Keeping Families Together

Supportive Housing for Families

A pilot project study commissioned by Micah Projects
and Common Ground Queensland | August 2021

Life Course Centre

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LIST OF ACRONYMS

Acronym	Definition
AIHW	Australian Institute of Health and Welfare
CGQ	Common Ground Queensland
CSO	Child Safety Officer
CPO	Care and Protection Order
DFV	Domestic and Family Violence
FIS	Family Intervention Service
KFT	Keeping Families Together
PAT	Parents as Teachers
RTA	Residential Tenancies Authority
SHF	Supportive Housing for Families
SHS	Specialist Homelessness Services
SPDAT	Service Prioritisation Decision Assistance Tool
VI-SPDAT	Vulnerability Index – Service Prioritisation Decision Assistance Tool

1. EXECUTIVE SUMMARY

1.1 What is Keeping Families Together?

In July 2020, the Keeping Families Together (KFT)Supportive Housing pilot project was launched in Brisbane to provide supportive housing for families experiencing multiple vulnerabilities (i.e., extremely low income, at risk of or experiencing homelessness, and at risk of or experiencing intervention by the child protection system). Funded for an initial 12 months by the Queensland Department of Communities, Housing and Digital Economy, and delivered by Micah Projects and Common Ground Queensland, the pilot brought together a multidisciplinary team of experts to deliver secure and affordable housing for 20 families, along with intensive and holistic family supports.

KFT Snapshot

PRIVATE RENTAL PROPERTIES HEAD LEASED THROUGH **COMMON GROUND QUEENSLAND**

FAMILY SERVICES PROVIDED THROUGH **MICAH PROJECTS**

HOUSING SUBSIDISED AT 25%
OF TENANT INCOME

20 FAMILIES HOUSED

LINKED SUPPORT

Parents as Teachers

A non-stigmatising, strengths-based program delivered to KFT families to help parents foster their children's emotional and cognitive development. It helps parents gain the sense of control, autonomy, and legitimacy required to achieve longer term life improvements.

Families who are:

- **Caring for a child under 5**
- **Extremely low income**
- **Homeless or at risk of homelessness**
- **Engaged with the child protection system**
- **Approved for social housing**

SCATTERED SITE HOUSING

Together, the housing and support provided through the KFT pilot was designed and delivered with the aim of supporting participating families to achieve three overarching outcomes:

HOUSING ACCESS	CHILD PROTECTION	FAMILY STABILITY
Improve families' access to safe housing and reduce future risk of homelessness	Reduce the involvement of the child protection system in the lives of families	Increase family stability to promote positive childhood development

1.2   What did the study entail?

This report provides an empirical study of the KFT Supportive Housing pilot model and its delivery, as well as the experiences and outcomes of the families who participated in the pilot. In conducting this study, we focused on KFT's three key areas of interest: housing access and sustainment; child protection; and family stability. Our analysis of each key area was guided by the following questions:

HOUSING ACCESS	CHILD PROTECTION	FAMILY STABILITY
• How did KFT work with families to access housing? • What were families' housing access experiences and outcomes? • Which aspects of the housing model worked well? • What were the challenges?	• How did KFT work with families and CSOs to respond to child protection concerns? • What were families' child protection experiences and outcomes? • Which aspects of KFT support worked well? • What were the challenges?	• How did KFT work with families to improve stability and promote positive childhood development? • What were families' stability experiences and outcomes? • Which aspects of KFT support worked well? • What were the challenges?

To answer our research questions, we used a mixed-method research approach. Drawing on various forms of qualitative and quantitative data from multiple stakeholder groups, we aimed to capture a breadth and depth of knowledge and experience. The findings presented in this report are based on the triangulation of interview, assessment, and administrative data:

Interview Data	Qualitative interviews were undertaken with families, practitioners, and child safety officers (CSOs) to gain insight into how the KFT pilot was delivered and experienced.
Assessment Data	Quantitative data from six family assessments conducted at multiple time points were used to identify changes to families' housing, child protection, and family circumstances.
Administrative Data	Quantitative administrative data relating to families' tenancies were used to understand how families managed their tenancies throughout the pilot and how any difficulties were resolved.

1.3   What did we find?

What were the outcomes?

- All families exited homelessness into stable housing
- 95% maintained their housing
- Parents reported that housing provided security to them and their children

What factors enabled success?

- Access to affordable and secure housing
- Tenancy sustainment support
- Appropriately and rapidly matching families to housing

What were the challenges?

- Sourcing appropriate housing
- Constraints of the private rental market
- Affordable pathways out of the pilot

Housing Access

What were the outcomes?

- Families had greater feelings of safety and stability
- Parents developed greater confidence in their knowledge and ability to parent
- Children increased their participation in school and improved in key developmental domains

Family Stability

What were the outcomes?

- Reduced interactions with Child Safety
- 31% of families with children in out-of-home care had children returned during the pilot
- KFT was a significant protective factor

What factors enabled success?

- Balancing a partnership between, but separation of, Child Safety and KFT
- Providing housing, family supports, and practical resources
- Facilitating open communication

Child Protection

What were the challenges?

- Managing Child Safety's expectations of the project
- Limited capacity for Child Safety to make referrals to KFT

What factors enabled success?

- Delivering flexible, tailored, and parent-led support
- Engaging families in Parents as Teachers
- Housing stability helped maximise families' ability to benefit from support services

What were the challenges?

- Families had extensive trauma histories and a range of complex needs
- Providing support that is intensive but not intrusive
- Inability to engage in exit planning
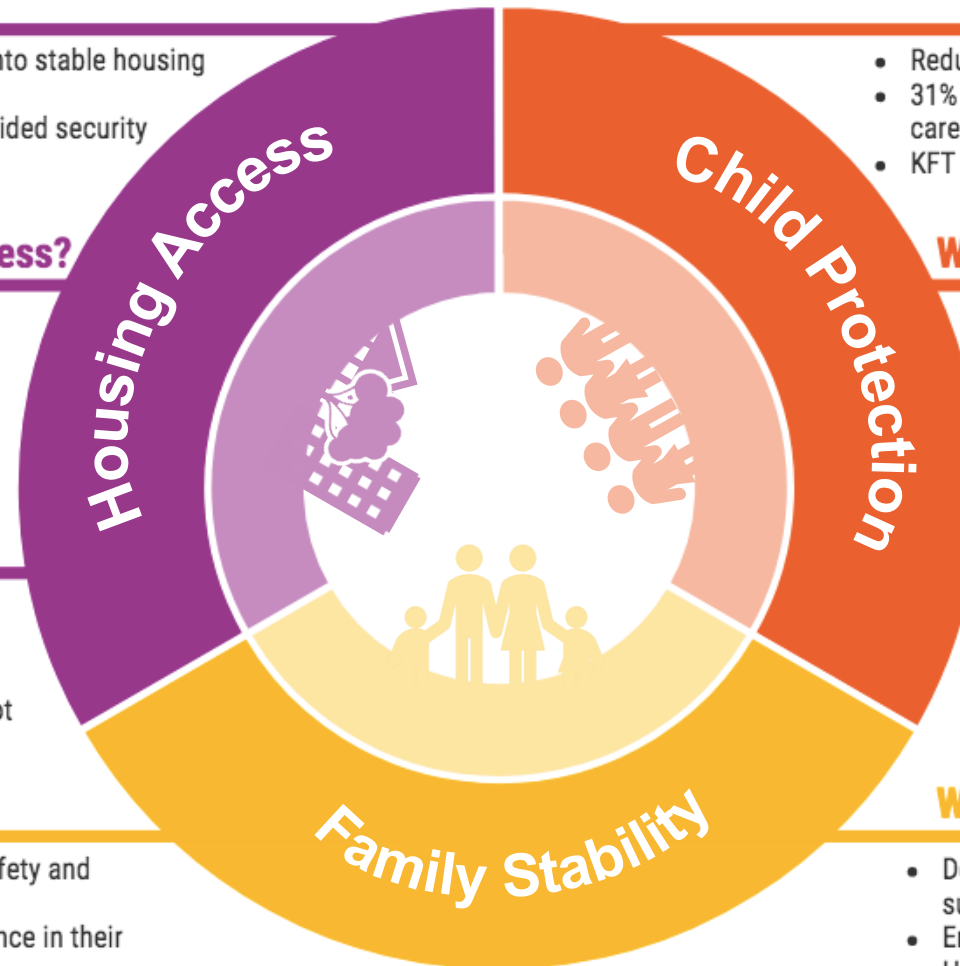
1.4   What do we recommend?

1   **Expand the KFT project**   We recommend that the Keeping Families Together pilot is scaled up and expanded across Queensland to support families experiencing multiple vulnerabilities.

2   **Develop supportive housing policy**   We recommend that the Queensland Government, in partnership with the housing and social service system, develop a supportive housing policy.

3   **Increase social housing supply**   We recommend that the supply of social and affordable housing, both for families and individuals, be demonstrably increased across the state.

4   **Diversify supportive housing models**   We recommend that a diverse range of family supportive housing models are implemented to effectively respond to families with a diversity of needs.

5   **Transform systems**   We recommend that housing, homelessness, and child protection systems are transformed to support families who have child protection risks driven by homelessness.

6   **Prioritise (pre)school-age children**   We recommend that families with pre-school and school aged children who are homeless and engaged in the child protection system (or are at risk) are prioritised for supportive housing.

7   **Embed co-design and peer support workers**   We recommend that any changes to KFT are co-designed with families, and that peer support workers with lived experiences of homelessness and child protection are employed in KFT.

8   **Leverage data and research**   We recommend that the future delivery and expansion of supportive housing in Queensland is informed by data and rigorous research to drive a continuous improvement agenda.

2.   INTRODUCTION

They open all the doors that have been closed for so long. They guide you through. They have given me what I needed to know … and I've learnt the responsibilities that I have to take.

I've become a woman out of this place, and a mother.

- Family 1

2.1   Background

Families represent one of the fastest-growing cohorts presenting to Specialist Homelessness Services (SHS) across Australia (valentine, Blunden, et al., 2020). Driven into homelessness by poverty, domestic and family violence (DFV), a lack of affordable housing, and various other factors, **families experiencing multiple vulnerabilities** face a disproportionately high risk of becoming engaged with the child protection system (valentine, Blunden, et al., 2020). At a minimum, such engagement can consist of the provision of preventative support. In more serious situations, child protection intervention can result in care and protection orders (CPOs), which involve supervisory orders through which state departments monitor families as they work towards resolving child safety concerns. If a department assesses that a child does not have a parent who is willing or able to protect them, children may be removed from their families and placed into the care of the state (Australian Government, 2005).

> **Families experiencing multiple vulnerabilities** face high risks of homelessness, poverty, domestic violence, mental health issues, substance use, and other adverse experiences. These adverse experiences "are not only consequential in their own right, but also heighten the risk of other adverse experiences". (valentine et al., 2020, p. 6).

International evidence indicates that removing children from their families can be detrimental to children's developmental, emotional, and socioeconomic outcomes, as well as to parents' social and emotional wellbeing (Broadhurst & Mason, 2017; Bruskas, 2008; Corporation for Supportive Housing, 2012; Doyle, 2007). New models of support and resources are needed to reduce child protection intervention, and create the conditions for families experiencing multiple vulnerabilities to access and maintain safe and affordable housing and to flourish together.

> **Supportive housing for families** provides families with affordable and secure housing, along with intensive family supports. (Burt et al., 2016)

Responding to increasing evidence that the absence of stable and affordable housing drives child protection risks, **supportive housing for families** (SHF) is one such response that is gaining traction across multiple countries (Farrell et al., 2010; Glendening et al., 2020; Hong & Piescher, 2012; Pergamit et al., 2019; Rog et al., 2015).

SHF draws on the notion that "once a family has stable housing and no longer needs to worry about finding safe shelter, its members are better positioned to address their challenges" (Burt et al., 2016, p. 1). Although such programs have been implemented in numerous countries with demonstrated success, until recently, the provision of supportive housing for families has been notably absent from the Australian housing landscape (valentine, Cripps, et al., 2020; Walsh, 2018).

2.2   The Keeping Families Together pilot

In July 2020, the Queensland Government, Micah Projects, and Common Ground Queensland launched a 12-month SHF pilot in Brisbane, titled Keeping Families Together (KFT). Drawing on the core premise of SHF outlined above, KFT aims to enable families to access and sustain safe and secure housing, and to divert 'at-risk' families from involvement with Queensland's child protection system.

A total of 20 families, all of whom met the **KFT eligibility criteria** outlined in the departmental funding schedule, participated in the pilot. All families in the pilot had a female as the tenant, with 79% single female parents. Figure 1 provides an overview of the demographics of participating families. Families were referred to the program through a variety of sources, including child safety officers (CSOs), homelessness shelters, Brisbane Domestic Violence Service, and other Micah Projects services. Self-referrals were also accepted.

KFT eligibility criteria:

- Have at least one child aged from pregnancy to 5 years upon entry; and

- Be on extremely low income; and

- Be accessing homelessness services; and
  - Be at risk of child safety intervention due to housing instability and/or other risk factors; or
  - Have a child in foster care and the barrier to family reunification is housing; and

- Be approved for social housing in Queensland

The KFT pilot provided a funding model that enabled participating families to access secure and affordable housing in the private rental market. Individual properties were head leased, through the provision of a government funded housing subsidy, by Common Ground Queensland and then subleased to participating families at a subsidised rate of 25% of their family income. Recognising that each family has unique housing needs, each property was head leased for one specific family. Common Ground Queensland was funded as the tenancy and property manager to work closely with families and in partnership with Micah Projects for the entirety of their 12-month lease to provide ongoing tenancy support. Due to funding requirements, all families were initially housed within the Chermside or Buranda Housing Service Centre Catchments.

Parents as Teachers is a non-stigmatising, strengths-based education program that supports parents to develop their parenting skills. It equips parents with the knowledge they need to encourage the positive development of their children.
(Wagner et al., 2002)

As well as supportive tenancy management, Micah Projects provided families with a range of tailored support services. This included a support plan to help families maintain their tenancies, support parents in meeting their own personal needs, respond to child protection risks, identify and address child wellbeing needs, and provide practical assistance in addressing barriers to the

quality of their life. Further, through the delivery of the **Parents as Teachers** program, Micah Projects also sought to improve parenting education and family support, promote positive parent-child interactions, and increase parents' access to employment and training opportunities.

Figure 1. Family demographics upon entry into the KFT pilot

100%
of parents were experiencing more than 5 vulnerabilities

100%
of parents were homeless when they entered the pilot

95%
of parents were experiencing financial difficulties

86%
of parents lacked family or community support

82%
of families had ever been engaged with child protection

79%
of mothers reported experiencing DFV

79%
of families were headed by single women

73%
of parents were experiencing mental health issues

Source: AIHW Baseline and KFT Review Data

The housing and family support provided through the KFT pilot was designed and delivered with the objective of supporting participating families in three key areas:

HOUSING ACCESS

Improve families' access to safe housing and reduce future risk of homelessness

CHILD PROTECTION

Reduce the involvement of the child protection system in the lives of families

FAMILY STABILITY

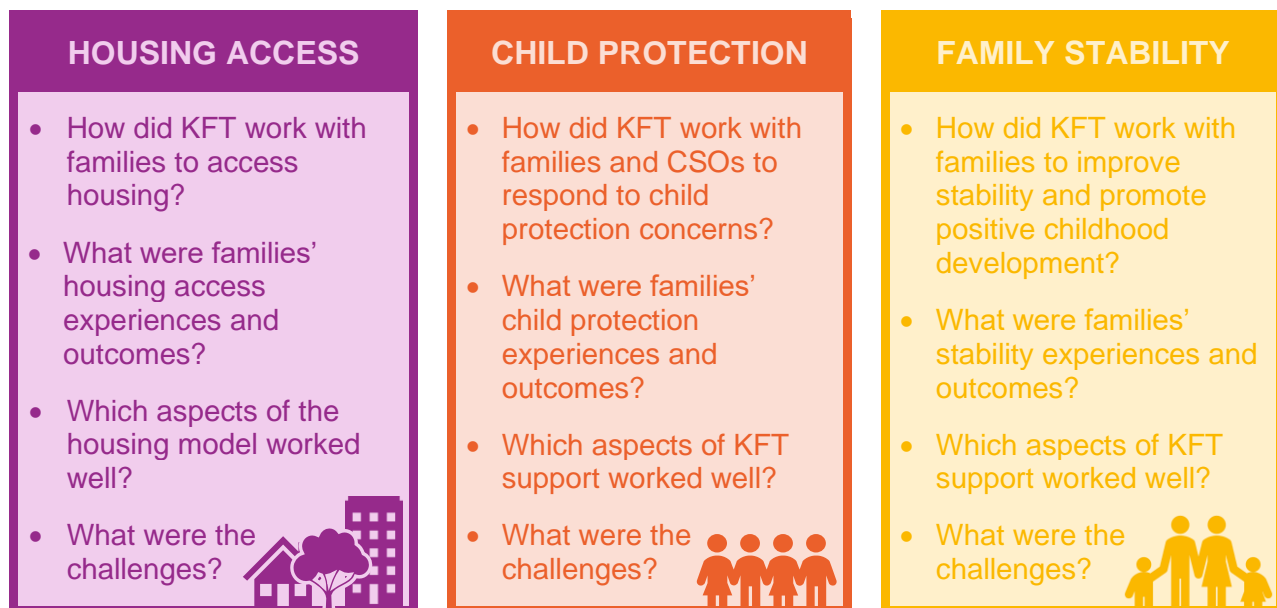Increase family stability to promote positive childhood development

2.3 The Keeping Families Together study

This report provides an empirical study of the KFT pilot model and its delivery, as well as the experiences and outcomes of the families who participated in the pilot. As the first SHF model to be established in Queensland, the delivery of the KFT pilot holds important lessons for the development and refinement of future iterations of the project, as well as for other interventions that aim to prevent homelessness and child safety intervention more generally. In conducting this study, we identify several such lessons. We also outline recommendations for the design and delivery of future iterations of KFT or similar supportive housing models for families. We recognise that budgetary constraints meant that the KFT pilot was transitional, whereas the evidence for family supportive housing indicates the centrality of permanence.

