number of absent school days had increased to seven (s.d.=8.1). A similar pattern can also be observed for the average number of days absent from school as a result of illness. Thus, it was comparatively high at the baseline, dropping markedly midway; it again rose at the 12-month wave.

On the whole, school days lost for reasons other than illness included keeping appointments with health professionals. Other reasons included parent being unwell and unable to take child to school and child involved in non-school activities or access visits.

So why had school absenteeism increased? Housing and family circumstances may well have had some influence. For example, in general, the initial drop in absenteeism may reflect the stability experienced by families in relation to their housing in those early months. As illustrated earlier in this Report, the 6-month wave represents the peak in housing stability and family wellbeing (in terms of number of concerns reported). At the 12-month wave, however, even though stable housing was maintained, family wellbeing declined (in terms of an increase in number of concerns reported). The next 12 months will help to clarify whether a pattern does exist, or whether it is simply a coincidence.

Figure 19: Focus child - average number of days absent from school over a six-month period by interview wave

	Number of days
Baseline (n=23)	Overall: 12, Illness: 8
6-Mth Wave (n=27)	Overall: 5, Illness: 3
12-Mth Wave (n=25)	Overall: 7, Illness: 4

Legend:
- Average number of absent school days overall
- Average number of absent school days due to illness

Source: Hanover Family Outcomes Study, 2002

Multiple school absences (that is, 20 or more days):

According to the baseline data, there were five students who were absent from school between 20 and 60 days. Absences were generally related to ill health, but in two instances, ill health was not an over-riding issue. One of these students was absent because of frequent house moves, while another hated school and refused to attend. In the main, the five students were said to have performed well at school.

A similar situation occurred at the 12-month wave, where it was reported that four students had missed between 20 and 30 school days in the last six months (three missed 20 days of school; one missed 30 days). Again, the main reason for absences was illness related (eg. depression; asthma attacks; appendix removed and suffered broken arm). Given the relatively high number of absent school days in a six-month period, one might assume that school performance would have been rated negatively. This, however, was not the situation. In these four cases noted above, no one was rated as below *average* for school performance.

Social interaction with peers:

When it came to social interactions with other children (excluding siblings), over three-quarters of the participants observed that their child got on well with other children. This remained consistent over the course of the year. Thus most children enjoyed stability in their friendships. In a few cases however, social interaction was difficult; usually there were self-esteem issues, difficulty relating to a group, or other health matters:

> *'She can only [cope] one on one (and in a group?), in a group is no good. If there's a group of kids she'll prefer to play by herself'* (sole parent, focus child aged 7 years, ADHD).

'It's hard with [my son], like the whole [school] holidays no-one has been over here...he doesn't get lots of invites to their [other kids] house...I feel sorry for him...he's had a constant runny nose and ear infections, and he had grommets put in and his adenoids taken out...[he] still has a horrific runny nose and that affects his friendships...but it's not his fault...most people have said that he has gotten better and he's settled down a bit...more comfortable, a little bit happier...his self-esteem is much better, he's got into the Victorian Choir...' (sole parent, focus child aged 8 years, Asberger Syndrome).

Current family relationships:

What of family relationships? Participants were asked to comment on a range of familial relationships involving the focus child. Participants were asked about their own relationship with their child, and what the child's relationship was like with the other parent. It also included any partner that the participant was involved with. Sibling relationships were also explored. The findings presented below were based on the data from the 12-month wave.

Parent(s)/child relationship:

The majority of participants described the parent(s)/child relationship in positive ways, generally describing it as close. In only a handful of cases, relationships were described as variable, while in one instance the relationship with the focus child was non-existent (grandparents had full-time care). The nature of these relationships appeared to remain relatively consistent over the one-year period. Some participants spoke openly about the nature of those relationships:

> *'He is talking to me more about things he's actually feeling because he talks all the time but he's actually starting to say – I feel like this and I feel like that – and that's good for me...'* (step-family, six children - focus child aged 14 years).

> *'We've got a good friendship but he does expect me to do a lot for him, which I've really got to encourage him to do it for himself...He loves his dad but then I'll say are you going with your dad this weekend, he says – no, I don't want to stay there - he's stayed maybe once...'* (sole parent, four children – focus child aged 8 years).

> *'He is very dependent on me and very close. We have been having quite a few fights with each other lately, but I think that's just because we both have depression/anxiety'* (two-parent family, two children – focus child aged 7 years).

> *'Very close, I've always had a pretty good relationship with [my son]. [His relationship with my partner] is very good considering, I've seen a lot of fellows come in and ignore [their] partner's kids...*(sole parent, two children – focus child aged 9 years).

> *'[Our relationship], yes, it has changed...it's the routine that's made a huge difference and we seem to be more gentle and understanding of each other. It was like a vicious circle before, she wouldn't sleep and she would get tired, over-tired, then I'd get tired, she was stopping me from*

sleeping…then we would both get cranky…so all of that has stopped now…I'd describe our relationship as good, very close' (sole parent, one child – focus child aged 2.5 years).

Others talked about some of the difficulties underlying those relationships:

'I think it's fallen a lot and I'm really upset about that. Everything [about it], it's fallen a lot. I've got no time for myself or anything, if I want to spend time with [my daughter] it's impossible…(sole parent, three children at home – focus child aged 6 years).

'[Our relationship], it's a bit stressed at the moment. I know she can be a good girl, she can be really good when she wants to be (it's difficult given that she's got ADHD?) yeah, that's why I just let [things] go…' (sole parent, three children – focus child aged 7 years).

Non-resident parent/child relationship:

In 25 cases, participants were asked to comment on the relationship that the focus child had with the non-resident parent. In about half of these cases, the focus child had contact with their other parent. In the main, these children, in the last six months, saw that parent on a regular basis. That contact tended to occur on a weekly or fortnightly basis. In one case, contact with the non-resident parent occurred daily, while in another it was inconsistent. Based on the perspective of the participant, these relationships were, overall, described as close. It was not always possible to categorise the nature of relationships:

[With his father], I don't know how to put that…I think he likes his father, admires his father…he likes to go and spend time with his father, but he's been nervous about doing so at the same time. So that's a hard one to answer (would you describe it as a close relationship?) no. There is a relationship but not a normal father-son one. I suppose it's hard when you have one male around feeding you properly and giving you respect. [My new partner] has given [my son] the time of day…' (sole parent, two children – focus child aged 9 years).

