



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA



Keeping Families Together

2023 Study Report

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Acknowledgements	<p>We acknowledge the generosity of the Douglas Family Foundation and Micah Projects in their financial contributions to enable this research.</p> <p>We also acknowledge the contributions of Common Ground Queensland.</p> <p>This research was partially supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025).</p>
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Date prepared	<p>November 2023</p>

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LIST OF ABBREVIATIONS

CSO	Child Safety Officer
DV	Domestic violence
DVO	Domestic violence order
KFT	Keeping Families Together
NDIS	National Disability Insurance Scheme
RTA	Residential Tenancies Authority
SHF	Supportive Housing for Families

CHAPTER 1. INTRODUCTION

1.1 Introduction

Rapidly rising housing costs coupled with growing levels of demand are making it increasingly difficult for low-income families to access housing (valentine et al., 2020). Having a secure and affordable place to live is a critical factor influencing the wellbeing of families and enabling their full participation in society (Karamujic, 2015). As well as negatively impacting on families' social and wellbeing outcomes, being unable to access secure and affordable housing increases the risk of statutory intervention by the child safety system due to its significant impact on parents' ability to care for and protect their children (Dworsky, 2014; Farrell et al., 2012).

Statutory child safety 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 and families' outcomes. Indeed, 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). It is thus critical that state responses enable children to be safe with their families, thus negating the need for out of home care. New models of support and increased resources are needed to reduce child safety intervention and create the conditions for families to access and maintain safe and affordable housing to flourish together.

In recognition of the increasing evidence regarding the significance of housing for family wellbeing, the Keeping Families Together (KFT) program is one such new model of support that aims to enable families to access and sustain secure and affordable housing, and to divert 'at risk' families from involvement with Queensland's child safety system. Funded by the Queensland Government and delivered by Micah Projects (service provider) and Common Ground Queensland (housing provider), KFT was established in July 2020 as a form of supportive housing. The program is funded to provide subsidised housing (head-leased through the private rental market) along with multidisciplinary support to 20 families in the Brisbane region.

Initially, KFT was funded as a pilot program for a period of 12 months. In late 2021 our research team delivered an evaluation of the pilot. This evaluation covered the first eight months of the pilot, and demonstrated its success in numerous areas. In particular, we found that the KFT pilot supported all families to access stable housing, and 95% of families were able to maintain this housing through the first eight months of the program. We also found that 47% of families had children returned to their care, and families experienced significant increases in feelings of safety and stability (Kuskoff et al., 2021). The program was subsequently extended for a period of four years.

Although the success of KFT was clearly demonstrated in our previous evaluation, little is known about the long-term impact of stable and supported housing on family outcomes. To support the continued improvement and adequate resourcing of KFT program delivery in response to evidence-based

research, this report presents the findings of a follow-up evaluation to understand the program's longer-term impact.

1.2 The Keeping Families Together model

What is KFT?

KFT is a supportive housing program for families in the Brisbane area, aiming to enable extremely low-income families to exit homelessness, access and sustain affordable housing, and to disengage from (or avoid engaging with) Queensland's child safety system. The program has capacity to house 20 families at any one time. To participate in the program, families must meet the KFT eligibility criteria outlined in the Queensland Department of Housing funding schedule. Families are 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 are also accepted.

KFT provides a funding model that enables participating families to access secure and affordable housing in the private rental market. Through the provision of a government-funded housing subsidy,

individual properties are head-leased by Common Ground Queensland, which pays market rent for the properties. The properties are then subleased to participating families, who pay rent to Common Ground Queensland at a subsidised rate of 25% of their family income. This means that all families participating in KFT meet the criteria for living in affordable housing (AIHW, 2023). As the head-leaser, Common Ground Queensland is the official tenant of any properties head-leased through the program. 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 alongside real estate agents, and responding to maintenance issues.

Recognising that each family has unique housing needs, each property is head-leased for one specific family. In recognition of the high risk of domestic violence for many KFT families, the women are listed as the primary lease holder, with any male partners listed as approved tenants. Should any relationships dissolve after program entry, this is intended to make it easier for the women to remain in the house and have their (ex-)partner removed.

Common Ground Queensland is funded as the tenancy and property manager to work closely with families and in partnership with Micah Projects to provide ongoing tenancy support for the entirety of families' time in the program. Common Ground Queensland employs a dedicated KFT Tenancy

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

Manager, who supports the families in completing entry condition reports, organising maintenance and repairs, and managing tenancy issues that may lead to a tenancy breach or notice to leave. The Tenancy Manager provides support to families in the program over the phone or through home visits, as required.