In conducting this study, we focused on KFT's three key areas of interest: (1) families' access to and sustainment of safe and affordable housing; (2) families' involvement with the child protection system; and (3) families' stability including parental health, safety, and wellbeing, along with child development. Our analysis of each key area was guided by a series of research questions, as outlined in Figure 2. Although we analyse these areas and present the results separately, we recognise that in practice they are closely interrelated.

Figure 2. Key research questions

HOUSING ACCESS

- How did KFT work with families to access housing?
- What were families' housing access experiences and outcomes?
- Which aspects of the housing model worked well?
- What were the challenges?

CHILD PROTECTION

- How did KFT work with families and CSOs to respond to child protection concerns?
- What were families' child protection experiences and outcomes?
- Which aspects of KFT support worked well?
- What were the challenges?

FAMILY STABILITY

- How did KFT work with families to improve stability and promote positive childhood development?
- What were families' stability experiences and outcomes?
- Which aspects of KFT support worked well?
- What were the challenges?

To answer our research questions, we used a mixed-method research approach. Drawing on various forms of qualitative and quantitative data from multiple stakeholder groups, we aimed to capture a breadth and depth of knowledge and experience. The findings presented in this report are based on the triangulation of qualitative and quantitative data. These forms of data are outlined briefly below, and a comprehensive overview of each data source and its collection points is provided in Table 3.

Qualitative data: Qualitative interviews were undertaken with families participating in the pilot, practitioners delivering the pilot, and child safety officers (CSOs) to gain insight into how the KFT pilot was delivered and experienced.

- Families participating in the KFT pilot (n=17): We aimed to conduct a single 30-minute interview with each family participating in the KFT pilot. All of the 20 families originally enrolled in the pilot were invited to participate in an interview, and a total of 17 agreed. All interviews were conducted with female heads of households. Interviews were conducted 3 to 7 months after each family was housed through the pilot, to allow them time to settle in.

- Practitioners delivering the pilot (n=10): We conducted 60-minute interviews with key practitioners who were involved in delivering the KFT pilot. These interviews included practitioners from Micah Projects (n=7), Common Ground Queensland (n=2), and the Queensland Government Department of Communities, Housing and Digital Economy (n=1). We interviewed each practitioner once, with the exception of one particular key practitioner from Micah Projects, who we interviewed twice. Our practitioner interviews were distributed across the entirety of the project, with some being interviewed approximately one month into the pilot, some being interviewed mid-way through the pilot, and some being interviewed towards the end of the pilot. The Micah Projects practitioner who was interviewed twice was interviewed both near the beginning and near the end of the pilot.

- Child safety officers (n=7): We conducted 60-minute interviews with CSOs from the Department of Children, Youth Justice and Multicultural Affairs who had engaged with KFT families. These interviews were conducted towards the end of the pilot to enable us to capture their perspectives of how their interactions with families changed over the course of the pilot.

Quantitative data: Our study also draws on quantitative data collected at regular timepoints through family assessments and administrative records. We sought consent from each of the 20 families originally enrolled in the pilot to access their data. A total of 18 families agreed for us to use data from all six assessments for this study, and one additional family agreed for us to use data from four of the assessments. There was some attrition in the completion of assessments over time, resulting in fewer observations in later months.

We drew on assessment data to identify demographic characteristics of participating families; experiences of vulnerability throughout the pilot; self-perceptions of parenting capacity; and childhood development. Micah Projects collected the data through six different family assessments, which were administered at baseline and then again at regular intervals. Micah Projects completed baseline assessments with each family when they entered the pilot (as opposed to when they were housed). As such, while the duration of time in the pilot is the same for all families at each data collection timepoint, duration of time in housing may be different.

The administrative data we drew on consisted of families' tenancy records held by Common Ground Queensland. We drew on this data to understand how families managed their tenancies through the pilot, if they faced difficulties maintaining their tenancies, and how these difficulties were resolved. Common Ground Queensland collected these data continuously throughout the pilot. Once again, we sought agreement from all families originally enrolled in the pilot to access their data for the purpose of this study, and a total of 19 families provided their agreement.

Table 1. *Overview of data sources*

	Data Type	n=	Description	0	1	2	3	4	5	6	7	8	9	10	11	12
QUALITATIVE	**INTERVIEWS** with families	17	Semi-structured interviews were undertaken with families in the pilot to gain insight into their experiences of KFT and its ability to meet their needs.				●——	——	——	——	—●					
	INTERVIEWS with practitioners	10	Semi-structured interviews were undertaken with practitioners involved in delivering the pilot to understand the processes behind KFT design and delivery.		●——	——	——	——	——	——	——	——	——	——	——	—●
	INTERVIEWS with CSOs	7	Semi-structured interviews were undertaken with CSOs involved with the tenant families to understand the effectiveness of the pilot from a child protection perspective.									●——	——	——	—●	
QUANTITATIVE	**ASSESSMENT** VI-SPDAT	18	A screening assessment used to identify demographic characteristics and assess individuals' vulnerabilities and required interventions.	X												
	ASSESSMENT Full SPDAT	18	An assessment used to monitor vulnerability throughout the pilot, including factors related to wellness, risks, and daily functioning.	X					X							O
	ASSESSMENT Where am I at?	19	An assessment used to understand tenants' self-perceptions of their parenting capacity and identify areas that require further support.	X				X				X				O
	ASSESSMENT Ages & Stages	19	An assessment used to assess children against developmental milestones, with the aim of monitoring change and identifying areas requiring targeted support.	X				X				X				O
	ASSESSMENT KFT Review	19	An assessment used to monitor families' interactions with child protection and identify changes in support needs for the duration of the pilot.	X				X				X				O
	ASSESSMENT AIHW Reporting	19	An assessment that captures major changes in families' lives and records the forms of support being provided through the pilot.	X	X	X	X	X	X	X	X	X	O	O	O	O
	ADMINISTRATIVE Tenancy Records	19	Tenancy records collected by Common Ground for the duration of families' participation in the pilot regarding tenancy issues families experienced while engaged in the pilot.	X	X	X	X	X	X	X	X	X	O	O	O	O

Notes: All assessments are administered by Micah Projects. All quantitative data is collected at the family level, with the exception of the Ages & Stages assessment (collected at the child level) and the AIHW assessment (collected at the individual level). **X** represents data that was included in this study, while **O** represents data that was collected but not included in the study as not all families had reached these time points at the time of preparing this report.

2.1 Overview of this report

This report provides an empirical study of the KFT pilot model and its delivery, as well as the experiences and outcomes of the families who participated in the pilot. The KFT pilot was designed drawing on the key principles of supportive housing for families (SHF). In the following chapter, Supportive Housing for Families, we provide an overview of the SHF model and detail its core motivations, aims, and principles. We then examine existing international evidence which demonstrates the effectiveness of, and challenges experienced by, SHF programs that are similar to KFT. We draw on this evidence throughout the report to help contextualise our findings.

In the following three chapters, we present the findings from our study of the KFT pilot. Each of these chapters draws on a combination of interview, questionnaire, and administrative data to explore our key research questions, as outlined in Figure 2.

In our first findings chapter, Housing Access Findings, we demonstrate that KFT families have achieved overwhelmingly positive housing outcomes. Indeed, all families were homeless at the time when they first engaged with KFT. Through engagement with the KFT pilot, families exited homelessness, accessed secure and affordable housing, and the majority were able to maintain their access to secure and affordable housing over time. These positive outcomes were facilitated by the pilot's ability to secure safe and appropriate housing for families, as well as the support provided to help families move into and furnish their new homes. Although the pilot faced some challenges, namely those related to head leasing properties on the private rental market, our findings demonstrate that the provision of housing is a core factor that supported families to remain housed and reduce their risk of returning to homelessness.

In our second findings chapter, Child Protection Findings, we demonstrate that, much like families' housing outcomes, families' child protection outcomes also improved throughout their engagement with the pilot. Our analysis demonstrates that families in the project had largely positive child safety outcomes, with CSOs unanimously viewing the pilot as a significant protective factor for the families on their caseloads. The ability for KFT family support workers to work collaboratively with CSOs, while simultaneously sitting outside of the statutory support system, was an important factor in this success, as was families' improved access to housing. Importantly, one of the most significant challenges of the pilot from the perspective of CSOs was the small number of families it was able to support. These findings provide a strong indication that providing families with secure and affordable housing, with closely integrated support from professionals outside the child protection system, is a direct and practical means of mitigating child protection concerns.

In our third and final findings chapter, Family Stability Findings, we demonstrate that changes in families' stability and related outcomes (e.g., child development, parenting skills, engagement in education and employment, domestic violence) have been overwhelmingly positive. The delivery of the PAT program was a particularly useful aspect of KFT for most families, helping parents to understand and engage with their children's development, as well as helping them develop a greater sense of confidence in their parenting skills. Several challenges were also identified, including difficulties ensuring support is intensive without being intrusive, and uncertainties regarding pathways out of the pilot. Nonetheless, our findings highlight the importance of ongoing stability for

families to enable them to feel safe and supported throughout their participation in KFT and benefit from the resources provided.

In our final chapter, Summary and Recommendations, we provide a brief summary of key findings, and offer a number of recommendations for how the KFT model can maintain its current successes, while also minimising some of the challenges that are likely to arise moving forward. We also outline a set of principles for how the learnings from KFT can be scaled up to inform family supportive housing initiatives across Queensland and beyond.

3. SUPPORTIVE HOUSING FOR FAMILIES

3.1 Introduction

Having a safe and secure place to live is recognised as a critical factor influencing the health and wellbeing of families and enabling their full participation in society (Karamujic, 2015). Problematically, rising housing costs and unprecedented levels of demand are making it increasingly difficult for low-income families across Australia to access appropriate and affordable housing (Common Ground Queensland, n.d.; valentine, Cripps, et al., 2020). Not only does a lack of secure housing negatively impact on families' health and social outcomes; it increases the risk of state-based intervention by the child protection system as it can impact on parents' ability to care for and protect their children (Common Ground Queensland, n.d.; Dworsky, 2014; Farrell et al., 2012; Harburger, 2004). Such intervention can result in children being removed from their families and placed into the care of the state; a practice which itself has been problematised for its negative long-term impacts on children's outcomes (Broadhurst & Mason, 2017; Bruskas, 2008; Corporation for Supportive Housing, 2012; Doyle, 2007).

There is now increasing recognition of the problems inherent in leaving children exposed to the risks that accompany a lack of secure housing, as well as the problems inherent in removing children from their families. This has led to calls for alternative and more trauma-informed responses to protecting the safety, wellbeing, and long-term outcomes of families who lack secure housing (Burt et al., 2016; Cunningham et al., 2014; Pergamit et al., 2019). One such response is a program approach known as supportive housing for families (SHF). Although relatively new, SHF programs have been implemented internationally and show positive early results (Farrell et al., 2010; Glendening et al., 2020; Hong & Piescher, 2012; Pergamit et al., 2019; Rog et al., 2015). Importantly, however, such positive results are not uniform, with various factors contributing to the success (or lack thereof) of SHF programs. The aim of this chapter is to summarise current research evidence regarding the need for and effectiveness of SHF programs, and consider the significance of this evidence for Brisbane's KFT pilot.

3.2 Which families does SHF target?

SHF programs target families that face significant, and often multiple, risk factors, including homelessness, poverty, domestic violence, mental health issues, and substance use (valentine, Cripps, et al., 2020). Vulnerable families face numerous barriers to accessing secure housing, and those who are able to access secure housing often experience high levels of

> **Housing stress** occurs when a low-income family must allocate more than 30% of its household income to cover housing costs. (AIHW, 2021)

housing stress. Single-headed families in particular suffer housing stress, and even more so when they rely on government-provided welfare (Common Ground Queensland, n.d.). As Figure 3 shows, the proportion of low-income single parents and partnered parents remaining in housing stress from one year to the next has continued to rise over the past several years.

As well as cost-related barriers, many families are excluded from the private rental market due to high demand. When a property on the market receives many applicants, landlords may choose tenants with the highest income and best rental history. For families on a low income or without a strong rental history (or, indeed, any rental history), entering the private rental market is often highly challenging (valentine, Cripps, et al., 2020).

Figure 3. *Persistence of housing stress for low-income families*
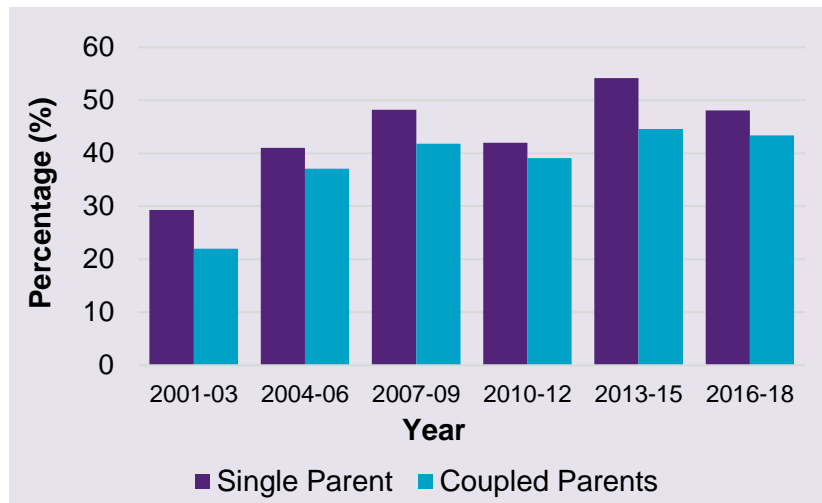
Notes: Data retrieved from AIHW (2021)

When families are unable to access safe and secure housing, they face a range of long-term consequences. As Common Ground Queensland (n.d., p. 6) suggest, a lack of secure housing "undermines a family's sense of certainty, control and autonomy and places undue strain on families and their routines". The exclusion of families from affordable housing places them in living conditions, such as informal arrangements and shared homelessness accommodation, that can result in poorer outcomes, including: higher levels of anxiety, depression, and behaviour problems in children; poorer health, mental health, and developmental outcomes; lower school attendance and achievement; higher risks of violence and social isolation; and a lack of physical safety (Farrell et al., 2010; Hong & Piescher, 2012). A lack of housing can also act as a barrier preventing families from accessing available supports (Corporation for Supportive Housing, 2012).

In addition, families who lack affordable and secure housing are at higher risk of becoming engaged with the child protection system. Not only can low income and insecure housing impact on parents' ability to provide for children's physical needs (e.g., food, shelter, clothing), they can also impact on parents' emotional state, enhancing their psychological distress and contributing to less effective parenting styles. These life stressors and disadvantages mean that families in insecure housing are more likely to have their children removed and placed into the care of the state compared to more securely housed families (Common Ground Queensland, n.d.; Dworsky, 2014; Farrell et al., 2012; Harburger, 2004; Russell et al., 2008). Families experiencing multiple vulnerabilities simultaneously also face additional challenges to achieving family reunification after a child has been removed, as it can be "difficult for parents to focus on the problems that may have precipitated or contributed to their child welfare system involvement unless they and their children have a safe and stable place to live" (Corporation for Supportive Housing, 2012, p. 6).

While the aim of child welfare intervention is to protect "the safety, wellbeing and best interests of a child, both through childhood and for the rest of the child's life" ("Child Protection Act," 1999, p. 24), the statutory removal of a child from a parent's care can have long term negative impacts on both the child's and their parents' wellbeing and socioeconomic outcomes (Broadhurst & Mason, 2017; Bruskas, 2008; Corporation for Supportive Housing, 2012; Doyle, 2007).

The increasing recognition of the problems inherent in leaving children exposed to the risks posed by a lack of secure housing, as well as the problems inherent in removing children from their families, has led to calls for alternative and more trauma-informed responses to protecting the safety, wellbeing, and long-term outcomes of families at risk of homelessness or child safety intervention. The alternative responses provide resources so that families are enabled to stay together by building their capacities and supporting them to address the multiple challenges they face (Burt et al., 2016; Cunningham et al., 2014; Pergamit et al., 2019). Supportive housing represents an evidence-informed approach to realise these objectives.