[The relationship with her father], I really don't know. I don't think it was too good by the sound of things, they never really bonded…' (sole parent, three children at home – focus child aged 6 years).

Sibling relationships:

Around three-quarters of the sub-sample of children had siblings; in some cases this included stepsiblings. In the main, sibling relationships were described in positive terms, for example:

'He loves them, plays with them, will think they all need a bit of running around and will organise a game and [he] will be in charge…' (step-family, six children – focus child aged 14 years).

'[With his brothers], great, he's actually a very responsible brother, he's a lot better, he helps out with things…he feels like there's too many kids, that happens with three boys. He wants things for himself, he wants to be spoilt and he can't be…he's like – "well, why do I have to share

everything, why can't I have my own special things"…' (two-parent family, three children – focus child aged 7 years)

'Really good, you couldn't get two better kids together, it's amazing, he's really good with her…he treats her like she's his own sister' (step-family, two children – focus child aged 2.5 years).

In one case, a parent noted, with considerable relief that the relationship between her two children had improved in a dramatic way:

'They're getting along better, a lot better, I can actually trust them to stay together a bit more now, there was a bit of sexual abuse happening between [my children] that was disclosed last year…but that has definitely stopped. [My son] was sexually abused and it was a kick-off [from] what happened to him when we were actually going through the really traumatic stages, and he started doing it to his sister. But I'd say over the last six months…it's never happened again…' (sole parent, two children –focus child aged 9 years).

Where sibling relationships were difficult, the age difference was offered as the possible explanation:

'I think it's [the] age difference…[my two younger daughters] get on better because they're a lot closer in age. [My first daughter] is a lot older and she has different needs…' (sole parent, three children at home – focus child aged 6 years).

Some relationships continued to deteriorate:

'She just seems to be getting worse…she'll punch into [her brother] and she'll punch into [her sister] for no reason…I can't leave 'em alone, if I leave 'em alone I don't know what's gonna happen' (sole parent, three children – focus child aged 7 years).

PARENT WELLBEING:

This report would of course be incomplete without saying something about the personal health and wellbeing of the parents, especially since it emerged as a strong theme related to 'current concerns', referred to earlier in this report. What did parents have to say about their own general health? What can be said about their emotional wellbeing? What was their perception of how they had coped with things, and what of the future? How did parents foresee the next six months? The findings presented in this section are based on data collected at the 12-month wave.

General health:

Participants were asked about the state of their general health in the last six months. On the whole, over half had enjoyed good health. Close to one-quarter said it had been average, while another quarter said their health had been poor. Specific data on health had not been collected in the two earlier interview waves, so it is difficult to comment on any possible relationship between housing circumstances and the health of participants. Nevertheless, in a couple of cases, participants had referred to their housing and health:

> *'Had thyroid out, besides from that I've been healthy. The occasional flu…the odd mole cut out…the sort of thing I just would not have done if I was still homeless and out on the street, I wouldn't be tending to myself…'* (sole parent, two children, focus child aged 4 years).

> *'Pretty good, improving, I've put on a bit of weight. I've lost 70-odd kilos in three years…just through the stress [of relationship and housing problems]…[now separated and in stable housing] I feel better, actually, my stress levels are down'* (sole parent, two children, focus child aged 9 years).

Poor health and multiple concerns:

Comparing data for two sub-groups of participants, those with *few or no concerns* and those with *multiple concerns*, highlighted a distinction in responses. Good health, for example, was recorded among a higher proportion of participants with few concerns (76 per cent), compared with those with multiple concerns (31 per cent). Poor health, on the other hand, was reported for a higher proportion of participants with multiple concerns (44 per cent) compared with those with few concerns (6 per cent).

Thus, participants with poor health also tended to have multiple concerns. In five families, poor general health was reported for both parents. Commenting on the effect of poor health on their family, participants explained that life was generally stressful, that they were unable to care for their child (care was passed over to grandparents), or it meant that they were tired and lacked energy. In one case, the children were required to help with the running of the household.

In the following example, the continued pressure of financial difficulty and custody issues with an abusive ex-partner took their toll on the health of the participant, who hid the effects of her distress from her children:

> *'[It] feels like I'm going crazy, like sometimes I'm really down and don't know where to turn or who to talk to, there's too much going on at the moment. Sometimes when the girls go to bed, sometimes I just cry 'cause I can't do it, I've had enough…I really don't know [how it affects them because] I don't show it in front of them…'* (sole parent, three children living at home, focus child aged 6 years).

Poor health also made parenting responsibilities difficult:

> *'[My health has] gone downhill, [my partner], he went downhill a little, he started back at the gym to try and stop drinking…he did go to the doctor [who] told him to ring…the detox centre to book in for 48 hours but he wouldn't go…[his] parents are watching him at the moment…[the effect on my son] he is quite often late for school, only about 5-10 minutes, because I'm finding it a bit hard in the mornings because I'm so tired…'* (two-parent family, two children, focus child aged 7 years).

Emotional wellbeing:

Emotional wellbeing, or more specifically, self-esteem, was measured by asking participants to self-complete the Coopersmith Self-Esteem Index (SEI). This instrument consists of 25 items designed to potentially yield a maximum score of 100.

The SEI index is generally interpreted in terms of low, medium or high levels of self-esteem. It is a relative rather than conclusive measure, since the criteria for allocating participants to the three categories varies according to the sample characteristics and the distribution of scores (Coopersmith 1975). On the whole, a high SEI score reflects high self-esteem, while a low SEI score reflects low self-esteem.

Figure 20 shows that at the baseline, just over one-third had a high self-esteem rating (scoring between 68 and 88 on the index); close to one-third had a medium self-esteem rating (scoring between 56 and 64); and close to one-third had a low self-esteem rating (scoring between 16 and 54). Twelve months later, there were marked changes in those ratings. Figure 15 clearly shows a marked rise with over half the participants receiving a high self-esteem rating at the 12-month wave. The Figure suggests that those with a medium score had now gained a high score, with only a marginal shift among those with a low score. In fact, 50 per cent of participants who had a low self-esteem score at the baseline, received a low self-esteem score one year on. The data suggest that a year of housing stability may have had some influence on the way that a number of participants had felt about things.