As well as supportive tenancy management provided through Common Ground Queensland, Micah Projects is funded to provide a range of tailored support services to KFT families, working closely with the families to identify their own goals and support needs. This includes developing a plan to help families maintain their tenancies, supporting parents in meeting their own personal needs, responding to child safety risks, identifying and addressing child wellbeing needs, and providing practical assistance in addressing barriers to improving the quality of their life. Micah Projects also offers parents parenting education and family support to help promote positive parent-child interactions, while also supporting parents to access employment and training opportunities.

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



By facilitating access to affordable housing, supporting families to improve child outcomes, and working with families to enhance their overall wellbeing, KFT seeks to enable families to improve their long-term outcomes and achieve safety and stability for parents and children.

KFT as permanent supportive housing

KFT is a program that was designed based on the core tenets of permanent supportive housing for families (SHF). SHF is a broad term for housing programs that provide low-income families with affordable and secure housing, along with intensive family supports. SHF programs often target families with dual vulnerabilities related to housing (e.g., unsafe, insecure, or sub-standard housing) and child welfare (e.g., child safety 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 supported to access housing (Padgett et al., 2016).

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. In particular, the permanency of supportive housing is identified in the literature as a critical feature of SHF, as it helps facilitate a sense of certainty, constancy, control, and

stability, as well as creating space for daily routines (Padgett et al., 2016; Plage et al., 2023). In contrast, the uncertainty of living in short-term or transitional housing has been found to undermine people’s ability to feel stable and secure, and negatively impacts on their ability to achieve a sense of stability and identify and work towards future goals (Plage et al., 2023).

Although KFT draws on the core principles of SHF programs by providing families with access to safe, secure, and affordable housing along with intensive family supports, it also deviates in several crucial ways. These differences are summarised in **Table 1**.

Table 1. Supportive Housing for Families vs. Keeping Families Together

Supportive Housing for Families	Keeping Families Together
<ul style="list-style-type: none"> Families have the same tenancy responsibilities and rights as any other private rental tenants; 	<ul style="list-style-type: none"> Families have the same tenancy responsibilities and rights as any other private rental tenants;
<ul style="list-style-type: none"> Families are provided with a range of flexible support services to choose from; 	<ul style="list-style-type: none"> Families are provided with a range of flexible support services to choose from;
<ul style="list-style-type: none"> Engaging with services is optional and is not required for families to maintain their program housing; 	<ul style="list-style-type: none"> Engaging with services is required for families to maintain their program housing;
<ul style="list-style-type: none"> Families have a choice in selecting a property and have their needs taken into account; 	<ul style="list-style-type: none"> Families have their property needs taken into account, although choice is limited due to housing availability;
<ul style="list-style-type: none"> Families pay a maximum of 30% of their income towards housing; 	<ul style="list-style-type: none"> Families pay 25% of their income towards housing;
<ul style="list-style-type: none"> Housing takes a ‘scattered site’ approach, meaning it is integrated within the community; 	<ul style="list-style-type: none"> Housing takes a ‘scattered site’ approach, meaning it is integrated within the community;
<ul style="list-style-type: none"> Housing has no time limit, with families free to choose if and when they would like to leave. 	<ul style="list-style-type: none"> Families can be housed until 2025 (a maximum of 5 years) due to current funding structures.
(Rog et al., 2014)	




One key difference relates to the requirement of engaging in services. In traditional SHF programs, families’ access to affordable housing is not contingent on their engagement with support services (Rog et al., 2014). This is not the case for KFT, which requires families to agree to engage with the support services offered by Micah Projects.

Another key difference relates to permanency. Where SHF programs traditionally aim to provide permanent housing with no time limit on families’ tenancies (Rog et al., 2014), KFT in its current form is only funded until 2025. As we discuss in [Chapter 2](#), the non-permanent nature of the program, along with the instability of the current rental market, means that even within the program families can continue to experience feelings of instability and a lack of long-term security. Despite these differences, however, 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.

1.3 The Keeping Families Together study

This report provides an empirical study of the KFT model and its delivery, as well as the experiences and outcomes of the families who have participated in the program. As the first SHF model to be established in Queensland, the delivery of the KFT program holds important lessons for the development and refinement of future iterations of the program, 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 SHF models.