3.3   What is supportive housing for families?

Supportive housing for families (SHF) is a broad term for housing programs that provide families with affordable and secure housing, along with intensive family supports. While there is diversity in supportive housing program design and delivery, they generally share several key aims and components. At a minimum, such programs provide housing which is: permanent; affordable; good quality; accompanied by tenancy and support services; and includes tailored case management for each family.

SHF programs often target families with dual vulnerabilities related to housing and child welfare. Housing vulnerabilities include unsafe, substandard, or insecure housing; threat of eviction; housing stress; overcrowding; or periods of homelessness. Child welfare vulnerabilities include having child protection investigations, open cases, or interventions (Farrell et al., 2012). As Burt et al. (2016, p. 1) argue, the SHF approach "reasons that once a family has stable housing and no longer needs to worry about finding safe shelter, its members are better positioned to address their challenges with child safety with the help of supportive services". This is in stark contrast to 'housing ready' models, which require families to address their challenges and demonstrate that they are capable of maintaining housing prior to being given access to housing (Padgett et al., 2016).

Although the KFT pilot draws on the core principles of SHF programs by providing families

Supportive housing for families (SHF) broadly refers to housing programs that provide low-income families with access to secure housing and support services. SHF programs are generally designed around the following key features:

- Families in the program maintain the same tenancy responsibilities and rights as any other private rental tenants

- Families are provided with a range of flexible support services to choose from according to their changing needs

- Engaging with services is optional, and is not required for families to maintain their program housing

- Families are given a choice in selecting a property and have their needs and preferences taken into account

- Families pay a maximum of 30% of their income towards housing

- Housing takes a 'scattered site' approach, meaning it is integrated within the community

- Housing has no time limit, with families free to choose when they would like to leave

(Rog et al., 2014)

with access to safe, secure, and affordable housing along with intensive family supports, it also deviates in two crucial ways. First, where SHF programs traditionally aim to provide permanent housing with no time limit on families' tenancies (Rog et al., 2014), the KFT pilot was only funded to provide housing and support to families for 12 months. Although this has implications for the level of stability families may be able to achieve (as we discuss further in Chapter 6), it is important to recognise that, as this is a pilot project, its purpose is to trial the service delivery model and identify areas for refinement should the Department of Communities, Housing and Digital Economy expand the model to full implementation. Second, in traditional SHF programs, families' access to affordable housing is not contingent on their engagement with support services (Rog et al., 2014). Again, this is not the case for KFT, which requires families to agree to engage fully with the support services offered by Micah Projects prior to enrolling in the pilot. Despite these differences, KFT upholds the core overarching aim of SHF programs, which is to support families in maintaining safe, secure, and affordable housing for the long-term benefit of children and families.

3.4   Does supportive housing for families work?

As SHF programs are yet to gain traction in Australia, there is limited evidence about either the form SHF can assume in the Australian system or the local successes and limitations of the model. There is, however, an increasing body of research emerging from the US; a country which has been investing in SHF programs for over a decade (Swann-Jackson et al., 2010). As Table 2 shows, the research from the US demonstrates that families who participate in SHF programs experience numerous positive outcomes in the areas of housing, access to services, and family life (Farrell et al., 2010; Glendening et al., 2020; Hong & Piescher, 2012; Pergamit et al., 2019; Rog et al., 2015).

Regarding housing outcomes, for example, literature shows that families in SHF programs are more likely to experience greater housing quality and stability, fewer evictions from their accommodations, fewer subsequent experiences of homelessness, and lower levels of housing stress compared to families in other, less supportive housing programs (Farrell et al., 2012; Glendening et al., 2020; Pergamit et al., 2019). Regarding families' access to services, literature demonstrates that families in SHF programs are more likely to engage with a range of services, including parenting, education, and employment services, compared to families in other housing programs (Pergamit et al., 2019). Concerning family-related outcomes, families in SHF programs experience reduced child protection interventions and quicker reunifications with children who have previously been removed (Pergamit et al., 2019; Rog et al., 2015; Swann-Jackson et al., 2010).

However, as Table 2 also shows, these positive outcomes are not universal, with program design and delivery, as well as family characteristics, contributing to SHF programs' success (Glendening et al., 2020; Pergamit et al., 2019; Rog et al., 2015). The success of SHF programs can also be undermined by broader structural issues, most significantly, the availability of appropriate housing (Collins et al., 2016; Kingsley et al., 2018). This impacts both the ability of SHF programs to house families in accommodations that meet their needs, as well as the ability of families to exit SHF programs into stable and affordable accommodation, when they desire to do so. The literature coming out of the US thus identifies a number of significant challenges to successfully implementing SHF programs, which are vital to consider when designing, implementing, and evaluating Australian-based SHF program initiatives. Considering how such challenges play out in the Australian context, and how they may be overcome, forms a core aspect of this study.

Table 2. *Positive outcomes and challenges identified in the literature*

	Positive outcomes	Challenges
Housing Access	• Families in SHF programs are more likely to experience **greater housing quality and stability**, **fewer evictions**, **fewer experiences of homelessness**, and **lower levels of housing stress** compared to families in other housing programs (Pergamit et al., 2019). • Families who choose to exit SHF programs do so with considerably improved housing outcomes compared to when they enter the programs, with **71% of families exiting into permanent housing**, and **78% of families exiting into an improved living situation** (Farrell et al., 2012). • Families who are engaged in SHF programs **consistently experience better housing outcomes** compared to those accessing other housing supports (Glendening et al., 2020).	• **A lack of available housing** hinders the successful implementation of SHF by limiting the housing choices available to families and reducing programs' ability to meet their housing needs (Collins et al., 2016). • **Identifying landlords willing to rent to SHF families** is a significant challenge which causes delays in housing families and forces families to stay in inappropriate or precarious accommodations in the meantime (Collins et al., 2016). • **Exiting SHF programs** is a time of great stress and additional vulnerability for families, particularly those who have been evicted, must leave on short notice, and/or are uncertain of whether they will have a safe place to move on to. The difficulties families face in **finding affordable housing** to move on to complicates the exit process (Kingsley et al., 2018)
	Positive outcomes	**Challenges**
Child Protection	• 60% of families had their **child safety cases closed** while in SHF programs (Swann-Jackson et al., 2010). • Families in SHF programs experience a **reduced rate of child removal** and **increased re-unifications** with children removed prior to the family's entry into the program. Further, for families in SHF programs, **reunifications occur approximately twice as fast** compared to families in other housing programs (Pergamit et al., 2019; Rog et al., 2015; Swann-Jackson et al., 2010).	• **Family context plays a critical role** in child welfare outcomes. Families experiencing the highest risk of child removal may have support needs too great for SHF programs to make a significant difference (Glendening et al., 2020). • **Interagency collaboration** between child protective services and support organisations is complex and difficult to manage due, in large part, to competing values and processes of different agencies (Swann-Jackson et al., 2010; Tiderington et al., 2021).
	Positive outcomes	**Challenges**
Family Stability	• Families in SHF programs are **more likely to engage with parenting, education, and employment services** compared to families in other housing programs (Farrell et al., 2010; Pergamit et al., 2019). • School-aged children in SHF programs show **improvements in their school attendance and achievement,** as well as **lower school mobility** (Hong & Piescher, 2012; Swann-Jackson et al., 2010). • Young children in SHF programs are more likely than children in other housing programs to be **enrolled in early childhood education, have higher reading levels,** and **lower rates of learning disabilities** (Pergamit et al., 2019).	• Parents in SHF programs are **more likely to report experiencing DFV**. However, this is likely to be a result of a better developed understanding of what constitutes DFV and the resources available to help (Pergamit et al., 2019). • SHF programs experience **high attrition rates**, with higher-need families more likely to leave programs (Rog et al., 2015). • SFH programs have **high staff turnover rates**, which can interfere with the stability of case management and families' progress (Collins et al., 2016; Kingsley et al., 2018).

3.5   Summary

Families across Australia are facing increasing barriers to entering or maintaining their tenancies in the private rental market. Families who are unable to provide safe and secure accommodation for their children are, in turn, at an increased risk of becoming engaged in the child protection system, and risk having their children removed from the family and placed into the care of the state. As such, there is a significant and pressing need for programs that support families to stay together by providing secure and affordable housing, as well as intensive support services to help families develop their capabilities and address the multiple disadvantages they face.

Supportive housing for families is one such initiative that is gaining traction across different countries, particularly the US. Studies of US-based SHF programs demonstrate that such programs offer multiple and substantial benefits to participating families. However, they also highlight core challenges to effective program delivery. Using these findings as a starting point to orient our analyses, the remainder of this report presents the key findings of a study of Brisbane's first SHF program, Keeping Families Together. On the basis of these findings, we offer recommendations for how service design and delivery may be developed to support families to achieve positive outcomes.

4. HOUSING ACCESS AND SUSTAINMENT FINDINGS

I love the reassurance … for a year that I was going to be in a stable place with my kids and that was just the most amazing feeling. And being able to feel that still and look forward to that, I am super excited to know that I'm not stressed and living in a car anymore.

So, I'm looking forward to a positive future.

- Family 4

4.1 Introduction

In this chapter, we examine whether and how the KFT pilot led to improved housing access and sustainment for participating families. We begin by providing a summary of what the housing model entailed and how it was delivered. Drawing on a combination of interview, questionnaire, and administrative data, we then highlight the housing-related outcomes and experiences of families since first enrolling in the pilot. These experiences and outcomes have been overwhelmingly positive; all families exited homelessness and accessed secure and affordable housing. The majority of families maintained their access to secure and affordable housing for the duration of the initial 12 months of the pilot, and beyond. Expanding our analysis, we then draw out some of the aspects of the KFT pilot that facilitated positive housing experiences and outcomes for families, as well as the challenges that arose throughout the implementation of the pilot. We conclude this chapter with a set of recommendations for how the KFT supportive housing for families model can be refined to maintain its current successes, while also minimising some of the challenges that are likely to arise moving forward.

> **In this chapter, we ask…**
>
> • How did KFT work with families to access housing?
>
> • What were families' housing access experiences and outcomes?
>
> • Which aspects of the housing model worked well?
>
> • What were the challenges?

4.2 How did KFT work with families to access housing?

Head leasing properties

The KFT Supportive Housing pilot adopted a scattered site housing model, whereby individual properties on the private rental market were head leased by Common Ground Queensland, and then subsidised and sub-leased to families participating in the pilot. Common Ground Queensland approached its search for properties in a way that engaged with the housing needs and preferences of each participating family. When a family was first accepted into the pilot, they met with Common Ground Queensland to identify and discuss what they wanted and needed in a property, with

particular attention given to the housing needs of women with extensive trauma histories and/or who were experiencing or at risk of experiencing violence from a partner or ex-partner. Due to funding stipulations from the Queensland Government, all leases were initially required to be 12 months in length and located in the Chermside or Buranda Housing Service Centre catchments.

Once Common Ground Queensland had an understanding of the families' composition and preferences, they were able to begin sourcing properties through real estate agents. As head leaser, Common Ground Queensland provided certain guarantees to the real estate agents (and landlords) from whom they lease. These include: guaranteeing rent for at least 12 months; guaranteeing payment for damages beyond what the bond would ordinarily cover; and guaranteeing maintenance funds to address minor maintenance issues as they arise. As the head leaser, Common Ground Queensland is the official tenant of any properties head leased through the pilot. It is therefore bound by Residential Tenancies Authority (RTA) legislation and liable for any damages caused to the property. Families have their own, separate subleases and are also bound by RTA legislation. Through these leases, Common Ground Queensland acts as the landlord, responsible for collecting rent, routinely inspecting the properties, and responding to maintenance issues. Families in the program pay 25% of their income to Common Ground Queensland as their weekly rent. The average gap between the tenant rent and the rental cost was $220 per week paid as a component of the funding model for supportive housing. This gap is significant, as explained below, for understanding the challenges of families taking over the lease in the absence of the subsidy. This funding model recognised that many families live in poverty and do not have enough income to pay market rent, whilst also recognising that market rent is out of reach for so many families who have applied for social housing

Tenancy support

As well as sourcing properties for participating families, both Common Ground Queensland and Micah Projects worked alongside the families to help support them in maintaining their tenancies. At the beginning of all families' tenancies, Micah Projects in coordination with Common Ground Queensland worked with the families to develop a tenancy plan. These plans aimed to help identify areas of risk for each family, enable them to understand their tenancy rights and responsibilities, and prepare them for potential challenges that may arise. Some families required additional support to maintain their tenancies, particularly around understanding their responsibilities as tenants. Micah Projects and Common Ground Queensland through proactive coordination took an early intervention approach to supporting these needs by responding to risks as they arose. When families showed signs of struggling to uphold their tenant responsibilities, Micah Projects and Common Ground would organise a meeting with them to explain the problem and decide how to move forward in a way that addressed the problem before it resulted in a breach of the families' tenancy agreement. Collaboratively, Micah Projects, Common Ground Queensland and the family would develop a plan to identify the steps that the family needed to take to address the problem and sustain their tenancy moving forward. From here, the family would be in a position to take certain actions with the ongoing support of their KFT family support worker. The swift and successful remedy of all tenancy breaches is evidence for the collaborative approach taken by Common Ground Queensland to sustain tenancies and prevent homelessness. Service coordination between tenancy and property management and family support workers is core component of supportive housing.

In some situations, support for families to maintain their tenancies also came in the form of Common Ground Queensland securing alternative tenancies for families who were experiencing severe difficulties associated with the property in which they were housed. For example, some families were initially housed in areas that were unable to meet their cultural or family support needs. Others faced issues with neighbourhood fatigue, and experienced racism and discrimination from neighbours. Where these issues could not be resolved through planning and tenancy sustainment support, Common Ground Queensland and Micah Projects supported families to move into more appropriate properties with the specific aim of enabling families to sustain their tenancy and place in the KFT pilot. We discuss the benefits of this strategy further in Section 4.4.

As well as tenancy management exclusively directed toward housing (e.g., preventing tenancy breaches, remedying breaches, preventing damage to property, arrears, and in the extreme, a notice to vacate a property and even eviction), KFT also provides many other forms of support that indirectly help families to sustain their tenancies. Indeed, the support provided through KFT recognises that the many needs families have that may culminate in tenancy problems have causes that extend well beyond housing, such as child protection and domestic violence issues. As demonstrated in Chapter 5 and Chapter 6, the provision of flexible and family directed support to address child protection issues and build parental capacities/confidence works to support families in multiple ways that can have positive implications for the sustainment of a tenancy and stability of a family. In this way, we recognise that supportive tenancy management, on the one hand, and individualised parental support to address parenting challenges, on the other, should not be conceptualised as two discrete forms of support. Instead, support that helps people sustain tenancies and support that helps parents respond to their children's needs can impact and help multiple areas of the families' lives, recognising the interconnections between housing, family functioning, and child safety. The dual goal of housing stability and family stability required each agency playing their role and be committed to coordination of services to support each family.

Exit process

A key eligibility criteria for the KFT pilot was that all families must be both eligible for, and have applied for, social housing in Queensland. Families in the pilot had their social housing applications placed on hold for the duration of their time in the project, with the option to have their applications taken off hold towards the end of their time in the project. Families participating in the pilot therefore had two key pathways out of the project: moving into social housing or moving into the private rental market. At the time of our interviews, there was much uncertainty regarding whether the pilot would be extended beyond the original 12 months and, if not, if there would be adequate supply of social housing and affordable housing on the private rental market for families to move into. We address this uncertainty in greater detail in Section 4.5.

4.3   What were families' housing experiences and outcomes?

Experiences prior to the pilot

All of the families who enrolled in the KFT pilot were experiencing homelessness immediately prior to their enrolment in the project. As Figure 4 illustrates, the majority of parents were living in emergency or temporary accommodation (33%) or were staying in motels (29%) when they first entered the pilot. The remaining parents were either couch surfing (19%) or living with relatives (19%).

Importantly, for the majority of parents, previous experiences of homelessness were not short-term or one-off incidents. As Figure 5 demonstrates, the vast majority of parents (57%) had

Figure 4. Dwelling type upon entry to KFT

Source: AIHW Baseline Data

been without permanent housing for at least one to five years. A further 9% of parents had been without permanent housing for longer than five years. This not only highlights the severity of families' housing needs upon entry into the pilot; it demonstrates that these needs have remained entrenched and unmet for extended periods of time.