Figure 20: Self-esteem scores by interview wave

Source: Hanover Family Outcomes Study, 2002
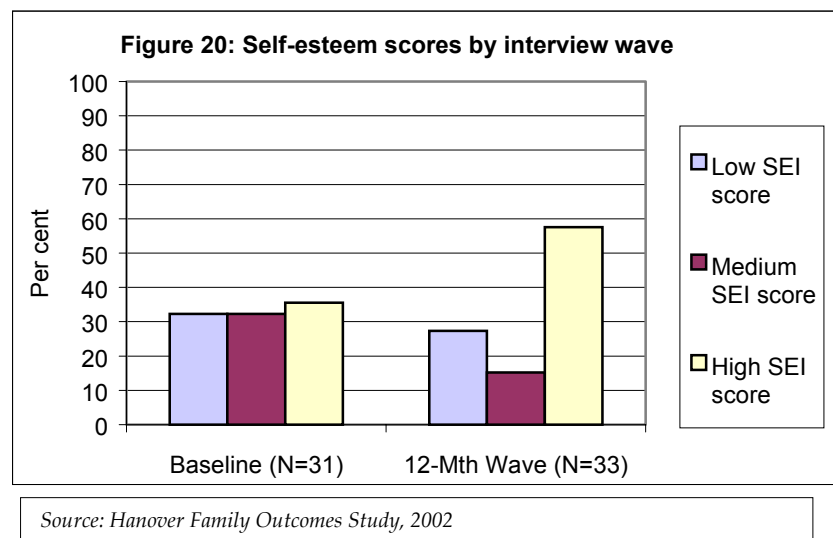
Figure 21 looks at how the self-esteem scores differed between participants with few or no concerns and those who reported multiple concerns. Numbers are small but Figure 21 serves to illustrate the overlap between the variables. The Figure shows that most of those with few or no concerns received a high self-esteem score, at both the baseline and 12 months later. In contrast, there was a lot more variability in self-esteem scores among those who reported multiple concerns. Thus, for example, at the baseline, most participants with multiple concerns received a low or medium self-esteem score. Further, at 12-months, while there was a rise in the proportion who received a high score, there was also a rise in those who received a low score.

Figure 21: Self-esteem scores by number of concerns and interview wave

Source: Hanover Family Outcomes Study, 2002
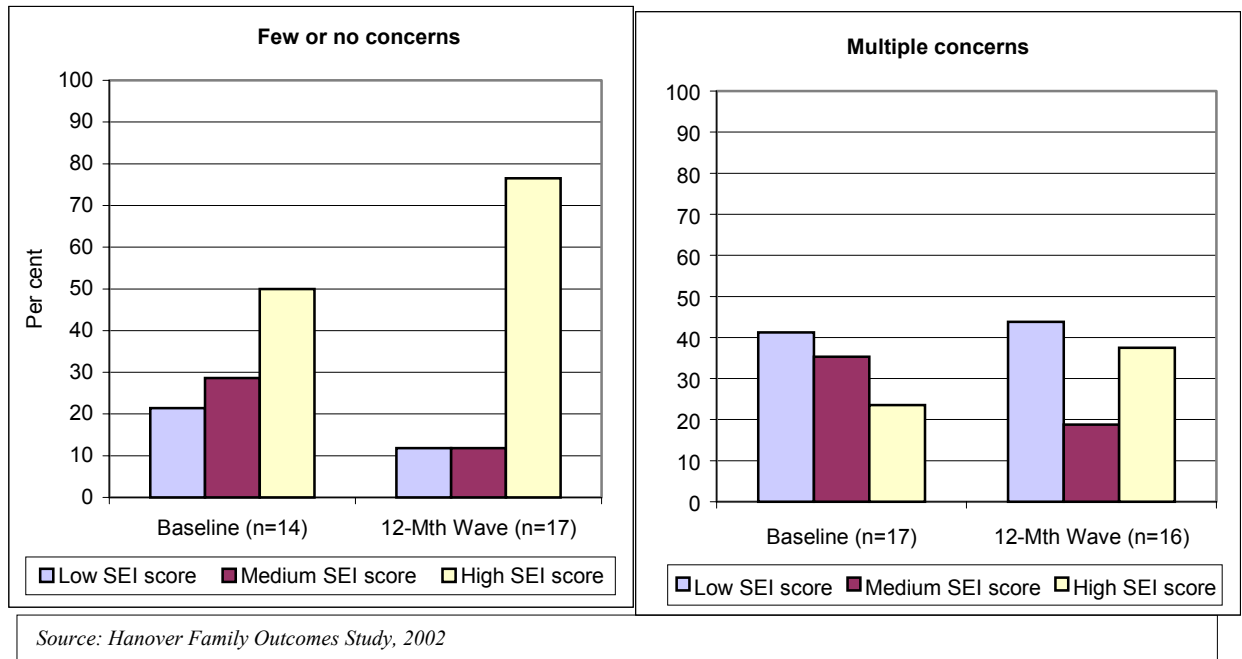
Perceptions of coping:

At the 12-month wave, participants were asked about their perceptions on how they had personally coped in the last six months. Their comments were coded into three categories: 'well' (includes 'very well'), 'has been varied', and 'not well' (includes 'not at all well').

Figure 22 shows that, on the whole, most participants said they had coped well; close to one-quarter said that they had not coped well. Another group of participants had experienced a volatile period that encompassed moments of doing well and periods of barely coping. As one participant explained:

> *'I think I've handled it well. Times when I could have handled it a bit better, I think I've handled it well, you know, I haven't had to go and seek out any anti-depressant medication, anything to make me cheer up or anything like that, so I think I've done good. Been set with a lot of hurdles and we've managed to jump [them]'* (two-parent family, one child aged 14 months).

Figure 22: 12-mth wave - In general, how do you feel you have been coping in the last six months?