We designed the study to empirically examine KFT's three key areas of interest: (1) families' access to and sustainment of safe and affordable housing; (2) children's welfare, including education, development, and child safety engagement; and (3) families' wellbeing and feelings of self-efficacy. Although we analyse these areas and present the results separately, we recognise that in practice they are closely interrelated. Our analysis of each key area was guided by a series of research questions:

HOUSING ACCESS	CHILD WELFARE	FAMILY WELLBEING
<ul style="list-style-type: none">• What were families' housing access outcomes after entering KFT?• What aspects of the KFT housing model worked well?• What challenges did the housing model encounter? 	<ul style="list-style-type: none">• What were families' child welfare outcomes after entering KFT?• What aspects of the KFT child welfare support model worked well?• What challenges did the support model encounter? 	<ul style="list-style-type: none">• What were families' wellbeing outcomes after entering KFT?• What aspects of the KFT family wellbeing support model worked well?• What challenges did the support model encounter? 

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.

Qualitative data

Qualitative data were collected in the form of ethnographic observations and semi-structured interviews with a range of participants. After ethical review and approval by The University of Queensland's Human Research Ethics Committee (ID# 2022/HE001439), ethnographic observations were undertaken with families and practitioners participating in KFT. These observations involved one researcher accompanying practitioners on their support visits with the families. Support sessions included administrative concerns, discussing concerns raised by KFT family participants, observing Parents as Teachers sessions, and tenancy concerns. A total of 5 hours of observations were conducted over 6 sessions.

As well as conducting observations, qualitative interviews were undertaken with families participating in the program, practitioners delivering the program, and real estate agents leasing properties to the

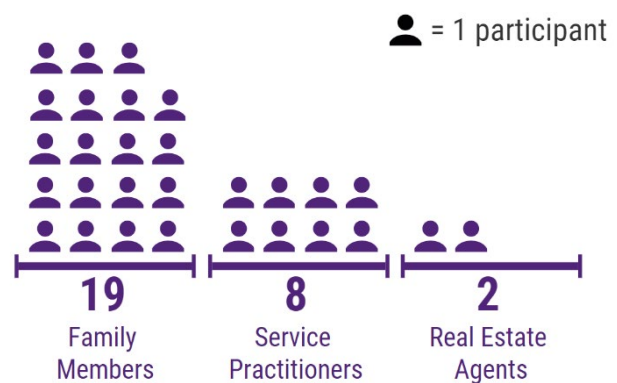
program. These interviews aimed to gain insight into how KFT was delivered and experienced. A visual representation of these participants is shown in **Figure 1**.

Family members participating in KFT (n=19): We aimed to conduct a single interview with at least one member of each family currently participating in the KFT program. All adults within the 20 families enrolled in the program at the time of the research were invited to participate in an interview. A total of 19 adults from 17 families participated in an interview. Of these interviews, the vast majority were conducted with the female heads of households (n=17); the remaining were conducted with a male partner (n=1) and an adult family member (n=1).

Practitioners delivering KFT (n=8): We conducted two focus groups and three one-on-one interviews with key practitioners who are involved in delivering KFT. One focus group was conducted with Micah Projects practitioners (n=3), and the other was conducted with Common Ground Queensland practitioners (n=2). The one-on-one interviews were conducted with Micah Projects practitioners. Practitioner interviews and focus groups were conducted after the interviews with KFT families to enable us to draw on the themes identified as important by the families and put these to the practitioners for their reflections.

Real estate agents (n=2): We conducted interviews with real estate agents who were currently leasing properties to Common Ground Queensland to be sub-leased to KFT families. Four participating real estate agents were identified and invited to partake in an interview. Of these, two agreed. These interviews were also conducted towards the end of the study.

Figure 1. Interview participants



Quantitative data

Our study also drew on quantitative assessment data collected with families at regular timepoints, as well as administrative records. Data included assessments and records from all families who had ever participated in KFT (n=33), regardless of whether they were currently in the program. A comprehensive overview of each data source and its collection points is provided in **Table 2**.










Assessment data: We drew on assessment data to identify demographic characteristics of participating families and understand their housing experiences before and upon entering the program; engagement with the labour market; experiences of vulnerability throughout the program; interactions with child protection services; self-perceptions of parenting capacity; and childhood development. Micah Projects collected the data through seven 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 program (as opposed to when they were housed). As such, while the duration of time in the program is the same for all families at each data collection timepoint, duration of time spent housed through the program may be different.