Our qualitative interviews with families in the pilot support these findings, with many families describing their experiences of homelessness prior to entering KFT:

Figure 5. Length of time since having permanent housing
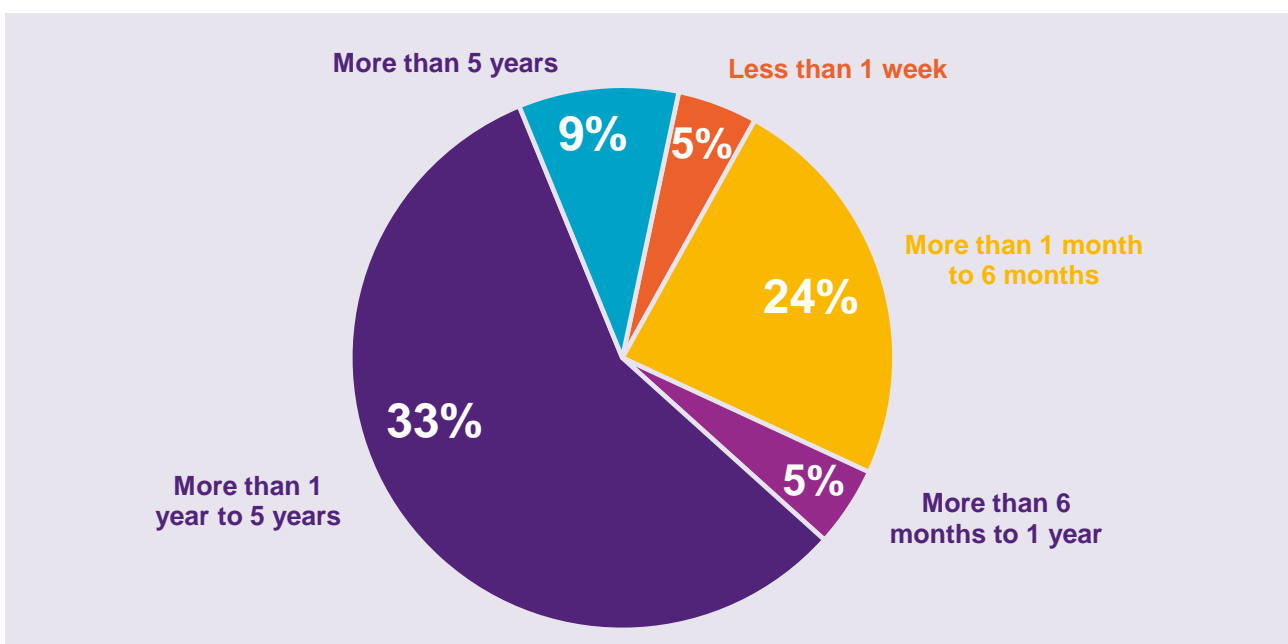
Source: AIHW Baseline Data

Before I met them I was living in accommodation, the homeless shelter that they put us through Micah, and because I was going through a hard time, I was pregnant, I had a baby … And I was going place to place, I was homeless. (Family 1)

We were homeless for about a year, and I was pregnant during the homelessness. (Family 7)

I was going through what they call domestic violence … I was placed in a hostel, I guess you could call it. (Family 10)

Well, the coming into the program is when I had the two kids. Me and my partner went through you guys to get a house, because we were basically living out on the streets and whatnot and it was a bit hard at times. (Family 13)

Families' stories were permeated with themes of instability and movement between various forms of temporary, unsuitable, and often unsafe accommodation. In many cases, families' movement between temporary accommodations was prompted by the short-term nature of emergency accommodation or by a breakdown in family relationships. Keeping themselves and their children safe from men's use of domestic and family violence was also a key factor underpinning the transient history of the majority of mothers in the pilot. Nevertheless, the experience of violence and the unstable housing that it often provoked prior to the KFT pilot were life circumstances that child protection authorities see as risks to child safety, and these experiences drive intervention from the statutory child protection system (as we demonstrate in Chapter 5).

Housing experiences during the pilot

Our analysis of families' quantitative data demonstrates that KFT has been highly successful at supporting families to attain and sustain stable housing. Indeed, as Figure 6 demonstrates, 100% of parents were homeless when they entered the pilot. As we discuss more fully in Section 4.5, the pilot experienced some difficulties with sourcing properties on the private rental market. This is reflected in Figure 6, which shows that the percentage of parents experiencing homelessness did not reduce considerably until they had been in the program for at least two months. After two months when housing access was secured, rates of homelessness began to drop significantly. By the six-month timepoint, 100% of the parents had moved from being homeless to being securely housed through KFT. Significantly, 95% of the parents maintained their tenancies for the duration of the pilot.

KFT's support for families to maintain their housing over time is quantitatively significant in terms of its ability to end homelessness, but also qualitatively significant in terms of the impact it has had on families' feelings of security. Families spoke of the positive impact that stable housing had on their— and, importantly, their children's'—lives. For example:

I love the reassurance, which is one of the reasons I came to these guys, is because there was some reassurance for a year that I was going to be in a stable place with my kids and that was just the most amazing feeling. And being able to feel that still and look forward to that, I am super excited to know that I'm not stressed and living in a car anymore. So, I'm looking forward to a positive future. (Family 4)

I like it. Compared to where I used to live, it's very secure and the environment is really good … It's the security of it. Apart from the support, I think my main one is security. I feel secure and my babies are secure. (Family 6)

With the whole housing stuff, honestly, it's kept away from the DV, and then before then, when all the DV was happening. It's just now I'm in a stable house. (Family 8)

Figure 6. *Experiences of homelessness from pilot entry*
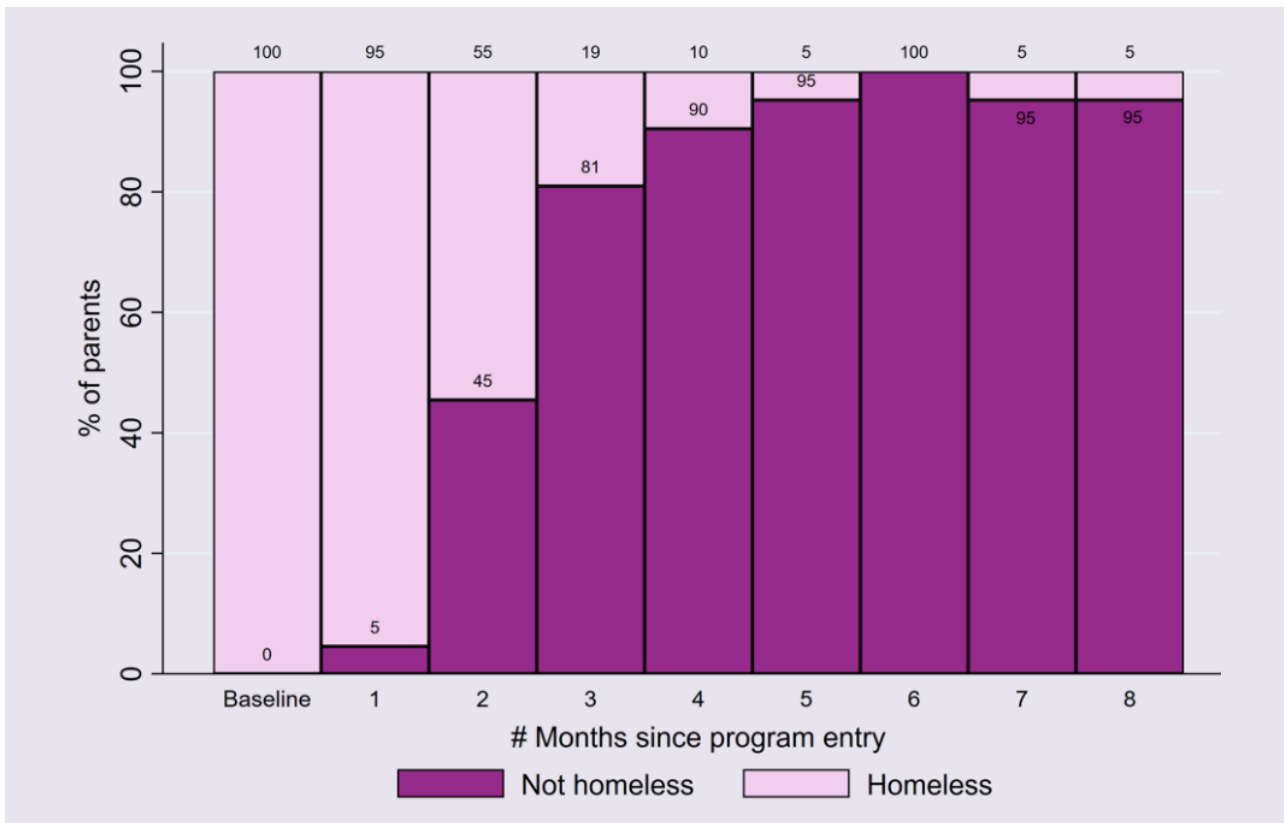
Source: AIHW Baseline and Monthly Data

We address the significance of this stability more fully in Chapter 6. For now, however, it is important to foreground that when parents (mothers) described what housing meant to them, they did so by framing housing as the resource they needed and appreciated most because of the benefit it achieved for their children. As powerfully illustrated throughout our interviews, and poignantly expressed in the quote introducing Chapter 2, housing and the support through KFT enabled people to assume the parental role they had long desired to fulfil.

4.4   Which aspects of the housing model worked well?

Finding and securing appropriate housing

The ease of the process of finding a property and securing a tenancy was a common theme in our interviews with KFT families. Indeed, almost all of the families we interviewed spoke of their positive experiences working with Common Ground Queensland to find a property. For example, when asked what the process of finding a property was like for them, families responded:

A very fast process, very helpful. (Family 2)

The first house they seen I was like, "Yep, no worries." And yeah, we got it and moved in there. It was super-duper quick. (Family 14)

It was really smooth. It was pretty much really easy. We had a look at a couple, and this is probably the better one, so I chose to take this one on. And yeah, it didn't really take long at all, which I was thankful for. (Family 15)

The significance of families' positive experiences gaining access to housing, and their positive appraisal of their housing, can be grasped by reflecting on their long histories of homelessness and insecure housing, as demonstrated in Figure 1. The ability of Common Ground Queensland to find properties that met the housing needs and preferences of families was also noted by families, many of whom felt their houses had most, if not all, the features they had hoped for.

This is one of my dream accommodations, where I wish it was mine because it's one of the best places I've ever lived in. The neighbours are great, the location is beautiful, and everything about this place. (Family 1)

It's actually definitely what we wanted. A big, nice family home. (Family 9)

I love the house. It's a beautiful three-bedroom house. It's a bit older, but there's three garages and I love my cars, so that was awesome. And there's a massive backyard for the kids, and the bathroom's awesome. (Family 14)

Although most families were satisfied with their housing, a few felt they had little choice but to take the first house offered to them, even if it did not meet all of their needs. For example:

I felt rushed, in a way, with Common Ground to take the house that I got … I didn't want an old style home, as such, but I got stuck with an older one … It was pretty much because it was just like there wasn't much out there. (Family 10)

I just had to take it sort of thing just because I needed a house at the time. (Family 11)

However, as the excerpt from Family 10's interview indicates, this was generally recognised as being a result of (1) families' need to be rapidly housed, and (2) limited housing availability, rather than as a flaw in the KFT housing model that is amenable to improvement. Indeed, families gain access to KFT because of vulnerabilities related to homelessness and child protection intervention; responding to these will often mean urgent action is required to prevent the escalation of problems. A rapid response to prevent (further) harm can be experienced as "rushed."

Establishing and maintaining tenancies

The funding modelled enabled Common Ground Queensland to provide support to families to establish and maintain their tenancies was also identified by families as a positive aspect of the housing model. Common Ground Queensland received funding to support families to move into their properties by providing furniture, white goods, and other necessities required for setting up a home. Families spoke about the importance of this practical support, as it enabled them to access necessities that they otherwise would not have been able to afford:

They supplied beds. I didn't have any beds. They supplied a fridge, a microwave, a table and chairs, couches. Yeah, they supplied a washing machine as well. They supplied everything that you would need. I didn't know how I would have got that stuff without them, because I'm a single mum and I was homeless. (Family 2)

Common Ground actually helped me with the furniture and that, because I didn't have a table or a cot or myself a bed, a microwave, a fridge. They helped me with everything like that ... it's mine. I can keep it. (Family 3)

Practitioners also spoke about the importance of such practical support. As one practitioner said:

It's also to do with dignity of housing as well. We want families to move in with the best chance of success and having everything that you need when maybe you come from living somewhere where you don't have access to much. (Practitioner 2)

As the above interview excerpts suggest, the funding provided for families to help move into and set up their houses was seen as integral for enabling family stability and helping to create the conditions for positive change.

4.5   What were the challenges?

Head leasing through the private market

Despite families' overarchingly positive experiences of the housing model and what it represents in terms of changing their lives for the better (as described above), practitioners spoke of several challenges they experienced when attempting to source housing for KFT families. One significant challenge was the limited housing supply available, along with the sharp increase in demand for rental housing that occurred around the time of the pilot's launch as a result of the COVID-19 pandemic (Pawson et al., 2021). As one practitioner said:

Head leases don't increase supply of housing, they're a short-term solution to accessing what's on the market. (Practitioner 9)

Further, given the high demand for rentals on the market at the time, Common Ground Queensland faced significant challenges in terms of having their applications to head lease properties approved. As there were many people applying for the same houses Common Ground Queensland were applying for, real estate agents and landlords had a variety of other, potentially more appealing tenants to choose from. As one practitioner explained:

For example, there's a house and they've freshly painted it, may have some new carpet or something like that. They've got someone who's a senior application, so they're seniors that are applying against a family of five who have got young kids that are seven, five, two, and whatever. So normally it comes down to the property owner going, "Who do I want in that property?". (Practitioner 1)

Sourcing properties was also made difficult by the funding requirement that all families had to be housed within the Chermside or Buranda Housing Service Centre Catchments. Not only did this limit

the pool of potential properties; it meant some families were housed in suburbs that they felt were unsafe or unconducive to helping them move in a positive direction. Several families spoke about the problems they have encountered as a result of the suburbs they were housed in:

I had a feeling that if I was going to stay in [suburb] then I definitely would have went downhill, because I could feel myself losing myself and hanging around the wrong people. (Family 16)

Both areas they put us in, they were on the list of the highest crime rates. So us, as young, single mothers, have to now sort of adjust to a very not so safe environment ... some of these ladies might come from, not horrible situations, maybe a bit of domestic violence … you're trying to bring ladies away from a bad environment, not into one … you've had people raped in the park near where I've lived, literally just where I've lived. (Family 17).

Importantly, the suburbs families were housed in was also raised by some CSOs as a concern:

I don't want my young mum walking around the streets of [suburb]… I know how bad the housing crisis is, but we're putting very vulnerable families into areas that have a lot of issues. (CSO 1)

If the project load is expanded, it would be great if people could sort of stay in their local areas where they are closer to their family supports as well. Because that's a big factor. (CSO 3)

Access to safe spaces and connections to community have been identified in previous studies as important factors that enable people in supportive housing to feel a sense of 'home' and normality (Chan, 2018). Being able to house families in suburbs where they feel safe and connected is therefore an important factor to consider moving forward, in order to provide families with a safe and stable foundation from which they may work to maintain their tenancies and develop community support networks.

Exit planning

As well as accessing the supply of affordable properties from the private rental market to head lease, the KFT pilot experienced challenges with exit planning. The most significant of these challenges was a lack of viable pathways out of the pilot. As discussed in Section 4.2, the two key pathways out of the pilot were (1) families could exit into social housing, and (2) families could exit into the private rental market (without the subsidy). However, there was wide acknowledgement from service practitioners that both of these pathways represented significant challenges for families. Social housing stock, for example, is extremely limited, and social housing stock for families even more so. Practitioners thus held the concern that the families would be unable to exit into social housing at the end of the 12 months, simply because there would be limited housing stock available. As one practitioner explained:

The funders said that people's housing applications would go on hold while they were in this project, and then when it was two months out, I think, or three months

*out, I'm not too sure, they were to come off hold. Which was all very fine, however,
there is no housing stock. (Practitioner 8)*

At the same time, exiting into the private rental market was not seen as a viable option for the majority of families due to their extremely low income and the high cost of private rental properties (Anglicare Australia, 2021). When asked about the potential for families to move into the private rental market at the conclusion of the pilot, practitioners responded:

*I think that's not realistic for most of the families. That's just not affordable without
the subsidy … given that they'll most or likely still be on Centrelink payments, it's
not going to be an option for them. (Practitioner 2)*

*So, there's no pathway out. Like, income's not going to increase unless you get
employment and those things, which, for single mothers, it's often not part of the
plan. Children are still young, parents aren't at that point. (Practitioner 8)*

This lack of viable exit pathways, combined with the uncertainty regarding whether the project would be extended, made it difficult for KFT family support workers to work with families in planning and preparing for their transition out of the pilot. This points to a need for alternative pathways out of the project, whereby families who are feeling independent enough to transition out of KFT have access to affordable housing to move onto. It is critical to point out that the time limited housing subsidy is not the intent of supportive housing, rather it was a constraint of the pilot funding.

The challenges exiting the pilot also underline the success of KFT engaging extremely low-income families who are at risk of both homelessness and child protection intervention. By successfully targeting families in extreme need and who are experiencing extreme vulnerability, it leads to the reality that families' circumstances, especially income, will likely not have significantly improved over a 12-month period. As we outline in Chapter 7, the results from this research strongly endorse the continuation of KFT and other family supportive housing models including apartments with embedded safety and support (single site) to purposefully target families who experience the most significant vulnerabilities. This targeting will require consideration given to what resources are required for families to exit supportive housing, and what timeframes exit should occur. There is a strong argument that exiting from family supportive housing should be organised as part of a planned housing pathway, if leaving is necessary, in a way that prioritises family stability, particularly continuity of children's schooling.