Source: Hanover Family Outcomes Study, 2002
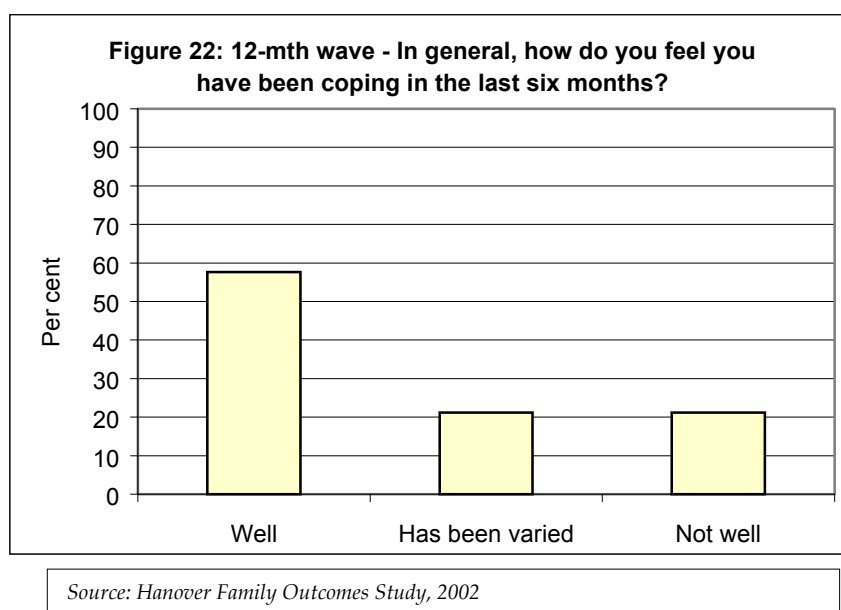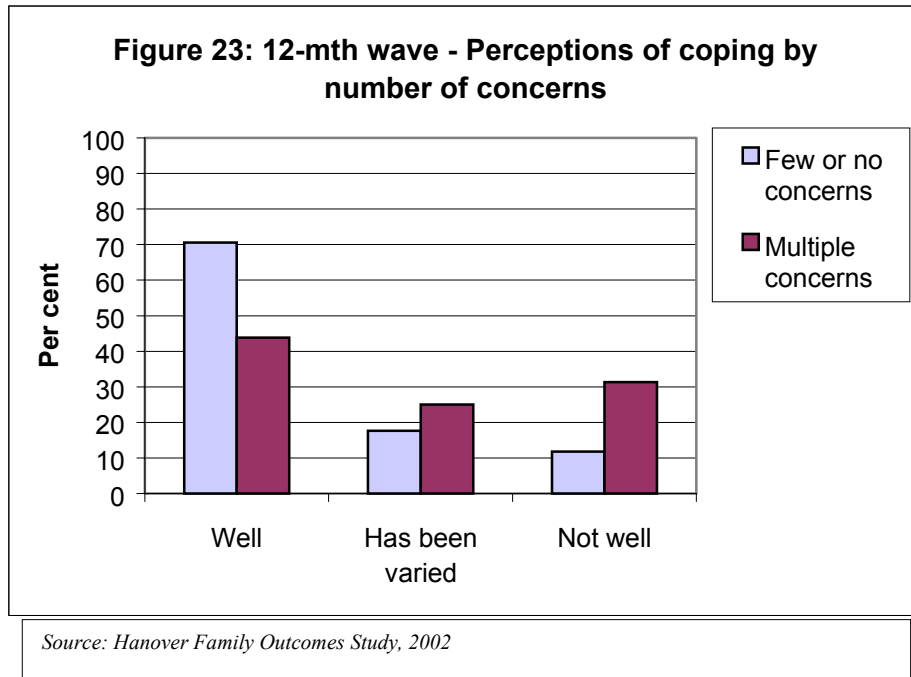
Another explained:

> *'I was coping fine right up until Christmas. I was expecting some money and it didn't come through and I was stressing 'cos the kids didn't have their Christmas presents to open Christmas day. [My] dad gave me some money just to get them a little something to open Christmas day. The money came through two or three days later…I like to make sure they got their Christmas presents and I like to see their faces'* (sole parent family, three children, focus child aged 7 years).

Perceptions of coping and housing tenure:

When exploring if housing tenure had any influence on perceptions of coping, the 12-month data indicated that the differences did not lead to any conclusive finding. Housing tenure made little difference to the finding. For example, among those who had *coped well*, half were in private rental and half were in public housing. At the negative end of the scale, those whose experience was *varied* were mostly in private rental; but those who had *not coped well* tended to be in public housing.

Perceptions of coping and multiple concerns:

Figure 23 highlights the distinction between families with few or no concerns and those with multiple concerns and their perceptions of coping. Consistent with analysis throughout this report, Figure 23 again highlights the significance of the impact of multiple concerns. Overall, among those with few or no concerns, most had *coped well* in the last six months. In contrast, for those with multiple concerns, most had had a *varied* experience or *not coped well.*

Figure 23: 12-mth wave - Perceptions of coping by number of concerns

Source: Hanover Family Outcomes Study, 2002

Those participants who reported not coping well had endured some complex difficulties:

'Not as good as normal, [my 12-year-old daughter's behaviour] has got worse…over Christmas I got behind [with the rent, 3 months] and I don't like that, I've never been behind…' (sole parent family, four children, focus child aged 12 years)

'Not very well…I've started smoking cigarettes again and also I've been smoking a bit of marijuana lately. I got beaten up at work [5 months ago] so I started [smoking] again since then. A disabled guy I was working with attacked me…I don't know if I've actually had a break down or not, but for weeks after I couldn't do anything, not even look after [my daughter]…I've got neck and back problems and I'm seeing a psychotherapist…' (sole parent family, one child aged 2.5 years).

'The disability in the family is the biggest issue. The second issue has got to be the housing and that's because…of the lack of stability [may need to move in next four weeks]. We would like to get settled…[My health is] not good physically, not good mentally. I don't really think there's been a huge change in, you know, I have my up days and down days, but I haven't sort of sunk into…depression or anything like that. The physical side hasn't been as good…I think when I get stressed I'm more likely to be more tense and that doesn't help the joints and the muscles and everything…If something's out of place I have to relax to get it back in …that hasn't been good and I've been a lot more tired, that's probably emotional [effect]…[my partner] is depressed, on medication. [he attempted suicide four months ago]…I don't think I've coped personally as well, I think it gets me down more than it has, I think there is a lot of stress on the whole family and I think its getting everyone down more…' (two-parent family, two children, focus child aged 5.5 years).

The Next Six Months:

Finally, participants were asked to comment on what they hoped for in the coming six months. Some participants referred to general plans or directions for the future. Others spoke about improving their housing circumstances, relationships, employment, finances and health. These findings are not surprising and mirror closely those issues that concerned families. A few parents also hoped that there would be improvements in education; some talked about their children's education, while others mentioned it in relation to themselves.