Brokerage data: We also drew on Micah Projects' brokerage data to understand the cost of the program to the service provider. Brokerage funding was used in diverse ways to support families to enable them

to access required support services and resources. It was also used to contribute toward moving and property damage costs that exceeded the funding allocation for Common Ground Queensland.

Tenancy data: In addition to the assessment and brokerage data, we drew on families’ tenancy records held by Common Ground Queensland. We drew on this data to understand how families managed their tenancies through the program, if they faced difficulties maintaining their tenancies, and how families were supported by KFT to resolve tenancy issues. This data also enabled us to examine the reasons underpinning the instability of some tenancies. Common Ground Queensland collected these data continuously throughout the program.

Table 2. Quantitative data sources

Data type	n=	Description	Collection point
 ASSESSMENT VI-SPDAT	29	A screening assessment used to identify families’ demographic characteristics and assess individuals’ vulnerabilities and required interventions.	Baseline
 ASSESSMENT Full SPDAT	32	An assessment used to monitor vulnerability throughout families’ time in the program, including wellness, risks, and daily functioning.	Baseline Biannually
 ASSESSMENT Where am I at?	32	An assessment used to understand families’ self-perceptions of their parenting capacities and confidence, and identify areas for further support.	Baseline Quarterly
 ASSESSMENT Ages & Stages	29	An assessment used to assess children against developmental milestones, monitor change, and identify areas requiring targeted support.	Baseline Quarterly
 ASSESSMENT KFT Review	31	An assessment used to understand families’ child safety, health, and tenancy related experiences and support needs during their time in the program.	Baseline Quarterly
 ASSESSMENT AIHW Reporting	33	An assessment that captures major changes in families’ lives and records the forms of support being provided during their time in the program.	Baseline Monthly
 ASSESSMENT Child Safety Record	24	An assessment used to monitor families’ interactions with the Department of Child Safety, Seniors and Disability Services.	Continuously
 RECORDS Brokerage Records	33	Brokerage data collected by Micah Projects for the duration of the program regarding the cost of delivering the program.	Continuously
 RECORDS Tenancy Records	32	Tenancy records collected by Common Ground Queensland regarding the management of families’ tenancies.	Continuously

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 and Child Safety Record (collected at the child level) and the AIHW assessment (collected at the individual level). “n” refers to the number of families whose data is included in the analysis.

1.4 Overview of this report

This report provides an empirical study of the KFT model and its delivery, as well as the experiences and outcomes of the families who participated in the program. In the following three empirical chapters, we present the findings from our study of KFT. Each of these chapters draws on a combination of interview, focus group, assessment, brokerage, and tenancy data to explore our key research questions, as outlined above.

In our first findings chapter, [Housing Access](#), we demonstrate that despite entering the program with extensive histories of homelessness and housing instability, KFT families have achieved overwhelmingly positive housing outcomes. The vast majority of families were able to maintain access to housing for at least one year, and many even longer. These positive outcomes were facilitated by the program's ability to provide appropriate housing for families, as well as the support provided to help families maintain their tenancies. Although the program faced some challenges, namely those related to head-leasing properties on the highly competitive private rental market and a lack of viable exit pathways, our findings demonstrate that the provision of affordable housing and linked support were core factors that supported families to remain housed and achieve the stability they required to begin focusing on other important aspects of their lives.

One such important aspect was the welfare of their children, including their education, development, and engagement with statutory child safety services. Our second findings chapter, [Child Welfare](#), demonstrates how children's education, development, and child safety outcomes also generally improved throughout families' engagement with KFT. Children in the program experienced improvements in their participation in early education, as well as their development and access to developmental support. The majority of families in KFT had experienced child safety intervention at some point in their lives. Our analysis demonstrates that despite often extensive histories with child safety, families in the program had largely positive child safety outcomes. These positive outcomes stem from the safety and stability that comes with having secure housing, as well as the advocacy and support provided to parents through KFT to navigate child safety, NDIS, and educational systems. These findings provide a strong indication that providing families with secure and affordable housing, with closely integrated support, is a direct and practical means of mitigating child safety concerns and promoting improved childhood education and development.