4.6   Key findings and recommendations

PREVENTING HOMELESSNESS	**Key finding:** The provision of safe, affordable, and secure housing was critical to enable families to exit homelessness. This housing, coupled with the sustaining tenancies and family support approach, enabled families to maintain housing and prevent future homelessness.
	Recommendation: The Queensland Government should continue to fund affordable and secure housing for families experiencing multiple vulnerabilities as a means of exiting homelessness preventing future homelessness.

ESTABLISHING TENANCIES	**Key finding:** The practical support provided to help families set up their homes was important for stabilising families in their tenancies, particularly those who had recently left traumatic situations.
	Recommendation: Micah Projects and Common Ground Queensland should continue to provide families entering KFT with practical and resourceful interventions to help establish their tenancies and set up their new homes.

MATCHING HOUSING	**Key finding:** Families achieved better housing outcomes when they were appropriately matched to their housing, as this allowed them to feel more 'at home' and comfortable in their tenancies.
	Recommendation: As much as possible, Common Ground Queensland should continue to support families to find housing that meets their core needs (particularly those that relate to culture and safety).

FACILITATING ACQUISITIONS	**Key finding:** The rapid acquisition of suitable housing was critical for families in unsafe situations, however the state of the private rental market at times made this difficult.
	Recommendation: The Queensland Government should expand the number of Housing Service Centre catchment areas families are able to be housed in, as a way of facilitating the swift acquisition of suitable housing.

INCREASING AFFORDABLE HOUSING	**Key finding:** Head leasing works to house families, but does not increase the supply of affordable housing. Limited affordable housing stock both underpins the vulnerabilities that drive families into the pilot and limits families' pathways to long term secure and affordable housing.
	Recommendation: The Queensland Government should increase the supply of affordable housing for families to both prevent the conditions that give rise to the KFT initiative and ensure that project is able to support families to exit into sustainable and desirable conditions.

5. CHILD PROTECTION FINDINGS

For two years I tried to fight for him and it has been hell until Keeping Families Together walked into my life and gave me that security. And then was like, "Here, have a house." And I have been able to have my son back, and I now have him 50% of the time.

I can't thank them enough for giving me that stability to be able to finally get my son back, which has been a very hard thing not to have.

- Family 14

5.1 Introduction

In this chapter, we examine whether and how families in the KFT pilot experienced change (either improvement or deterioration) in child protection intervention. We begin the chapter with an overview of how the KFT pilot interacted with the child protection system and worked in collaboration with Child Safety Officers (CSOs) to help families respond to child safety concerns. Then, drawing on a combination of interview, questionnaire, and administrative data, we examine the changes experienced by families in their child protection interventions. Our analysis demonstrates that families in the pilot had positive child safety outcomes. Furthermore, CSOs unanimously viewed the pilot as a significant protective factor for the families on their caseloads. We then highlight the aspects of the KFT pilot that facilitated positive child protection outcomes for families, and discuss the challenges that arose. We conclude the chapter with a set of recommendations for how the KFT service delivery can be strengthened to maximise its benefits for families engaged in the child protection system.

In this chapter, we ask…

- How did KFT work with families and CSOs to respond to child protection concerns?

- What were families' child protection experiences and outcomes?

- Which aspects of KFT support worked well?

- What were the challenges?

5.2 How did KFT work with families and CSOs to respond to child protection concerns?

Micah Projects worked closely with families and their CSOs to support families to understand and manage the child protection interventions they were facing. Micah Projects had three KFT workers, including a manger and two family support workers. Often the manager was required to also be available for family support work, and service coordination between tenancy manager and child protection due to the intensity and complexity of circumstances faced by women as head of households. These workers communicated directly with the CSOs of the families on their case load as needed. Based on discussions with CSOs and the families themselves, the KFT family support workers aimed to help families understand child protection's involvement with their family, and work

with families towards addressing child protection concerns. KFT family support workers acted as advocates for the families, as opposed to acting as mandatory reporters to CSOs. The relationships between KFT family support workers and CSOs were generally positive, and most communicated via text, phone, and email on an *ad hoc* basis where necessary. Some CSOs and support workers worked more collaboratively than others, often meeting with their families at the same time to help facilitate supportive and productive discussions about moving forward. For families who had children in care, KFT family support workers were able to supervise visits, which several CSOs raised as a very useful and important aspect of the pilot.

Family support workers primary responsibility was to work in partnership with the women as the head of the household, in understanding and being responsive to their personal needs as individuals and their needs as a parent. A key component of the support was to provide education on early childhood development so as to work together on how each parent and family could understand their child's age-appropriate needs. This was intentional so as to place an emphasis on learning and understanding early childhood rather than a judgment of their parenting ability. A significant learning was that this could not all be achieved at once, but rather once a family was established in a functioning home their attention and engagement in other aspects of their life and their family was possible.

5.3   What were families' child protection experiences and outcomes?

Our quantitative data analysis demonstrates that, overall, families experienced improved child protection outcomes. Figure 7 shows families' mean child protection acuity score. The acuity score measures the level and severity of vulnerabilities families experience, focusing specifically on vulnerabilities that impact families' ability to access and maintain stable housing. The acuity score ranges from 0 to 4, with higher values denoting a greater level of vulnerability. As Figure 7 shows, families' average child protection acuity score reduced from 2.7 upon pilot entry to 1.9 at 6 months, demonstrating a decline in interactions with child protection services.

Figure 7. Child protection acuity
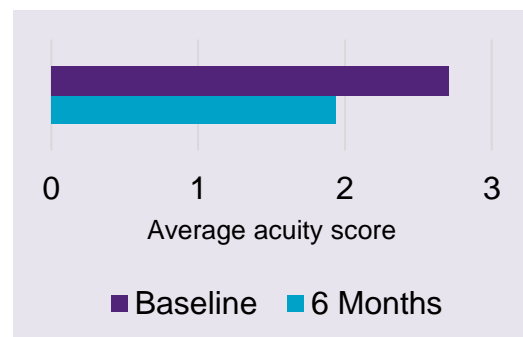
Source: Full SPDAT Data
Notes: Scores range from 0 to 4 with higher values denoting a greater level of vulnerability.

Similarly showing a decline in interactions with child protection, Figure 8 shows that upon entry into the pilot, 53% of families were involved with child protection. This reduced to 37% of families at the 4-month timepoint, and further reduced to 25% of families at the 8-month timepoint. Additionally, of families who had children in out-of-home care when they entered the pilot, 31% of these families had a child returned to their care by the 8-month timepoint. We do not have an experimental or quasi-experimental design that enables us to conclude that KFT caused these outcomes. Below, however, we draw on in-depth interviews with CSOs to illustrate how they assessed the KFT pilot to be a significant protective factor in families' lives, and a protective factor that did indeed contribute to their decision to assess children as not in need of protection.

Figure 8. *Child protection involvement over time*
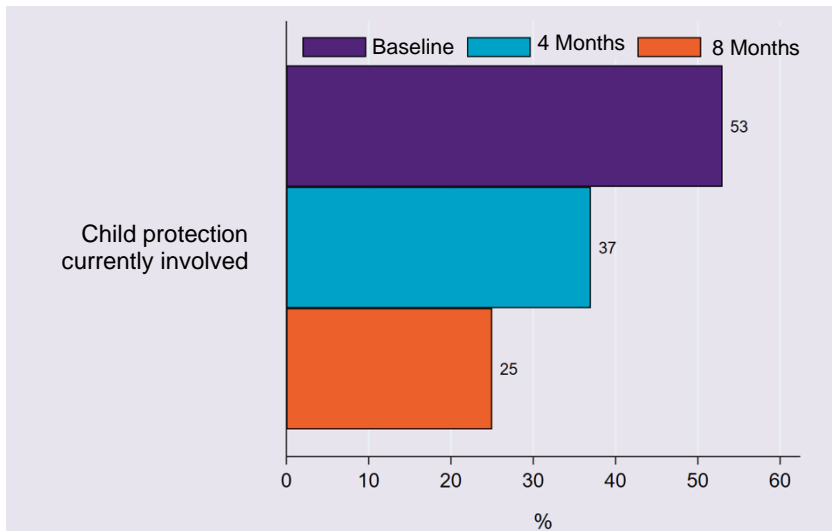
Source: KFT Review Data

The data presented in Figures 7 and 8 describe the presence and absence of child protection intervention in families' lives, and how it reduced over the months when families engaged with the KFT pilot. In our qualitative interviews with families, we sought to understand what participating in KFT meant for them, and how it shaped their capacities to keep their children safe and by implication reduce and change the nature of their engagement with the statutory child protection system. Families expressed a clear sense that the KFT pilot played a key role in helping them to reduce their interventions with child protection. For example:

> *Oh, my case with Child Safety is closed … Because I've got the support and everything like that, they see I'm a fit and I'm a capable parent. They see I'm fit to continue. (Family 3)*

> *So, for two years I tried to fight for him and it has been hell until Keeping Families Together walked into my life and gave me that security. And then was like, "Here, have a house." And I have been able to have my son back, and I now have him 50% of the time … I can't thank them enough for giving me that stability to be able to finally get my son back, which has been a very hard thing not to have. (Family 14)*

These perspectives of families closely align with the sentiments of CSOs. During our in-depth interviews with CSOs, they spoke at length about the crucial role the involvement of the KFT pilot played in informing their assessments and decisions around child protection:

> *So the risk is very high, but we've made an assessment that this baby can be in this mum's care because things are very different at the moment. And one of those different factors is that she has the support and engagement of the service, of the Keeping Families Together service. (CSO 1)*

> *I've closed up most of my investigations with two different families … For one of the other families though, we were on the line, we were kind of tossing up between whether we needed to stay involved with the family or leave it in the community. That family was engaged with a few different services, but definitely the KFT program was definitely considered as a really big protective factor for the family and one of the reasons we were able to close off and not stay involved. (CSO 4)*

So if the mum is doing really well, but is surrounded well by good supports, then we feel comfortable stepping out of it. So having [KFT support worker], like Keeping Families Together, around there, that is a defining factor for me to know whether or not I can step out of that family's life. So, just knowing that they still have those supports ready. (CSO 5)

The presence of KFT was considered by CSOs as a key protective factor that enabled them to close off on a number of their open cases.

5.4   Which aspects of KFT support worked well?

Providing access to housing and support

Given that both families and CSOs framed KFT as a resource that led to the closure of child protection intervention, in our qualitative interviews we wanted to explore what it was specifically about KFT that contributed to the child protection authority deeming children to have a parent willing and able to protect them. Our interviews with CSOs suggest that one of the core benefits of the KFT pilot from a child protection perspective is its ability to provide families with safe and secure housing. A dominant theme to emerge in interviews with CSOs was their assessment that a lack of access to appropriate and affordable housing is a key driver that subverts parents' ability to support and protect their children. Crucially, in their assessment from a child protection perspective, CSOs concluded that KFT's ability to provide access to such housing filled a significant gap in current service delivery:

What we're seeing in the community at the moment is housing is such a big issue … So I think that the homelessness component of it, and certainly being a stakeholder for housing is such a genius idea, to be honest. I think that Micah and Housing have come up with a brilliant idea and there's such a gap in the market for this exact thing. So I think it's really innovative. (CSO 1)

We come across a lot of families where housing is a big barrier, so to have a service which is able to provide that subsidised housing is really valuable. And it's good to know that there's, most likely, not going to become a point where the cost of the housing is going to be too much and then that's going to lead to further homelessness issues. So the program seems to be able to help families find sustainable housing, which is really good. (CSO 4)

CSOs also highlighted the positive impacts that stable housing had, both for the wellbeing of families and for addressing child protection concerns:

You can see from conversations with the parents, that they do feel comfortable knowing that they had secured a tenancy. They do feel comfortable knowing that they've got someone that'll help them ongoing in terms of that tenancy as well … the difference between a family and Child Safety feeling satisfied with where they're living, knowing that they live in a safe and comfortable home versus those that can't really have that guarantee as well. (CSO 2)

It's really important for kids to have stable housing. It can cause a lot of issues in terms of instability. It could mean they're changing schools all the time, they're

constantly having to change communities and not have that network around them and not be monitored in the community. So it is really important that we can help, that we can keep kids stable in a home. (CSO 4)

The ability for KFT to provide families with housing was thus seen as a very strong benefit of the pilot from a child safety perspective.

As well as the benefits of providing families with safe and secure housing, CSOs also foregrounded the benefits of KFT's holistic style of support. In particular, they discussed the importance of KFT support being flexible and tailored to the families' needs, as this allowed the pilot to respond to and support families in ways that child protection services were unable to. For example, when discussing a KFT family support worker's offer to be part of a families' safety plan and provide support on weekends, CSO 1 said:

That kind of stuff, that's innovative. And Child Safety, we can't do that. But they can do that and be flexible and pull different things in. So that's the kind of thing you want. At the end of the day, Child Safety, we're a rigid service. And, I guess, so is Housing to some degree. But you always need to work with a service that is able to be flexible and work outside the box, because that's what families need and that's what they want. And the way that we get better outcomes is to be able to access that. So I think by being under Micah, they've got access to so many different programs. (CSO 1)

Other CSOs similarly highlight the ability of the KFT pilot to provide families with a wide range of flexible support options to meet the myriad needs that often underpin child protection concerns:

But what I think the program does uniquely is to help support in more of a holistic way, rather than just specifying on that stability for housing, which I think then that whole wraparound support, overwhelming parents with too many support services, it's just that one go-to place, which I think is fantastic. (CSO 2)

I guess, what the program helps us with, is that we know that there's that pretty intensive support with people going into the home and ongoing support around keeping the housing and planning for more permanent housing and helping out with any other issues, as well as other community services that they're linked in with. (CSO 3)

As previously demonstrated in Section 5.2, the provision of such intensive and ongoing support was raised by CSOs as a core consideration that influenced their assessments of family risk factors and, in many cases, directly informed the decision that a family's child protection case could be closed. This is a significant finding. It shows that engagement with the KFT pilot is assessed by CSOs as a resource that minimises the risk of harm to children, and thus negates the necessity of statutory child protection intervention.

Building relationships with families

Another positive aspect of the pilot identified by CSOs was the productive relationships between the KFT family support workers and the families. Families, too, spoke of their bonds with their KFT family

support workers, and they explained how these relationships were important for their engagement in the pilot. For example:

The way they sit down with you, the way they talk to you, they didn't make you feel uncomfortable. I can't say workers or something, but more like family … I don't have a lot of people I trust in my life. I don't have friends … It's just to have that friend and family that you can talk to, that can understand you. It's so good. You know? And they have been that. (Family 1)

She talks to me about everything, and I can be so open and honest with her. It's great to have someone I can tell, "I feel like relapsing." She goes, "Okay. Well, let's work on that." And that's something I haven't really had before. (Family 15)

They're all very relatable, nice, and caring … I feel like when I'm talking to [the family support workers], I don't know, they're genuine. They're not really worried about my past, all of my dirty laundry or anything. They're just there to help and they just want to help. And yeah, I like that. (Family 16)

In terms of the benefits of such relationships from a child protection perspective, several CSOs spoke about the importance of families having someone they can trust to talk about challenges they may be experiencing. Families are often hesitant to confide in their CSOs when they are experiencing certain challenges, as they are concerned that this might lead to further intervention. Unfortunately, however, this also means that families may not be receiving all of the support they need; it likewise undermines the opportunities for families to fully understand the nature of the child protection concerns, and thus understand what they need to do to address the concerns. Through the KFT pilot, families have been able to develop positive and trusting relationships with their KFT family support workers, which has enabled KFT to provide support that CSOs alone may not have been able to provide. As two CSOs explain:

If parents have any kind of worries … then they're scared to tell us because they think that we're going to remove their children. … when you take out that mandatory component and they feel safe enough to maybe explore their worries or their concerns around parenting or around their drug use or around the reason why they're triggered to use their drugs, then they use the drugs and exacerbate their mental health, or they're self-medicating because of the DV, whatever it is, they could make disclosures to a worker. And I'm not saying "disclosures" so that we can then go in there and do whatever. It's more around if they make these disclosures then it can be open and honest about what's happening in that world. I see that as reducing the risk because that worker then can work with them around that. (CSO 1)

[The KFT family support worker] actually developed a bit of a different relationship with that family now, because obviously, from our point of view, they're a bit standoffish, as you would be, because we're Child Safety … There's been a couple of occasions where I think [the mum is] a bit nervous to disclose some things, worrying that, rightly so, it might fall back on her. But just not understanding our role. Because it sounds very scary, our role ... And I think she

knows that [the KFT family support worker] is there, or the Keeping Families Together organisation, is there purely to support her. So she's just more open and honest with her. (CSO 5)

The ability of KFT family support workers to be trusted sources of support for families and collaborate with, but not necessarily report to, CSOs was thus an important feature of the pilot. However, it also raised some challenges around managing CSOs' expectations of the amount of information KFT family support workers were able and willing to share. We address these challenges in more detail in Section 5.5.