The following comments highlight an underlying resilience and a sense of optimism that things will improve:

> *'Just [hoping for] everything to settle down…me to be back in some sort of training/employment…[I'm] still going to get somewhere in life, I'm only young…'* (sole parent family, four children– public housing).

> *'I'm hoping for lots of things. I'm hoping that [my partner] gets his teeth done and gets a full-time job, the same for me, I'm hoping to get into either study or good work, and there's things that we're hoping for, we want to buy a car. There's things I'm hoping for the kids, more social things for the kids, like going to the beach, and also I'm hoping that they'll (Office of Housing) redevelop this area, I'm hoping for housing improvements'* (two-parent family, three children – public housing).

One participant simply said:

> *'[I'm hoping] to get a house and go back to normal'* (step-family, two children – private rental, caravan).

8.   DISCUSSION

The aim of this second report has been to provide a relatively comprehensive critique of the key domains that form the basis of the HFOS. It represents the mid-way point of this two-year longitudinal study. This long-term perspective has enabled an analysis of the evolving circumstances of families, following their exit from housing crisis services more than 12 months ago. The findings are based on the following key domains: current housing circumstances, income and employment factors, use of welfare services, informal support networks, child development, and parent health and wellbeing, of families who had experienced homelessness.

One year on, three waves of data collection have been completed. Analysis was based on a total of 33 families who participated in *all* three waves of interviews. This represents a response rate of 79 per cent. For a one-year period, this is a positive outcome, particularly given the difficulties that some of the families endured and yet still contributed to the study. This is a sign of strength and resilience and willingness to make a long-term commitment, and a desire to make some positive contribution that may improve the circumstances of families in crisis.

Since the first-round interviews, the main demographic change that occurred related to family composition. At the baseline, the majority of families were headed by sole parents. Over the course of the 12 months, the distribution between sole parent families and two parent families became relatively more even. Typically, families were Anglo-Australian, however those who were Aboriginal or Torres Strait Islander were over-represented in the sample. As explained in the First Report, this was a result of the sampling frame, which targeted crisis support agencies in regional and rural areas. The usual primary participant was the mother; the median age was 31 years, with a range of 19 to 49 years. The average number of children was 2.4. In each family, one child was selected as the focus child, usually by the participant. The age of the focus child ranged from two years to 19 years of age, the median age was seven years.

The data indicate there is very little to distinguish those nine families who 'dropped out' from those who have continued to participate. The main problem has been that they have not been able to be contacted, primarily because most have moved, with no forwarding address or contact numbers. Four families 'dropped out' at the 6-month wave. Analysis of the baseline data indicated that those families who were unable to be contacted for the 6-month wave, had reported multiple issues during the baseline interviews, including domestic violence. Thus, these families may have moved because of the continuing difficulties, or perhaps they were thrown into another housing crisis. Under these circumstances, it is very unlikely that their participation in a longitudinal study would have been of any personal significance or priority. When crisis descends the priority is survival.

The five families who 'dropped out' at the 12-month wave had, in nearly all instances, also moved. A lack of contacts made attempts to follow them up extremely difficult. In contrast to the sub-group above, these five had reported in the 6-month interviews that they had few or no issues that caused them concern. For this group then, things may have improved or at least remained stable. Having participated in the 6-month interview, they may have interpreted the questions as redundant. With their lives improved, these families may have felt that the study was no longer personally

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relevant and that they had nothing to contribute. Once they had moved, there was nothing to encourage them to continue participating in a study on family homelessness.

Given the loss of these nine families from the follow-up interviews, the longitudinal perspective presented in this Report made it necessary to exclude these families from the analysis. This meant that the changes that the 33 families experienced over time, and their impact, could be more accurately analysed and interpreted. It provided consistency and continuity within a longitudinal framework.

Housing circumstances:

In analysing the housing circumstances of families, it is important to acknowledge that the 21 per cent of the original 42 families 'lost' to the study had all moved house. For most, it is likely that the move was *involuntary* and spurred by crisis. In terms of housing circumstances for the original 42 families, this means that over a one-year period, *60 per cent* were in stable housing (no house moves) and *19 per cent* were in unstable housing (moving), but remained with the study.

Focusing, therefore, on these 79 per cent of families who remained with the study (n=33), the findings showed that, over the 12 months, just over three-quarters of the families (76 per cent) had *not* moved house. Further, most perceived their housing as 'stable'. In the last six months, 91 per cent of families had *not* moved house.

The significant impact of housing was highlighted in a variety of contexts. These included the detrimental effects of continued housing crisis as well as the positive outcomes from stable housing. It was also evident that positive outcomes were a component of *good quality* housing. Where housing quality was compromised or non-existent, families experienced negative outcomes, particularly to health and wellbeing.

It was also the case that the area itself affected family functioning. The negative impact of an area was illustrated mostly in the public housing sector, where short waiting lists meant that some families ended up in areas characterised by ghettos of poor quality housing, drugs and violence; areas that were inappropriate for families, particularly with young children. Some families who found themselves in such circumstances spoke of a suspicion and distrust of other residents in the area. Thus, these families tended to keep to themselves; they did not participate in the wider community, some remaining strangers with their neighbours.

Stable housing and housing affordability:

It was highlighted in the First Report (Horn and Cooke 2001) that a key factor in families being able to maintain their stable housing in the longer term, was the affordability of their current housing. Housing affordability is defined as housing that costs up to 30 per cent of income (DHS 2001). For the purpose of the HFOS, housing costs were based purely on the rent that families in private rental or public housing paid.

While housing costs (i.e. rent) had increased, for families in both private and public housing, more families were currently in affordable housing compared with six months ago. Thus, the housing costs for most families were within the 30 per cent affordability benchmark. Housing was, of course, a lot more expensive for families who rented privately compared to those in public housing. In terms of affordable housing, this meant that the majority of families in private rental experienced housing stress, where they paid more than 30 per cent of their income in rent.