Our third findings chapter, [Family Wellbeing](#), shows that since entering KFT, families have experienced positive changes in a range of wellbeing related outcomes. These include feelings of safety and stability, a desire to participate in education and employment, and the ability to improve feelings of self-efficacy. The delivery of the diverse and intensive family supports required to work towards and achieve goals was seen as a particularly critical aspect of KFT for most families. Several challenges were also identified, including high rates of staff turnover and difficulties delivering the intensive family supports needed given the amount of practitioner time dedicated to supporting families to move house and re-stabilise after moving. 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, [Key Findings and Recommendations](#), we summarise our 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.

CHAPTER 2. HOUSING ACCESS

2.1 Introduction

This chapter examines whether and how KFT helped to improve housing access and sustainment for families participating in the program. Drawing on a combination of interview, assessment, and administrative data, we begin by highlighting the housing-related experiences and outcomes of families since first enrolling in the program. Expanding our analysis, we then draw out the aspects of KFT that facilitated positive housing experiences and outcomes for families, as well as the challenges that arose throughout the implementation of the program. We conclude this chapter with a set of recommendations for how the KFT supportive housing for families model can be refined to better promote stability and sustainment of tenancies moving forward.

In this chapter, we ask:

- What were families' housing access outcomes after entering KFT?
- What aspects of the KFT housing model worked well?
- What challenges did the housing model encounter?



2.2 What were families' housing access outcomes?

Accessing and sustaining housing

KFT has been highly successful in its efforts to support families to access and sustain housing on the private rental market. Indeed, many of the families we spoke to explicitly identified KFT as the reason they were currently housed. The competitiveness and cost of the private rental market, in conjunction with families' low-income status and lack of rental history, meant that prior to entering KFT, these families were effectively excluded from the private rental market. KFT provided the opportunity for families to overcome significant barriers to accessing housing. As the families themselves explain:

They really, really saved me. They really helped me. They got us a home... The best thing that ever happened to us, really helped us, because we just weren't getting anywhere. (Family participant)

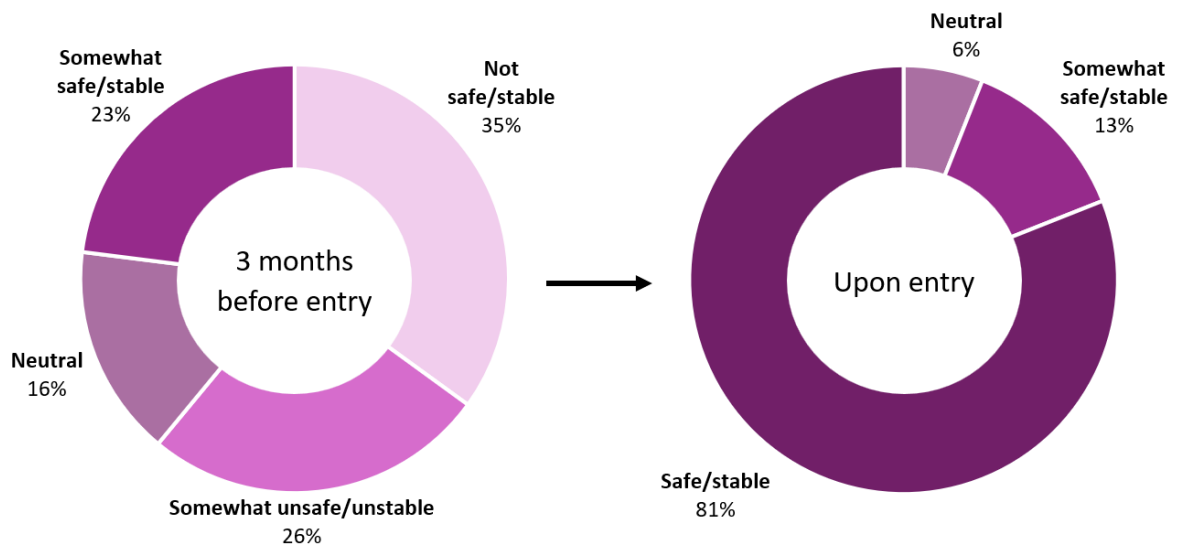
They gave us an opportunity and a chance and a blessing to be able to get a home and that stuff for our family. (Family participant)

They gave me the opportunity to better my life and to have a stable home for my kids and myself. (Family participant)

Indeed, the assessment data shows the significance of KFT for providing safety and security to families. As **Figure 2** depicts, three months prior to entering the program, no families reported feeling safe and stable in their housing, and only 23% reported feeling somewhat safe and stable. Once families were housed through KFT, 81% of families reported feeling safe and stable in their housing, and a further

13% reported feeling somewhat safe and stable. Significantly, no families reported feeling unsafe and unstable in their housing upon being housed through KFT.