5.5   What were the challenges?

Managing expectations

In Section 5.4, we elaborated on the benefits arising from families' relationships with their KFT family support workers and their trust that disclosures made to their support workers would not negatively impact on their child protection intervention. However, these close relationships also came with challenges around managing the expectations of some CSOs regarding the role of the KFT family support workers.

Our interviews suggest that KFT family support workers saw their own role as providing advocacy and support for families. Although KFT family support workers said they were open to sharing information with a family's CSO if the family was happy for them to do so, they strongly felt that it was not their role to monitor or report a family's progress back to the family's CSO. For example:

We're trying to be, I'm not sure what the right word is, like not form a partnership or anything, but just because then they think that we have to report back to them if you give them the wrong idea. But just being really clear that, for the purposes of support, we're interested in sharing information for the best outcome for the family, but not reporting back to Child Safety. (Practitioner 2)

There have been a few CSOs who've raised the comment, do we report back to them? ... We don't, but we're happy to share information to achieve good outcomes for the families. But we're not required to, I guess, provide updates or progress reports to them. (Practitioner 3)

We don't ever share information with Child Safety that we wouldn't already be telling the family that we're sharing, or I don't, in my role, anyway. Because you still want the family to be present throughout that. You don't want to feel like you're pulling strings behind their back. (Practitioner 5)

This view aligned with that of the majority of CSOs, who tended to perceive KFT family support workers as a protective factor in terms of their ability to provide an 'extra set of eyes' on families. For these CSOs, it was enough to know that KFT was involved and was aware of their concerns. They did not appear to expect regular updates from KFT family support workers regarding the progress of the families:

I know it's terrible, but in terms of my role, it also comes down to additional eyes on that child … My expectation would be, as the KFT worker being involved, that

they're aware of the Child Safety risk. They're aware of our worries and our concerns. I certainly don't see it being their role to directly explore those concerns. (CSO 1)

What the program helps us with, is that we know that there's that pretty intensive support with people going into the home and ongoing support around keeping the housing and planning for more permanent housing and helping out with any other issues, as well as other community services that they're linked in with. (CSO 3)

I also think that it's really valuable for us when we know that the teams involved with the families, that they're regularly coming into the home and seeing the kids in the home. So that's really valuable information for us in terms of making that assessment of how safe the kids are and just knowing that the kids are going to be staying in the community's eyes once we do close off an investigation. (CSO 4)

However, while some CSOs valued KFT family support workers for their ability to be there for and support families, others suggested that more formal reporting on families' progress by KFT family support workers was necessary to better inform their decision making. For example:

If I was going to give feedback, I find that I have to be a bit more proactive to getting updates for this family … What they've seen in their observation, any feedback from them in terms of what's working well and what's still worrying them, that helps me to measure that … I would probably [suggest] having workers have set periods of time to be able to review what they're doing with stakeholders, including Child Safety, so that it's set within their service delivery, having those set points, so then that way they can provide that feedback and be prepared for it so that they can talk to what's happening and what needs to happen. (CSO 2)

I've had experiences working with family intervention services that we had a very transparent relationship, we work on goals together, and they give us updates and progress about how the family is doing. My understanding was that [providing updates] weren't actually a part of this service … But without that transparent information sharing, that doesn't work as well as it should because we don't know what's working well, we don't know what they're working on, we don't know what potential hiccup, the roadblocks that come up … I think it's always got to be made clear that if there's any information that comes out that is about the child's safety, that's always going to be shared. (CSO 6)

This suggests that there may be room to clarify the child protection goals and processes of the KFT project to all stakeholders involved, ensuring that the roles of the KFT family support workers are made clear and the benefits of KFT (beyond being an extra source of information for CSOs) are highlighted.

There is a nuanced but significant balance to achieve here. It is critical for the KFT model and family supportive housing moving forward, that the family support worker is separate to and not required to report to the statutory child protection system. This separation, as many CSOs understood, is vital

for ensuring that parents in the project feel safe and empowered to discuss personal issues that they may be reluctant to disclose to statutory authorities. At the same time, it is important that the family support worker can work closely with CSOs. A close working partnership between KFT family support workers and CSO not only enables CSOs to have valuable information to inform their assessment, but also, and significantly, the close partnership enables the family support worker to gain insights into the nature of the child protection concerns and what families are required to do to address the concerns. The partnerships between the CSOs and family support officers must be known to parents, and any information shared between the professionals must be voluntarily consented to by the parents. Consent is critical, as it creates a trusting environment where families are able to receive the most appropriate and informed intervention from both the statutory child protection authority and KFT family support worker. As this study demonstrates, the work that family support workers deliver in the KFT pilot, including their partnerships with CSOs, is associated with children being assessed as having a parent willing and able to protect them and thus the closure of child protection intervention.

It is important to note that the KFT family support workers will report child protection concerns if they assess that there is a child at risk of harm or neglect. Family support workers are committed to the safety and wellbeing of the children (by definition of their role), and if the necessity to report concerns of child safety arise, they will work with families so that the connection is maintained. The worker's goal is to support parents to communicate to CSOs about their progress in a safe and confident way and when appropriate advocate about the efforts parents are engaged in.

Limited capacity

Another key challenge raised by CSOs regarding KFT's ability to facilitate positive child protection outcomes was the limited number of families it was able to house and provide intensive support to. Indeed, the majority of the CSOs we spoke to felt that the pilot was so helpful that, when asked what they would like to see changed, most responded with a desire to see the pilot expanded, both in terms of its location and its intake capacity. For example:

I think that this program, what we've seen, and certainly what I've seen in IPA [intervention with parental agreement] is that we're always emailing … asking does she have any vacancies, can we do referrals. And I think the last information I got was that they weren't sure if they were being refunded. And so we had a big talk here around like, "That's ridiculous. This is a service that a lot of the families in our team at the moment are involved with." And I've also been emailing the service manager to see if this program exists in the Gold Coast. (CSO 1)

Well, I think the major issue would be the fact that it's just a pilot project, so the question of whether or not it's to be extended, I'd say, would be something that I would still recommend, having the program continued. I know there was only 20 spots in the program, which, again, is good for a project, but obviously if you could extend that to be able to maximise more referrals for families, that would be fantastic. (CSO 2)

I guess one of the things that we would like to know is how to refer families to this program. I'm not too sure what the wait lists are like and things like that, but I

think it is a really great program and we'd love to be able to refer more of our families to it. (CSO 4)

The recommendations from CSOs that the pilot not only be continued, but also expanded, strongly indicate the value that they see the KFT pilot represents in families' lives.

5.6   Key findings and recommendations

ADDRESSING SERVICE GAPS	**Key finding:** KFT is seen by CSOs as filling a gap in the service system, due to its ability to provide families with access to secure housing as well as holistic supports.
	Recommendation: Moving forward, the Queensland Government should fund KFT to expand its capacity to allow the project to support a greater number of families experiencing multiple vulnerabilities. A specific project with an indigenous managed housing and family support service would be valuable to the reduction of babies and young children in out of home care.

FACILITATING COMMUNICATION	**Key finding:** The separation of KFT from statutory authorities such as child protective services helped facilitate open communication between families and CSOs.
	Recommendation: KFT family support workers should continue to build rapport with families and support families' engagement and communication with CSOs.

IMPROVING UNDERSTANDING	**Key finding:** KFT support workers played a key role in helping families understand child protection concerns and providing the resources and supports families required to respond to said concerns.
	Recommendation: KFT support workers should continue to work with families and their CSOs to understand families' changing needs and respond accordingly whilst also being fully informed about child protection concerns.

REDUCING INTERVENTIONS	**Key finding:** Families in KFT reduced their interventions with the child protection system.
	Recommendation: CSOs should view KFT and similar SHF projects as resources that can reduce child protection harms and child protection interventions. The Department of Children, Youth Justice and Multicultural Affairs should consider further evaluation of this project to examine the ongoing benefit to children, parents, and CSOs, including a specific Indigenous managed initiative. We recommend research that includes analysis of the cost of child protection interventions (including the cost of out of home care) comparative to the cost of housing subsidy and family support.

INFORMING DECISIONS	**Key finding:** KFT demonstrated the benefits of partnership and service coordination between housing, family support, and child protection. This acted as a significant protective factor in CSOs' assessments of risk and assisted their decision-making regarding child protection interventions.
	Recommendation: The Department of Communities, Housing, Digital Economy and the Arts explore partnerships with Department of Children, Youth Justice and Multicultural Affairs to further scale up models of supportive housing as a resource to enhance the capacity of CSOs to assess risk and protective factors.

6. FAMILY STABILITY FINDINGS

> *It teached me to get up, to do something about it instead of walking away from it, which is what I've done all my life … I can't walk away today, I have a beautiful life that is counting on me. It just showed me that, yep, be a woman and get up. This is your life and her life, especially her life, and do something about it.*
>
> *It was the first thing that I've actually done something about in my life.*
>
> **- Family 1**

6.1 Introduction

In this chapter, we examine the stability of families in the KFT pilot. We begin by discussing the processes involved in helping the families involved in KFT improve their life circumstances. Once again drawing on a combination of interview, questionnaire, and administrative data, we then explore the changes families have experienced in child development, parenting skills, feelings of safety and stability, and feelings of self-confidence. Our analysis demonstrates that changes across these domains have been overwhelmingly positive. In particular, we find the delivery of the Parents as Teachers (PAT) program to be a key factor in helping parents to understand and engage with their children's development, and cultivate a greater sense of confidence in their parenting skills. However, challenges such as difficulties ensuring support is intensive without being intrusive and uncertainties regarding pathways out of the pilot were raised as challenges that may hinder families' achievement of positive outcomes. We conclude the chapter with a set of recommendations for how KFT service delivery can be strengthened to ensure families are able to maximise their potential to achieve positive stability and development outcomes.

In this chapter, we ask…

- How did KFT work with families to improve stability and promote childhood development?

- What were families' stability experiences and outcomes?

- Which aspects of KFT support worked well?

- What were the challenges?

6.2 How did KFT work with families to improve family stability?

Administering assessments

At the beginning of each family's tenancy, KFT family support workers from Micah Projects worked with the families to complete a range of baseline assessments. These included the VI-SPDAT, Full SPDAT, Ages and Stages, Where am I at?, KFT Review, and AIHW Reporting assessments (see Table 3). These baseline assessments were conducted to help Micah Projects to identify the needs of families and more effectively target their provision of support. Indeed, a core principle of the KFT

pilot was to provide families with support services that were able to address their self-identified needs. Periodically throughout families' time in the pilot, follow-up assessments were conducted to monitor developments in circumstances and changes in support needs. Again, this data was used by KFT family support workers to orient their provision of support and ensure families' changing needs were being met.

Table 3. *Family assessments*

Assessment	Description	Timepoints
VI-SPDAT	A screening assessment used to identify demographic information and assess vulnerabilities and required interventions.	Baseline
Full SPDAT	An assessment used to monitor vulnerability throughout the pilot, including factors related to wellness, risks, and daily functioning.	Baseline 6 months
Where am I at?	An assessment used to understand tenants' self-perceptions of their parenting capacity and identify areas that require support.	Baseline 4, 8, 12 months
Ages and Stages	An assessment used to assess children against developmental milestones, to monitor change and identify areas requiring support.	Baseline 4, 8, 12 months
KFT Review	An assessment used to monitor families' interactions with child protection and identify changes in support needs during the pilot.	Baseline 4, 8, 12 months
AIHW Reporting	An assessment that captures major changes in families' lives and records the forms of support being provided through the pilot.	Baseline Monthly

Home visits

Family support was provided by KFT family support workers during regular home visits with each family. The aim of these visits was to provide a holistic supportive response to families, with a particular focus on (1) the risks to housing, including rent arrears and neighbourhood disputes (see Chapter 4); (2) child protection risks; and (3) family stability and child wellbeing needs and concerns, including wellbeing, health, and education. KFT family support workers also actively linked families into their local communities, including by connecting them with universal and specialist services in the community, such as general practitioners, child health facilities, childcare, and schools.

KFT family support workers had the aim of visiting all families weekly, although in practice this varied considerably according to the needs and level of engagement of each family. Some families required multiple visits per week, particularly when they first entered the program or were experiencing periods of crisis. Other families were less engaged and/or required less attention. During home visits, support workers provided a range of intensive support services, guided in part by the information gathered through the family assessments, and in part by the changing needs of the families. Some examples of the type of support provided include help with filling in forms; getting to medical appointments; enrolling in TAFE; enrolling children into school or day care; Centrelink; parenting and child development; accessing outside services (e.g., dentist, food bank, legal support, alcohol/drug support) as well as supervising visitation with children in out of home care.

Parents as Teachers program

As well as providing general support for families, KFT family support workers also delivered a program called Parents as Teachers (PAT). PAT is a strengths-based program developed in the United States that aims to help parents foster their children's emotional and cognitive development, and gain the sense of control, autonomy, and confidence required to achieve longer term life

improvements (Lahti et al., 2019). PAT takes a play-based approach and includes worksheets and folders with information and activities that parents can keep and refer back to. The topics covered in PAT sessions can vary depending on parents' needs at the time and the parenting challenges they experience. Prior to engaging families in PAT, KFT family support workers completed a 3-day training course and were provided access to an online PAT curriculum.

Where initially the goal was for KFT family support workers to provide PAT to families every second week and general family support visits every other week, workers found that many families required a considerable amount of general support to become stable in their tenancy and begin addressing some of the challenges they were facing. The magnitude of work and the priority to support families to stabilise in their housing meant that there was limited capacity to engage with PAT, particularly at the beginning of their tenancies or when experiencing periods of crisis. Priority was thus given to providing families with general support, and PAT was introduced to families on an *ad hoc* basis when they felt ready to engage. This is also a feature of the timeline for the pilot. The learning is that we need to establish housing knowledge and practical supports in the first 3 to 6 months alongside the personal needs of the parent or parent and partners. Once this work is established and routines developed the introduction of PAT as a component of home visiting was possible

6.3   What were families' stability experiences and outcomes?

Parent experiences and outcomes

Families in the pilot reported a range of positive experiences and outcomes during their time in the pilot. As Figure 9 shows, throughout their time in the KFT pilot, parents reported: improved feelings of safety and stability in their housing; reduced control by their partner; reduced fear of family; and increased feelings of safety in their relationship.