However, over a one-year period, housing affordability improved for families in private rental. Even though a high proportion were still experiencing housing stress, the findings showed that most private rental families now had affordable housing. This occurred, not because private rental families moved into places with cheaper rent. Rather it was related to the increase in participants who had re-partnered. Re-partnering meant that two-parent households had increased opportunities for better income support, as well as increasing the possibility for generating income via paid work. In contrast, single parent families were relatively more restricted in their access to income support, as well as any type of paid work. This meant, therefore, that single parent families were particularly financially vulnerable. In addition, it was families in urban areas who were getting their full entitlements compared to families in regional or rural areas.

The increase in income support meant that, for example, there were more families who currently received Rent Assistance and the Child Care Benefit compared with six or even twelve months ago. There was an expectation that all the families in private rental would be in receipt of Rent Assistance. Clearly, this was not the case. There may have been some discrepancy in the way the income data were collected. It may also be related to participant recall; Rent Assistance is usually paid as part of the Family Tax Benefit, and therefore, some participants may not have identified it as a separate income source. While the possibility exists, it is highly unlikely that some families were not informed of their eligibility for Rent Assistance.

Increases in income support can, in effect, represent relatively modest increases to the overall total family income. For some of the families, the modest increase was probably enough to push them below the 30 per cent affordability benchmark. It is possible that the picture of housing affordability may actually be skewed towards the positive end, given that housing affordability was based purely on the rent paid, and did not take into account other housing costs such as utility bills and maintenance. Overall, 43 per cent of families in private rental were still paying more than 30 per cent of their total net income in rent.

Stable housing and underlying vulnerabilities:

While housing had been relatively stable for families, the context of their housing stability appeared variable with the data suggesting that other spheres of their lives had deteriorated. It appears that the peak time for families, in relation to positive outcomes (housing stability and few concerns/difficulties) occurred at the 6-month wave. Six months later, things had changed. While most families remained in stable housing, the proportion of those who reported multiple concerns/difficulties had increased markedly.

So what happened, why did things deteriorate for families? Well, it would appear that those concerns/difficulties had not been resolved. The housing issue, being the main priority for families, may have overshadowed all other concerns. As the housing issue stabilised, the underlying concerns or vulnerabilities, which were not entirely resolved, resurfaced. These key vulnerabilities were related to financial issues, employment, health and relationships. The number of concerns had also increased implying greater hardship for families now compared with six months earlier.

Indeed, based on the number of concerns reported by families, two groups emerged: those who had listed few or no vulnerabilities (between none and two), and those who had listed multiple (three or more). Further, the data indicated that multiple issues were usually interrelated, such as, for example, employment and financial and relationship worries. This would suggest that any response to address the needs of homeless families would reasonably need to incorporate a holistic approach, rather than simply a unilateral one.

Financial concerns also meant that some families were behind in the rent and therefore, anxious about the possibility of eviction. It was further disturbing to note that a number of these families were in public housing. Their concerns regarding eviction were well founded. The Office of Housing has a policy to evict tenants who default on rental payments. While there is an opportunity to negotiate paying back rent arrears, there is a limit to the period in which the arrears need to be repaid as well a limit on the number of times rent can be in default.

There may well be some merit to such a policy in some circumstances. However, such an approach, which is essentially punitive in nature, has no legitimate place when it comes to responding to the needs of families in crisis. What was abundantly clear from the data was that none of these families set out to deliberately avoid their financial commitments. It was a combination of multiple issues and a lack of adequate income support, which made them totally vulnerable to unforseen circumstances. It was also clear that some families had sought financial assistance but for one reason or another, were not able to receive it. It is outrageous that families can be subject to the risk and stress of homelessness even though they are public housing tenants. Families in public housing should not be subject to eviction. Fortunately, this has come to the attention of the Victorian Homelessness Strategy Ministerial Advisory Committee and Project Team, which have assembled an action plan and strategy framework that makes explicit the objective *'to reduce the risk of homelessness among public housing tenants'* (VHS 2002:34).

It was also disturbing that there were two families who were resident in Australia without a valid visa. As such, they were denied access to income support and were also not permitted to access the labour market and, therefore, be financially self-reliant. Instead, they had to rely on welfare agencies and the goodwill of their support networks.

Income and Employment:

Income and employment are critical to providing families with pathways out of homelessness (McCaughey 1992; Bartholomew 1999). Employment underpins the concept of social participation. The findings highlighted the precarious nature of attachment to the labour market. Over the year the labour force status of participants changed only marginally. At 12 months, one-third of participants were not in the labour force. Thus, they were not in paid work nor were they looking for paid work. They were, instead, full-time carers of young children.

The obstacles were considerable; they included poor health and a lack of qualifications and experience. The fact that those seeking work comprised relatively young parents, and in some cases both parents from the same family, should be a major concern. They reflect a terrible loss and waste of human resources and do not bode well for the future stability of families. For the few who were employed, the work was only part-time with short hours and of a casual nature. It was also typically low skilled and low paid.

The increased concern about employment factors, which had risen steadily over the 12-month period, prompted a high proportion of participants to report that they would think about moving in the future to get or maintain employment. When comparing those in private rental and public housing there was little difference in the way participants responded.

Income sources included the Parenting Allowance and Family Tax Payment, Rent Assistance, and, in five cases, income from paid work. There was a marked difference in the income received by families in private rental and those in public housing. Most families in *public housing* were sole parents who primarily relied on income support benefits such as the Parenting Allowance and Family Tax Payment. Those in private rental had a median weekly income of $538.00 at the 12-month wave, while those in public housing had a median weekly income of $400.00. In fact, private rental families experienced a 35 per cent increase in median income over a 12-month period compared with only 4 per cent among families in public housing.

Without improvements to their employment and financial situation, families were trapped; they had no effective way to escape their poverty. Despite prudent management of finances, families' incomes did not stretch far enough. Income support proved inadequate as they faced a daily financial struggle to cope with the costs of feeding, clothing and nurturing their families.

Use of Welfare Services:

A critical finding in the study was that there had been an increase in the use of welfare services (relating to non-housing issues) rather than a drop in service use. In the First Report (Horn and Cooke 2001), it was anticipated that as housing stabilised and 'life hurdles' decreased, there would be less demand for welfare services. The findings illustrated the contrary: housing had stabilised but 'life hurdles' had increased, as did the demand for welfare services.

Families were mostly reluctant to seek welfare assistance, only doing so once things had reached crisis point. Without that assistance, the impact on the families, and children especially, would have been dire. The range of non-housing support received by families included food vouchers, emotional and financial counselling, respite care, personal care, material goods, and drug rehabilitation.