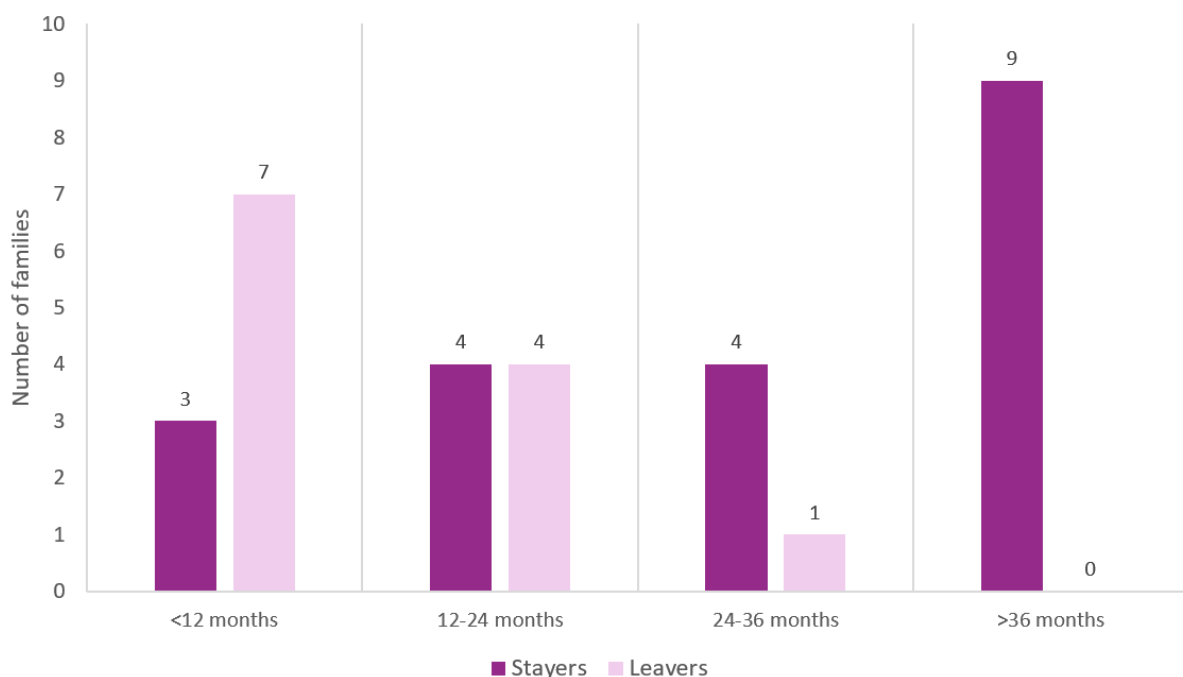
Figure 2. Housing safety and stability before and upon entry to KFT



Source: Where am I at? data

Figure 3 depicts the length of time families have spent in the program. ‘Stayers’ refers to families that are still in the program. As the figure shows, 9 families have remained housed through the program for more than 36 months. By contrast, ‘Leavers’ refers to families that have exited the program. The majority of these, 7 families, exited the program within the first 12 months. This figure thus demonstrates that families who exit the program are likely to do so early on, and the longer a family remains in the program, the less likely they are to exit.

Figure 3. Housing sustainment over time



Source: Common Ground Queensland Tenancy Data

The extent of most families' ability to maintain their housing over months, and indeed years, becomes even more significant when we consider families' housing histories. In accordance with the KFT eligibility criteria, all families participating in the program have housing histories characterised by extensive periods of homelessness and housing instability, and a distinct absence of secure tenancies.

The majority (64%) of families had spent more than 6 months without permanent housing upon entering KFT. As **Figure 4** shows, of these, 34% had been without permanent housing for at least one to five years. Another 10% had been without permanent housing for more than five years. Thus, the majority of families had experienced long-term homelessness prior to entering the KFT program.

Quantitative data on dwelling condition and type of these families upon entry into the program (**Figure 5**) further highlights their housing instability. While 27% of families were living with relatives, 21% were couch surfing before entry into the KFT program. A further 15% were in emergency accommodation with the remaining families living in temporary accommodation.

For families to overcome these experiences and sustain housing on the private rental market is a significant achievement. In [Section 2.3](#), we provide an analysis of the aspects of KFT that facilitated families' ability to sustain their housing.