Figure 9. *Feelings of safety and stability over time*
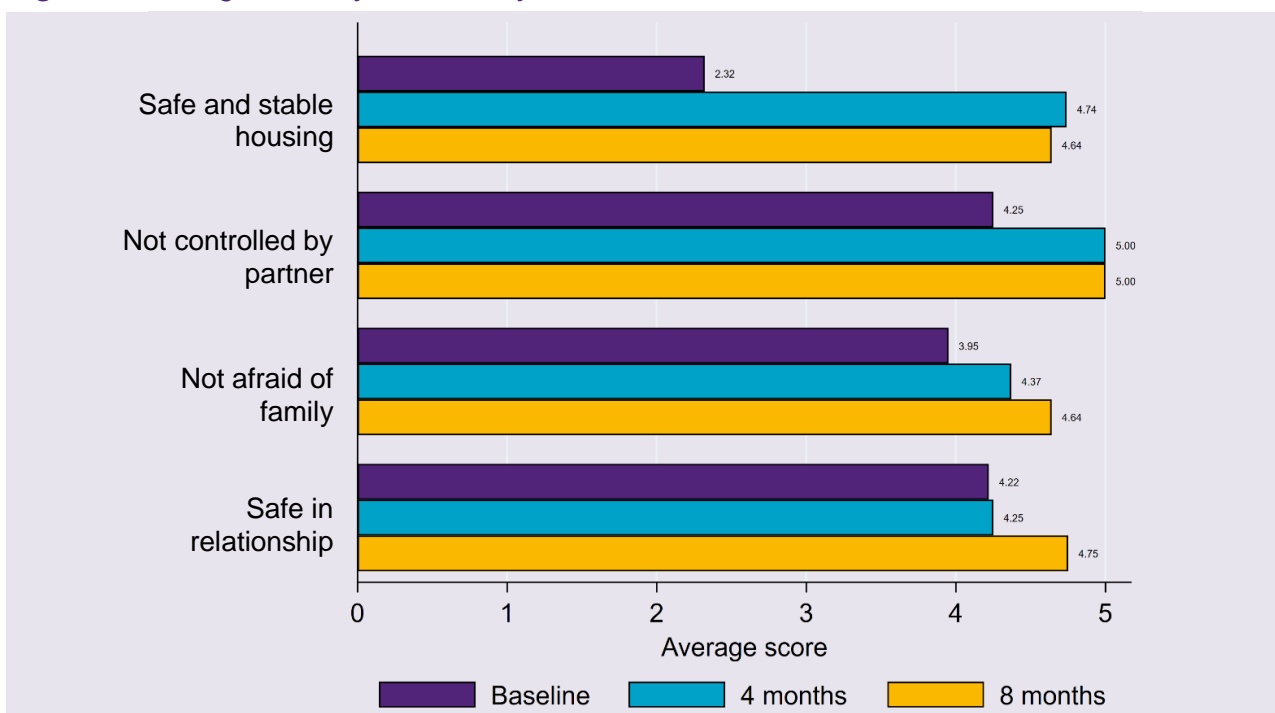
Source: Where am I at?
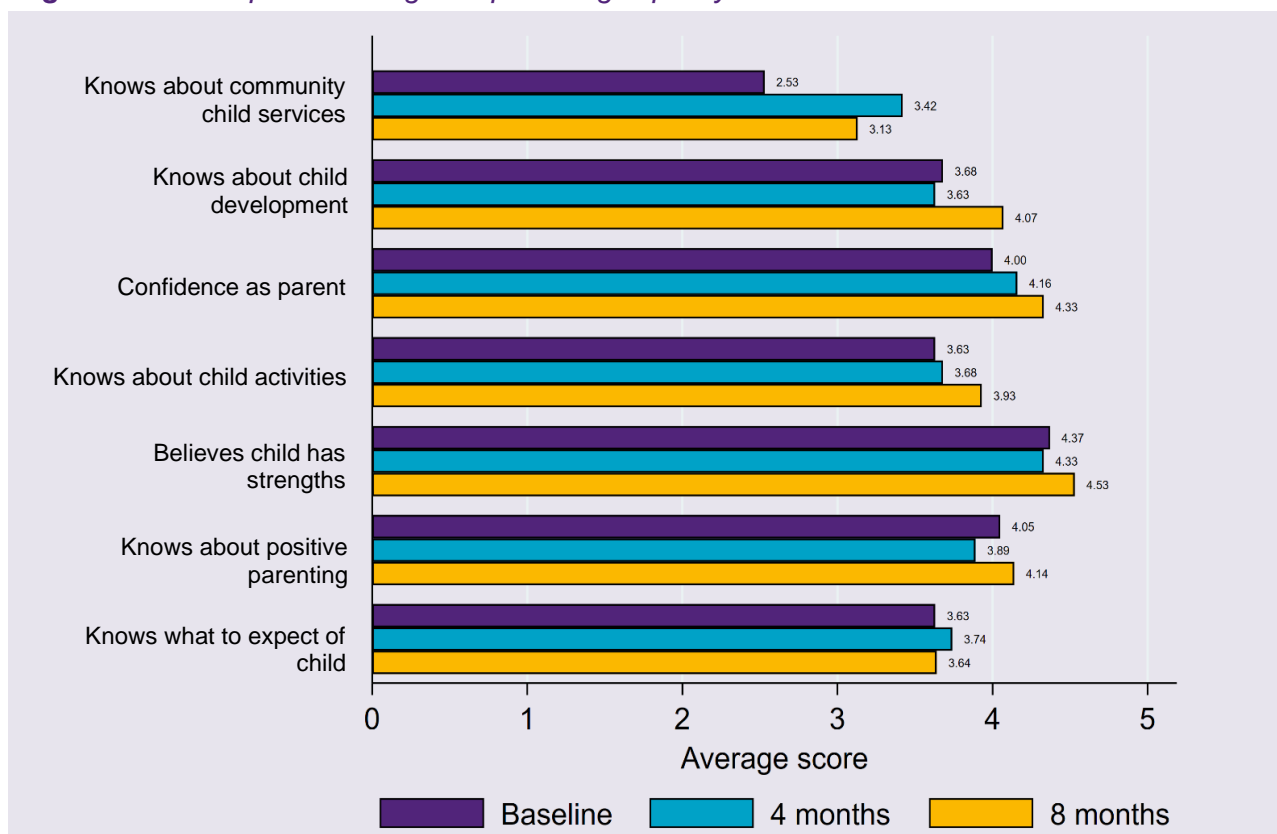*Notes:* Possible responses range from 0 (Not at all) to 5 (An extreme amount).

The improved safety and stability indicated in the self-report measures presented in Figure 9 were corroborated with qualitive data from not only the interviews with families, but also the in-depth interviews with practitioners and CSOs. For example:

> *It didn't even take long before my life started again. And everything that I'd hoped for my baby to have, it happened ... Just to have her, focus on her and not have to be stressed and worried, and having this accommodation, everything just fell into place. (Family 1)*

> *When we first met her, she was this escalated little thing that just couldn't concentrate for five seconds on one thing and would forget everything, to actually being fairly organised and mostly remembering when she needed to do things … And she said that being in her own space where she can say who can or can't be there and having that stillness and not having to please someone when she is in that space, allowed her to actually start to have those kinds of processes. (Practitioner 4)*

> *It's about these workers coming in and building these connections and these relationships with these families where they can sit and actually breathe a little bit and actually go through these books and actually learn. Because that's what it's about. It's about getting them to a space where they can breathe enough to take in this information that then they can be a better parent, so then that reduces the risk to children. (CSO 1)*

Figure 10. *Self-reported changes in parenting capacity over time*

Source: Where am I at?
Notes: Possible responses range from 0 (Not at all) to 5 (An extreme amount).

Feeling of safety and stability were commonly linked by interviewees to parents' ability to better engage with and parent their children. As Figure 10 shows, parents report overarching improvements in their parenting knowledge and confidence during their time in the project.

Child experiences and outcomes

In addition to the positive child protection outcomes children experienced throughout KFT (as discussed in Section 5.3), children also experienced positive outcomes relating to engagement with education (Figure 11) and some developmental areas (Figure 12).

Figure 11. School attendance over time
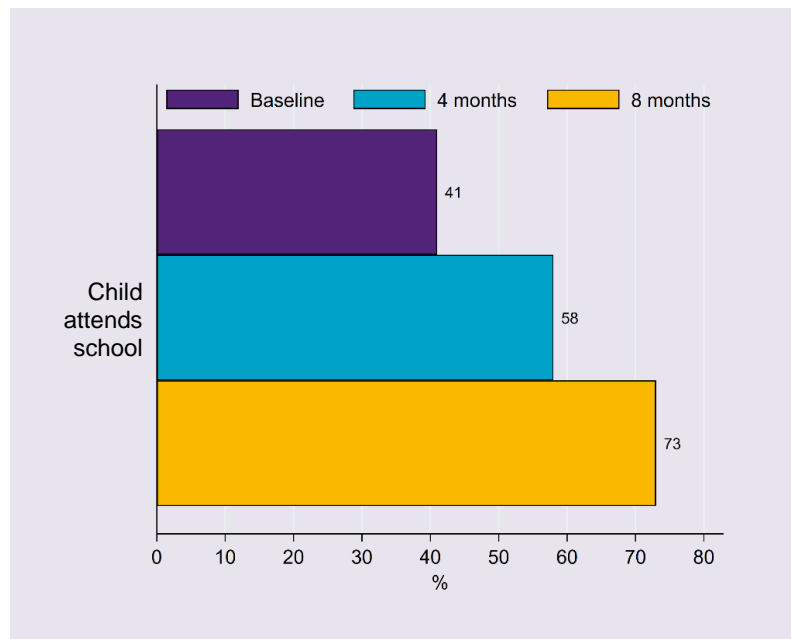
Source: KFT Review Data

Families and practitioners alike discussed the benefits of KFT for helping children feel settled and engage in routines and early childhood education.

Figure 12. Child development scores over time

Source: Ages and Stages Data

We're already noticing that the children are a lot more settled than when we first met them. So that's been really nice. (Practitioner 3)

And what I've found with families that were couch surfing and very transient before, that often their kids were very delayed in fine and gross motor skills ... And almost immediately upon being housed, own house, own things, the pare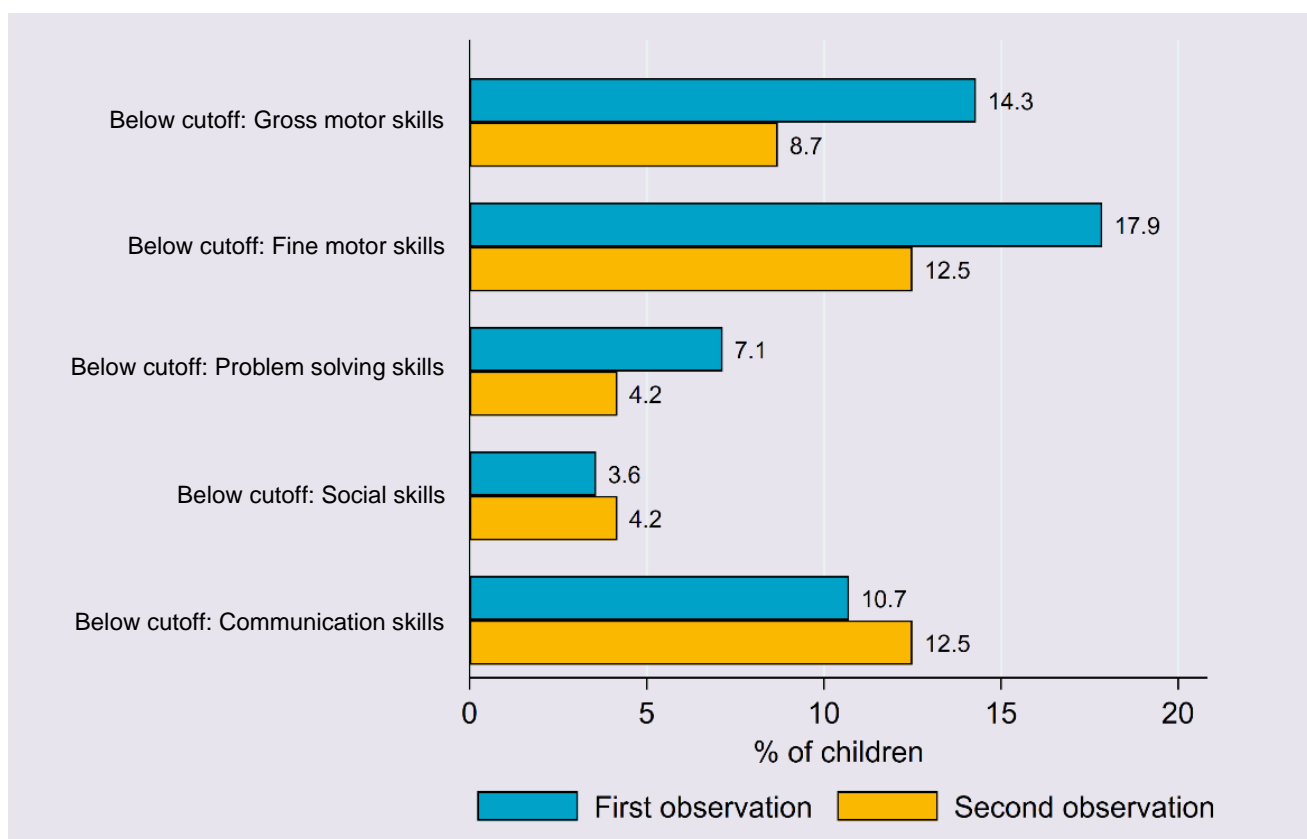nts were able to just let them go, they explored … So, they have come a long, really far way with the motor skills. (Practitioner 4)

My son has a good routine. He has his own room. He's never had his own room … And he loves having his own room, his own bed … He's thriving ... He loves his day care, he loves his home. (Family 2)

They're in day care. My three-year-old is in day care four days a week and my baby is only in two days. But they get what they need at day care. (Family 3)

The benefits of KFT thus extended beyond its ability to provide families with secure housing and reduce families' involvement in the child protection system. It also enabled families to find the stability required to move forward with their lives. Of course, a clear finding identified in this research from the triangulated data sources is how the interaction of resources creates the conditions for families to realise interdependent life improvements. Underpinned by the access to and sustainment of safe and affordable housing, family stability reduces child protection intervention, and enhanced stability in concert with the support of KFT family support workers enables parents to meet their children's need for care and protection.

6.4 Which aspects of KFT support worked well?

Providing tailored and flexible support

Our interviews with families suggest that they appreciated the freedom to use their time with their family support workers to work on achieving goals that were important to them. Most of them liked the frequency of the visits and having someone to check in on them regularly. For example:

They just check up on you, they just see where they can help … all of that kind of stuff comes in real handy when you're a young, single mother, this is the first time living by yourself. You know? (Family 2)

They help me. Like first they come in, even if I don't need any help, they come in and check-in on how I'm doing, how bub's doing and everything, and if I need assistance with something they can also help me with that. (Family 6)

The girls, they come around quite often and they're very supportive of what I need or anything like that … they come around and they ask how I'm going and how the kids are, if there's anything I need help with … We talk about everything and anything. And anything that comes up, they help with. (Family 14)

They're on-call pretty much all the time … usually on the weekends is when I feel my lowest because I'm not around people. I just stay at my place and so she'll come and see me and make sure I'm all right and that. (Family 16)

For areas where family support workers are not able to provide direct support (e.g., legal advice, medical issues), they have been able to link families to external services. For example:

> *She's helped me with organisations that can give me food. Yeah, she's helped quite a bit in trying to navigate our life. (Family 2)*

> *When it comes to needing help with food and stuff, they point me in the right direction. You know what I mean? Legal stuff, she's helped point me in the right directions that I needed to go. (Family 10)*

> *[My family support worker] actually gave me a lawyer to call and helped with the DVO, so that was great. (Family 15)*

The practices of family support workers providing client led services that are directly speaking to the priorities of families is recognised in the literature as producing both rapport and effective outcomes (Epley et al., 2010). Our interviews with CSOs also illustrate how they assess the tailored intervention provided by KFT family support workers as highly desirable to meet the needs of families that have implications for child protection.

> *All the families that we meet with need support. And if we can get access for them to have intensive support [from Micah], that's done in a different way. And I guess what I would say, if I'm not speaking outside of school, is that when we work with FIS [Family Intervention Service], we have to work within their parameters as well. So if the family isn't engaging, then they'll drop the family, then we have to go to all these meetings, then we have to do all this working. With KFT it's different. It's just a lot more flexible. (CSO 1)*

> *Absolutely that worker is supportive and, in that way, supports the parents' need to not be overwhelmed by a number of services … In the case of the family that I've got, we've got parental mental health concerns, we've got parental substance misuse concerns. There were concerns in regards to child development as well. And the worker from there is supporting the mother in that aspect, was able to identify an appropriate psychologist, which the mother can access at limited cost, so it's not going to impact on her budgeting. (CSO 2)*

> *I think, from what I understand, is it seems to be a pretty holistic service … the families I've worked with, the service has been able to be pretty flexible in terms of what the families need. So in terms of helping out, getting kids back into school if they've moved, and providing some parenting support along the way, that's been really helpful. And then they've been able to identify if there's any gaps where other services might need to become involved. (CSO 4)*

As explained before, the support provided by KFT family support workers was seen by families and CSOs as both valuable, and as a unique aspect of the pilot.

Delivering the Parents as Teachers program

Similar to KFT's provision of general family support, its delivery of PAT was overwhelmingly considered useful by the majority of families who had engaged in it. Parents particularly liked the

interactive nature of PAT, as well as the practical parenting strategies it provided to them. When asked about their experiences with PAT, parents responded:

> *They have given me lot of things, yes. Every time that they come, they had some things to guide me through. They copied all the information and what I needed and all the stories and nursery rhymes. (Family 1)*

> *It's learning for the child, interactive learning, but it's like a fun activity. Yes. So, they barely know that you're learning, because it's a fun activity and you just sit and play and interact with the child and they … would give advice. If you have issues with, say, for example, I was worried about him eating, and we would just go over it and she would print out things that I could follow and all of that kind of stuff. Yeah, that's what the PAT sessions involved. How we can improve the mother-child, child-mother relationship. (Family 2)*

> *My kids always look forward to seeing them. They're always coming around and they're always happy to see the girls when they come. Yeah, so they love them. [My family support worker is] really interactive with [my son]. I like seeing that really interactive type style and she's great with him. So it's good to see that she interacts and doesn't just ignore him and she doesn't just focus on me. She attends to all of us. (Family 14)*

For some of the families who had not yet had a chance to engage with PAT at the time of their interview due to other, more pressing matters they needed support with, PAT was raised as something they would be interested in engaging with when they have the capacity. This can be seen in the following quotes:

> *Oh, frigging oath. I'm keen for a parenting course. (Family 10)*

> *Yeah, I wouldn't mind. Something different, something new. (Family 5)*

For families, then, PAT was seen as a positive and useful form of support.

CSOs also noted the benefits of PAT and how it positively impacted on mothers' engagement with parenting:

> *I think that she's even piggybacked on from the learning that they've given her and kind of gone to research about child development and those kinds of things. She has a folder that she's been given and that she can revert back to that folder, and she takes that folder around with her ... if we can see that that parent is able to implement and have insight into child development, their parenting capacity, building on their parenting capacity, I mean, that then reduces the risks that we have. (CSO 1)*

> *They supported contact with Mum and with bub. And, as well, we were able to bring that into the home. So what they did, which I thought was brilliant, we were able to get Mum in the home with baby, and then Micah would be doing a bit of role modelling and a bit of parenting skills. (CSO 7)*

PAT was seen as a highly beneficial aspect of KFT, both in terms of its ability to support families' parenting skills and to reduce risks around child protection.