Access to welfare services:

The 12-month data showed that, overall, participants reported that access to welfare services was good. The majority of families were able to get the services or assistance that they had required without difficulty. Nevertheless, there remained some families for whom this had been a difficult exercise. It was of particular concern that families who had reported multiple concerns experienced this difficulty. Among this group, more than half had experienced difficulty getting support or assistance in the last six months.

Informal Support Networks:

The data also emphasised the importance of informal support networks, especially the role of the extended family. The majority of participants interviewed had turned to their own family of origin for support. It was particularly crucial where financial help was needed. It was similarly important when it came to caring for grandchildren. In a few cases, the care provided by grandparents was required for relatively long periods of time. Where no family support was available, the stress and pressure on participating families was significant.

The importance of extended family was a consistent theme. It was highlighted in the data on housing, where parents expressed a desire to be physically close to their families. In fact, most parents lived within an hour's drive away from their families of origin, and reported regular contact. On the whole, those relationships were described in positive ways.

Child development:

The effect of housing on children was explored in terms of their general and social behaviour, health and educational outcomes pertaining to one specific child in each family. It was evident from the data that the relative housing stability had a positive impact on the children. On the whole, there were positive outcomes for the children in each of the areas investigated.

For example, the positive outcome of housing stability was reflected in the fact that only a very small number of school-aged children had changed schools in the last six months. In effect, only one child changed schools because of the family's unstable housing. In two cases, the change in schools had been a natural progression from primary to secondary level.

Additionally, school performance had improved. According to comments from parents, most school-aged children had done well at school. For some children, school had an important impact. This was highlighted in cases where a child's improved behaviour and school performance was specifically related to a new teacher. This would suggest that in some instances, the negative impact of the difficulties at

home might have been buffered by the positive experiences children had beyond their households.

Nevertheless, some children in the sub-sample had a number of behavioural and health-related difficulties. These difficulties were reflected in their poor school performance and limited interactions with other children. These data suggest that any positive outcomes resulting from stable housing may have been overshadowed by other difficulties and concerns experienced in the family.

Parent wellbeing:

On the whole, over half the participants had enjoyed good health. Specific data on health had not been collected in the two earlier interview waves, so it is difficult to comment on any possible relationship between housing circumstances and the health of participants. Nevertheless, in a couple of cases, participants had referred to a link in their stable housing and improved health. Further, those who reported good health tended to have few concerns, while those with poor health had reported multiple vulnerabilities.

As a comparative measure, the data on self-esteem rating, suggested that a year of housing stability might have had some positive influence on the way that participants felt about things. The rating categories used at the baseline were also used to categorise the scores from the 12-month wave, which indicated an improvement. This would suggest that despite underlying vulnerabilities, stable housing had some impact on how participants perceived themselves and their circumstances. But again, the positive rating was common among families with few underlying vulnerabilities.

Finally, the six-month intervals between interview waves provided a unique opportunity to explore the contexts in which the families lived. The data indicated that for some, circumstances had changed dramatically despite the relatively short period between interview waves. For some families, major difficulties and despair had given way to positive change and hope. Others enjoyed a period of relative stability with few changes. There were also a few families for whom, sadly, housing crisis and daily hardships continued, despite efforts to break through the barriers. As for the short-term future, there was a general level of optimism, which was illustrated in the fact that families were able to reflect on the next six months and comment on their future hopes.

9.   CONCLUSION

Silberberg stated that *'being a family is not a static configuration, but a constantly evolving process…Families are neither strong nor troubled by default, but will go through stages of strength and instability'* (2001:55). The HFOS has provided a unique opportunity to focus on a sample of families who experienced housing crisis, and to explore some of the stages of strength and instability that they have endured. Since the beginning of the HFOS, a total of nine families (21 per cent) have dropped out. This still means, however, that 33 (79 per cent) of the original 42 families recruited for the baseline study continued on and participated in *all* three waves of interviews. They have now been a part of the HFOS for 12 months. Under the circumstances, this is a reasonably good response rate.

While the sample of families may reflect characteristics of the broader SAAP client base, the findings presented in this report pertain only to those families who participated in the HFOS. The findings do, however, have broad implications that may impact on families both within and beyond the boundaries of the HFOS. Those implications relate to the final two follow-up interview waves, as well as for future policy development.

What are the key findings to date? After 12 months, what have we learnt about the circumstances of these 33 families? One of the main findings was that just over three-quarters of the families were able to maintain their housing over the past year. That is, they had remained in the housing that they had originally moved into, after their exit from homeless services. Ninety-one per cent of families had not moved house in the last six months. Additionally, the majority of families also *perceived* their housing as stable. Housing affordability had also improved for families.

The effect of stable housing for the wellbeing of families, especially children, were highlighted. In fact, improvements were reflected in their health, school performance and family relationships. Apart from stable housing, other factors, for example better relationship with parents and new teachers, also affected those improvements.

Against this positive picture of housing stability and positive outcomes for children, the findings highlighted deterioration for families in a number of key areas. They included finances, employment, and health, personal and family relationships. The number of families who were experiencing difficulties in these areas had increased.

Why had this occurred? It appears that the peak time for families over the one-year period occurred six months after their first interview. Here, the findings showed housing stability *and* very few difficulties for families. That is, housing was the priority. As families settled into their housing, priorities changed and unresolved difficulties or underlying vulnerabilities may have re-emerged. The findings indicated that families needed stable housing *before* they could think about addressing other major issues occurring in their lives such as, for example, employment and health. Families are also constantly evolving and so are their circumstances. So for some, it may have been new difficulties or vulnerabilities that they now faced.

The increase in vulnerabilities coincided with the increased use of welfare services. While those needing specific housing support services were very low, the demand for *non-housing* services was high. Specifically, families had accessed services that offered food vouchers, counselling, and financial relief. Financial concerns were especially common.

Implications for 18-month and 24-month follow-up interviews:

The findings suggest that families are currently at a tentative stage. They have stable housing but they were also faced with multiple difficulties, the same difficulties that originally caused them to spiral into housing crisis. Will stable housing and use of welfare services enable families to resolve those difficulties and avert further housing crisis? Or will those difficulties once again destabilise families and their housing, causing them to plummet into another crisis? The final 12 months of the study will provide a crucial opportunity to analyse the impact of current circumstances.

Implications for policy:

Since the last recession in the 1990s, Australia has experienced a sustained period of significant economic growth. Yet the benefits have not flowed to improve the well being of disadvantaged individuals or households, as evidenced by the stubborn level of unemployment and the increased level of homelessness.

In the case of the latter, the increasing extent of homelessness has occurred despite increased expenditure on the mainly reactive crisis assistance programs (SAAP) and rental subsidies (Rent Assistance to the private market). It should also be acknowledged that both the State and Commonwealth Governments have devoted effort to the development of 'homelessness strategies'.

Why then have both family and youth homelessness been increasing in spite of the best intentions of government and community sectors? The only plausible hypothesis is that the structural or underlying factors, which contribute to housing stress, have not been addressed. It is these factors, including unemployment and underemployment, inadequate income support and the lack of affordable housing, the lack of appropriate community based support services for those with disabilities and the high level of family conflict and violence that result in homelessness.

The longitudinal perspective underlying the HFOS highlighted the complexity of circumstances faced by some families. This has illustrated the need for innovative policies and services for homeless families, which can address complex and multiple vulnerabilities. Housing is crucial; but, so too, are other things like employment opportunities, financial security, and access to support services. The specific policy concerns highlighted in the findings inc0lude: access to *stable* and *quality* housing and adequate income support including rent assistance.

It was clear that stable housing had contributed to positive outcomes for families, especially for children. The findings highlight the need for a preventative strategy that guards against the loss of housing, whether in the private or public sectors. Indeed, in the public sector, it should be a matter of priority to ensure that families in public housing do not face the risk of homelessness.

The lack of housing quality impacted negatively on families, particularly in terms of self-esteem and health. There should be some recognised minimum set of standards when it comes to housing. While things are changing in relation to public housing, governments need to do more to maximise efforts to improve the standard of housing stock. Improved housing quality will certainly mean better outcomes for family wellbeing.

For the majority of families, the main source of income came from income support payments. One-third of participants were not in the labour force. For families on income support, the daily financial struggle was relentless. Despite efforts and a desire to work, the prospect of gaining employment looked grim, especially given a lack of qualifications and a range of health problems. There need to be innovative opportunities for engaging in employment, or study. Without the prospect of employment, or the opportunity to gain further qualifications, families will remain trapped in poverty.

Rent Assistance is also a central concern. For those families who were in private rental, 43 per cent still paid rent beyond the 30 per cent affordability benchmark. Clearly, in terms of access to affordable housing, the effectiveness of Rent Assistance is highly questionable. It is paramount that Rent Assistance is sufficiently adequate so that it does, in fact, ensure that families are able to access and maintain affordable housing.

Without the political and community will to address the range of issues underlying homelessness, especially structural factors, government intervention will remain focused on reactive responses to crisis. These are both inefficient and ineffective in the longer term. The personal costs of social and economic exclusion are substantial. Such exclusion, however, also impacts on the whole community through the costs of additional use of the full range of welfare, health and justice programs.

The remaining two waves of interviews will help to clarify families' circumstances, and will give the opportunity to explore the longer-term effect that the increase in concerns will have on their housing. That is, will their current housing situation mean that families will be able to address their concerns, or will those concerns further destabilise families to the point where their housing is again jeopardised. This past year has been challenging for families; some have had to deal with extraordinary circumstances on a daily basis. The struggle has been relentless. Even though there have been some positive changes, families remain in poverty and therefore continue to be vulnerable to the risk of homelessness. Despite their continuing struggles, their resilience has sustained them. With the help of crisis support services, the majority of families have been able to maintain their housing.

REFERENCES:

Australian Institute of Health and Welfare (2000), *SAAP National Data Collection Annual Report 1999-2000 Australia*, Cat No. HOU 50, AIHW, Canberra.

Australian Institute of Health and Welfare (2001), *Australia's Welfare 2001*, Cat No. Aus 24, AIHW, Canberra.

Bartholomew, T. (1999), *A Long Way From Home: Family Homelessness in the Current Welfare Context*, The Salvation Army, St. Kilda.

Bowes, J. M. and Hayes, A. (1999), 'Contexts and Consequences: Impacts on Children, Families and Communities', in J. M. Bowes and A. Hayes (Eds), *Children, Families and Communities: Contexts and Consequences*, Oxford University Press, South Melbourne.

Council to Homeless Persons, (2002), *Overview of Homelessness,* Council to Homeless Persons, Melbourne. (Online: http://www.chp.org.au/factsheets/1.htm).

Coopersmith, S. (1975), SEI: S*elf-Esteem Inventories*, Consulting Psychologists Press, Inc. Palo Alto, California.

Department of Human Services Victoria (2001), *Rental Report*, September Quarter, Office of Housing, DHS, Victoria, Australia.

Efron. D, Sewell, J. Horn, M. and Jewell, F. (1996), *Can we stay here? A study of the impact of family homelessness on children's health and well being*, Hanover Welfare Services, Melbourne.

Horn, M. and Cooke, M. (2001), *Hanover Family Outcomes Study First Report: Profile of participating families and their experiences of homelessness*, Hanover Welfare Services, South Melbourne.

Luster, T. and Okagaki, L. (1993), 'Multiple influences on parenting: ecological and life-course perspectives', in T. Luster and L. Okagaki (Eds), *Parenting: An Ecological Perspective*, Lawrence Erlbaum Associates, NJ.

McCaughey, J. (1992), *Where Now? Homeless Families in the 1990s*, Policy Background Paper No.8, Australian Institute of Family Studies, Melbourne.

Prior, M, Sanson, A, Smart, D. and Oberklaid, F. (2000), *Pathways from infancy to adolescence, Australian Temperament Project 1983 – 2000*, Australian Institute of Family Studies, Melbourne.

Purdey, K. (2002), 'Children's Needs are Complex Too!', *Parity*, Vol. 15, Issue 5, May, pp.13-14.

Silberberg, S. (2001), 'Searching for Family Resilience', *Family Matters*, No. 58, Autumn, pp.52-57.

VHS Ministerial Advisory Committee and Project Team (2002), *Victorian Homelessness Strategy: Action Plan and Strategic Framework; Homelessness directions for change; A collaborative approach to improving our response to homelessness*, Victorian Government Department of Human Services, Housing and Community Building Division, Melbourne, Victoria.