Practitioners also underscored how PAT delivery helped the KFT family support workers build relationships with the families and encourage them to share some of the challenges they faced:

> *And I think the PAT's really good for that as well because it's so soft entry and it's focused on the child. And then what we've found is that, well, for the majority of families, that if you start with PAT, it's a really good way to develop that relationship and develop that trust. (Practitioner 2)*

> *We're the play ladies. … We come once a week and we play and we bring stuff and we sit down, and they start to really develop that relationship with you. And it's about the children because it's confronting to think that there's something wrong with me, as the adult … No one wants that. (Practitioner 4)*

> *So, I'll go out and do PAT and, usually at the end, check-in how everything else is going, if they need support with anything like that. Or it'll come up during PAT, because you talk about family wellbeing and, "What's been happening with you?" It's like, "Oh well, let's do a referral," or, "Let me look into this for you. Let me do some research." So, it comes up quite authentically through PAT as well. (Practitioner 6)*

As such, the benefits of PAT went well beyond helping parents develop their parenting skills and provided a means through which family support workers were able to engage and build relationships with KFT families in a less formal way.

Providing opportunities

Throughout our interviews with KFT families, many spoke about the program being able to 'open doors' for them and helping them access opportunities they may not have otherwise had access to. For example:

> *They open all the doors that have been closed for so long … Now I'm back to myself, my daughter's growing up, I'm starting a course, my partner's working through things together, and my life, yeah, it's better because of this. … if I leave this place and this program, I'll be feeling healthier and happier and pride. (Family 1)*

> *She's really opened opportunities for me. (Family 2)*

> *The program itself, I think it's brilliant. I honestly do. It gives a lot of families a chance, you know what I mean, to either change their lifestyles or realise that there is help out there, you've just got to look for it. (Family 10)*

Some of the opportunities provided by KFT related to education and employment, with a few parents talking specifically about how the program helped them to enrol in education or find employment.

> *I've been sort of trying to start at college and get everything together while I have the place and feeling good about myself. (Family 1)*

They actually helped me get into TAFE as well. (Family 2)

I got a job at Woolworths … one of my [KFT] ladies is actually my reference. (Family 9)

Practitioners also talked about education and employment as key goals that many families hoped to work towards while they were participating in the pilot:

Some of them have become stable enough that they've explored what they have, kind of goals in life. For example, finishing their high school, doing certificates through TAFE, we've got two, they're working towards being able to go to uni, they want to become nurses … they can probably manage all of this now with the support. (Practitioner 4)

One is employed, one is in training at TAFE … I'd probably say half of the families really want to get employment. Some are just like, "I don't care if I go and work at KFC." There's that desire to have their own independence. That seems quite strong, like a strong theme in the families that I support. (Practitioner 5)

As well as opening opportunities for families, throughout the family and practitioner interviews there was a sense that the pilot has helped them to improve their self-esteem and belief in their own capability.

After I fixed it, it just felt so good. I couldn't believe until now. It still keeps coming back to me. I can't believe I've done it. I could have done that this whole time. (Family 1)

And the support has been great and I asked for the DVO. I wouldn't even have the guts to do any of what you are telling me about myself, especially with my family ... It gave me a bit of a boost to like, "I can do this". (Family 15)

Knowing if we just work on your parenting and child development and talk about your engagement with that, that shows your ability. We already think you're able to do it. You already are doing it. (Practitioner 6)

KFT thus not only opens opportunities to families, it helps support them in gaining the skills and confidence necessary to make the most of those opportunities. The provision of safe and affordable housing is critical, as it creates the home environment where parents can assume control over their day-to-day routines. Similarly, and as hinted from the remarks of parents above, the mode of engagement, particularly the PAT approach, positions parents as component and therefore recognising the opportunities they have to actively look forward to.

6.5   What were the challenges?

Intrusiveness of support

Although most families liked having frequent support visits and check-ins, for some, at times the support could also be felt as too invasive and families wanted a bit of space. Workers also found some families particularly hard to contact and engage in support, and some workers and families spoke of the difficulties of having regular support visits when their lives were so chaotic.

There are some participants who will be quite evasive and have made it quite clear that they're not really wanting the support. So we've had to be quite insistent and say, "Well, you've agreed to this support." (Practitioner 3)

She sort of helped us, but I was getting to the point like, "Get it." My kids needed updates and whatnot. And it's just like, I didn't want her to be there every day of the week, which I was struggling. (Family 13)

Some families recognised that they were difficult to engage, but put it down to now being stable and happy enough to make plans to go out and do things:

I actually, like I said, having the home and feeling good about myself that I've been going and visiting, going to things and doing so many things, and then I had a dental problem. I feel like I've got something right, and then there was something else coming, whether it's the tooth or something, that I can't actually make all the times that I'm supposed to be meeting. (Family 1)

They always do the meetings. I always cancel because I'm always busy. Because I do stuff with my boyfriend's family. (Family 4)

An additional challenge was finding time to complete all of the assessments with each family at each relevant time point. Some of the families mentioned the assessments as being helpful:

[My family support worker] came out the other week and she did a little assessment on [my daughter] and it just made me feel a lot more reassured that [my daughter] was progressing in the way that she should be. (Family 14)

However, practitioners raised the difficulties involved in completing all of the assessments, and suggested that it takes up a lot of time that could otherwise be spent working towards family goals. This problem is also identified in the literature. Kingsley et al. (2018), for example, found that attempts to complete assessments with 20 families in a housing program at three separate time points was unfeasible, and the burden on participants resulted in approx. 80% cancellation rate.

The multiple assessments used in the KFT represent significant progress. They are informed by evidence, and they do indeed represent one important means to ensure that practice is specifically targeted to the areas that families want and need. As the KFT pilot is scaled up and extended (Chapter 7), it will be important to continue to use assessment tools and data collection methods that are purposefully directed toward clear objectives. It will be likewise important to demonstrate to families how the assessment tools and data collection are of benefit to them.

Uncertain pathways out of KFT

The KFT pilot was originally established with a 12-month time frame. While there was hope that it would be extended, there was a distinct lack of clarity around what would happen to families once the project ended. There was also the question of whether a funding rollover would mean families could stay in the pilot for longer, or if they would still be transitioned out and replaced with new families. When asked what happens at the end of the 12 months, practitioners responded:

I'm not too sure what's going to happen at the end at this stage, because obviously we've got families that are still moving in now, and so their tenancy will end in November next year. But I think our funding is only up until July next year. (Practitioner 2)

So it will be definitely for the 12 months, but then we could refer them into - I sort of have thought about this recently, because I don't know myself, but I would think that we would refer them into other support services and we would start working with new families when a family reaches the end of their tenancy. I'm not too sure. (Practitioner 3)

No one knows. What we tell them is that coming on the program does not take you off the list for public housing. So the worst case scenario, if we don't hear about being refunded, you will go into public housing, but with no support. (Practitioner 4)

The lack of certainty regarding the length of the pilot and whether funding would be extended was a cause of stress both for families and for workers. Families spoke a lot about how they did not know what was going to happen:

They can't give me any clarity. They're like, "Maybe we might get this refunded and you might be able to have another year where you're at or we'll try and get you into a public housing" … I don't want to be a single mum stressing, "Oh, I don't know where I'm going to go." (Family 2)

I know it's government funded and that, and they were saying that it might not continue after 12 months, and, to be honest, I'll be actually sad to see them if they don't. (Family 3)

I don't know how it will work. That's what I was speaking to [my family support worker] about today. Because normally, they would help me to get into a Department of Housing house, but I think it just depends on what I can and can't afford. (Family 14)

Practitioners also spoke of the stress families were feeling regarding the end of their tenancies:

And I imagine that the closer we get to the end date, if we don't hear, that that will impact on the mindset of some of the parents because some of them have become stable enough that they've explored what they have, kind of goals in life. (Practitioner 4)

People finally have stability, their kids are actually in good day cares, they're actually getting support, that sense of community, and then it's creeping up and no one knows what's happening. I mean, we reassure them that we'll work hard for them to get another property, but that's not a reassurance enough. So yeah, anxiety is a pretty big factor. (Practitioner 5)

That's exactly the same process that a family would go through of, "Well, this is only 12 months. Well, what's going to happen to my housing? I'm at the six month

mark. Oh, I'm just going to end up homeless anyway." I definitely think it causes that anxiety. (Practitioner 8)

Again, this is not an issue unique to KFT. KFT was funded by government as a pilot initiative, and continuation of funding (or not) forms part of large government agreements, often State and Commonwealth partnerships, that are unpredictable and often precarious. However, it is an issue that requires attention given the potential impact it has to undermine families' feelings of stability, and in turn limit the potential benefits of providing families with supportive housing. It is critical that the length of time that a family is eligible to stay in supportive housing is determined by the family's needs, as opposed to arbitrary time limits. In the week prior to the submission of this report, the research team learnt that there had been a commitment to refund the pilot. The continued funding not only represents a resource to continue supporting the existing families in the pilot, but it also provides an opportunity to examine how a sustainable and family-led pathway to affordable housing can occur where the benefits to the participating families persist after their exit.

6.6   Key findings and recommendations

| ADDRESSING NEEDS | **Key finding:** Flexible support and the delivery of the Parents as Teachers program were important aspects of KFT that contributed to successful family outcomes. |
| | **Recommendation:** It is critical that KFT support workers continue to engage closely with families to ensure the support provided fully aligns with families' self-identified needs and priorities. |

| PRIORITISING NEEDS | **Key finding:** The majority of families in the KFT pilot had recently left violent and traumatic situations and therefore had a range of complex and critical needs. |
| | **Recommendation:** Micah Projects should continue to prioritise critical needs for immediate support, with long-term supportive family interventions provided subsequently. |

| MAXIMISING STABILITY | **Key finding:** Ongoing stability and certainty about access to housing and support is critical to promote long-term outcomes and maximise families' ability to benefit from the resources provided. |
| | **Recommendation:** KFT should be expanded beyond the initial 12-month pilot, particularly the geographical scope, and the exit pathways and expectations should be made clear to families upon their entry. |

| PRIORITISING SCHOOL READINESS | **Key finding:** Children experiences improved attendance at school and improvements in key developmental areas which contributed to school readiness. |
| | **Recommendation:** Moving forward, the project should prioritise providing supportive housing to families with school aged children who are homeless and engaged in the child protection system (or at risk of either). |

7.   SUMMARY AND RECOMMENDATIONS

The major issue would be the fact that it's just a pilot project, so the question of whether or not it's to be extended, I'd say, would be something that I would still recommend, having the program continued. I know there was only 20 spots in the program, which, again, is good for a project, but obviously if you could extend that to be able to maximise more referrals for families, that would be fantastic.

- CSO 2

7.1   Key findings

Drawing on a range of data sources – qualitative and quantitative – along with the perspectives of a diverse range of stakeholders including participating families, the research presented in this report has identified seven key findings. These are:

1. **Families exited homelessness:** The KFT pilot directly enabled families to exit homelessness due to government funded subsidies for rent to access safe and affordable housing. The vast majority of these families, 95%, sustained their housing throughout the pilot. This finding is significant. The data demonstrates the participating families not only experienced barriers to accessing the housing market, they also experienced a range of health and social problems that placed them in the statutory child protection system (or at risk of engagement with the child protection system). The research demonstrates that the KFT pilot does represent a solution to homelessness for families that are characterised as vulnerable.

2. **There are limited pathways out of the KFT pilot**: Both the limited supply of social housing and affordable housing in Brisbane's private rental market represent barriers for families to exit the pilot. The corollary of successfully engaging with families who experience extreme vulnerabilities is that those vulnerabilities will not likely be resolved in the short term. By successfully focusing on marginalised families, which is in line with the KFT vision, it is unlikely that families will desire or be able to enter the private rental sector after 12 months. By design, family supportive housing is not a transitional housing model.

3. **Lack of affordable housing remained a problem:** The head leasing model was effective at accessing housing and enabling families to make immediate exits from homelessness into safe and affordable housing. This model worked well for the participating families during their participation in the pilot. Head leasing private properties, however, does not disrupt the problems with the lack of affordable housing, and limited housing stock at times delayed the KFT pilot's ability to rapidly house families.

4. **Families reduced their child protection intervention:** Participating in KFT was experienced by families and reported by Child Safety Officers to be a direct means to keep children safe and to end/prevent statutory child protection intervention. This is perhaps the

most significant finding of this study into the KFT pilot. In addition to the financial costs that child harms and child protection intervention costs society (Courtney, 1998; Peterson et al., 2018), child abuse and neglect is profoundly detrimental to children and society more broadly, with the deleterious effects lasting throughout the life course (Widom, 2014). The finding that family supportive housing, such as the KFT pilot, can reduce child harm and neglect adds to the body of knowledge about how child protection systems and whole of government services can be transformed (see Section 7.2).

5. **Families reported improved family functioning:** Families who participated in KFT reported improvements in their safety and stability; improved child outcomes, including wellbeing and engagement with school; and greater capacities and confidence in parenting. These perspectives of families were triangulated with the assessments of both statutory and non-statutory service providers who observed enhanced family functioning and reduced family risks and vulnerabilities.

6. **KFT enabled parents to fulfil their parenting aspirations:** Housing and the support provided through KFT enabled people to assume the parental role they had long desired to fulfil. A key contribution of this research is to demonstrate the social and resource basis of what are otherwise considered to be individual factors, such as parenting and harms to children. This research illustrates how the provision of resources and support services through the KFT pilot created the conditions for participants to realise their responsibilities and valued roles as protective and caring parents.

7. **Changes in housing, child protection, and family stability are interdependent:** Although this report has presented as separate the housing, child protection, and family stability circumstances and changes experienced by families, the research illustrates that these are interdependent. Indeed, the circumstances and changes families experienced as they participated in the KFT pilot were driven by the interaction of stable housing with family support. As Chapters 5 and Chapter 6 also demonstrate, families benefited from their work with KFT practitioners on the one hand, and they similarly benefited from KFT practitioners actively working with external stakeholders such as child protection authorities, on the other.

7.2   Recommendations

Reflecting on the above key findings from the Brisbane Keeping Families Together pilot project, here we present eight headline recommendations for moving forward. The recommendations are targeted at the Queensland Government.

1. **Expand the project:** We recommend that the Keeping Families Together pilot is scaled up and expanded across Queensland to support families experiencing multiple vulnerabilities.

2. **Develop supportive housing policy:** We recommend that the Queensland Government, in partnership with the housing and social service system, develop a supportive housing policy. The policy needs to include a vision for Queensland's approach to a diverse set of supportive housing models for families and single people, including single and scattered site models.

3. **Increase social housing supply:** We recommend that the supply of social and affordable housing, along with a range of supportive housing models, be demonstrably increased across

the state. The limited supply of such housing drives homelessness and child protection harms. Limited supply is a significant barrier for both ending homelessness and enabling children to grow up with their families in safe and caring environments.

4. **Diversify supportive housing models:** We recommend that the future scale up and expansion of family supportive housing involves the development of a diverse range of family supportive housing models, so that families with a diversity of needs can be appropriately responded to. This includes families who may require support for only a short period of time. Importantly, all models should be implemented with clear and feasible exit pathways available for families when they identify that they are ready to move on to other forms of housing. A specific allocation of investment to indigenous managed housing and family wellbeing programs is required.

5. **Transform systems:** We recommend that housing, homelessness, domestic violence, and child protection systems are transformed to support families who have child protection risks driven by homelessness. This recommendation reflects the sentiments of the Carmody Report, whereby homelessness is understood to drive entries into the child protection system, and the availability of supportive housing models is a solution to some child protection interventions. As a starting point, we recommend that the Queensland Government develop a system for identifying all families in the child protection system who have risks that are driven by their homelessness/housing status, and to develop a strategy for how they can directly work with supportive housing providers to enable families to exit the child protection system. It is deeply problematic for children and their families to be engaged in the statutory child protection system because of harms that are consequential to their homelessness.

6. **Prioritise (pre)school-age children:** Consistent with Housing First principles, we recommend that families with pre-school and school aged children who are homeless and engaged in the child protection system (or at risk of either) are identified and prioritised for family supportive housing to make immediate exits from homelessness. This is crucial for maintaining bonds between parents and their children, and for promoting school readiness and engagement among young children.

7. **Embed co-design and peer support workers:** We recommend that the future scale up and expansion of family supportive housing in Queensland is directly informed by co-design with families, especially in the design of various supportive housing models. We likewise recommend that peer support workers with lived experiences of homelessness and the child protection system are employed in supportive housing models. The recommendations for co-design and lived experience prioritises the necessity to work with Aboriginal and Torres Strait Islander peoples, including to assess the role of Aboriginal and Torres Strait Islander controlled organisations/communities in designing and operating family supportive housing.

8. **Leverage data and research:** To significantly extend the initial learnings from this study of the KFT pilot, we recommend that the future delivery and expansion of family supportive housing in Queensland is informed by data and rigorous research to drive a continuous improvement agenda. There is a significant opportunity to leverage and link multiple

government and organisational administrative data to run quasi experimental design studies in addition to qualitative research. We recommend a strategically coordinated research program across the state to build an evidence base about what works best in urban, regional, rural, and remote locations; for whom, and under what practice and resource conditions family supportive housing is most (or least) effective and cost efficient.

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