Figure 4. Time since having permanent housing

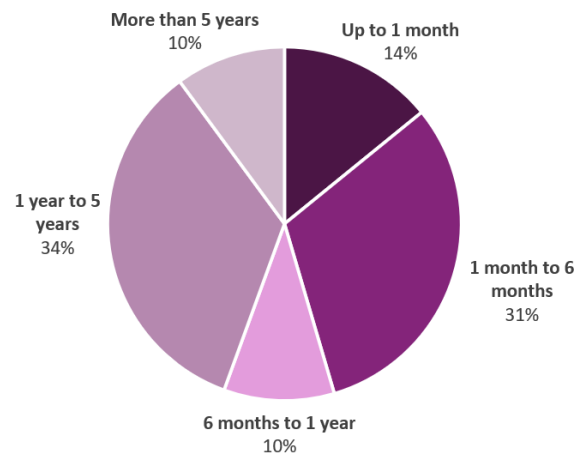
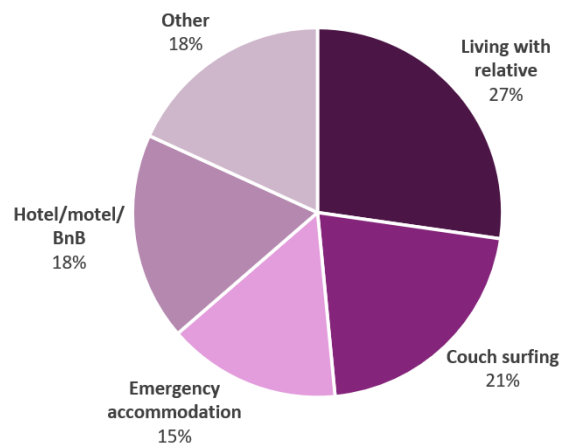


Figure 5. Dwelling upon KFT entry



Source: AIHW Assessment Data

2.3 What aspects of the KFT housing model worked well?

Meeting families' needs

A common theme in the interviews with families was the extent to which their housing was able to meet their needs. Some participants spoke about how the features of the houses were exactly what they had hoped for, particularly in terms of the number of bedrooms for their children. Other families spoke about the importance of location, and how they enjoyed having a house in a quiet neighbourhood that is close to family and amenities. For example:

It's been a very big blessing, to say the least... It's just a little two-bedroom with a balcony, like a little apartment. Two-bedroom with a balcony and a garage. So it does me and my son good. (Family participant)

Our neighbours are really, really nice, the street's very quiet and no problems, daycare centre's just up around the corner... Everything's pretty handy and it's really nice. (Family participant)

As well as the ability of the program to meet the majority of families' practical needs, many of the families spoke about the significance of the housing for helping them feel secure and stable. This stability was critical for enabling families to move forward with their lives in a way that had previously not been possible due to their precarious housing situations.

I needed that stability and a house over my head to be able to do all these other things. That's all I ever needed and [KFT] got me that. (Family participant)

I thank my lucky stars every day for this place... Being here has allowed us to progress further in life... It's created stability for me and my son. (Family participant)

It's been able to let me be Mum... I'm not stressed about where we're going to live in three months' time and that. I know that we've got pretty solid accommodation here. We've got everything we need, so I can just concentrate on catering for [my child's] needs now, which is good. I can do that relaxed. (Family participant)

While most family participants identified positive aspects of their housing, some identified the threat of violence persisted despite being securely and stably housed. This threat of violence was described in terms of women's former partners and the inability to move to new housing that their former partners did not know of. For example:

I've just gone through domestic violence and I rang [practitioner] to have a chat to her about what can I do, can I move into another property, and that's out of the question because they've only got 20 properties and they're all full... So I've got to stay put here now, where he knows where I live. (Family participant)

[My ex-partner is] due to get out [of prison] again... I've asked Micah and Common Ground to move me, but [their] response is, "It's too hard. It's too much." Too hard for her to get another place. (Family participant)

Indeed, practitioners spoke at length about the difficulties involved in moving families experiencing domestic violence due to program constraints and the highly competitive nature of the current housing market. They also noted the importance of finding solutions and moving these families if and when they could:

Responding to the DV, it's really difficult. We don't have enough properties to be able to do it. We can sometimes get away with it, opportunities arise. (Practitioner)

We're only allowed to maintain 20 properties at a time, so it's a complete juggle... we've just gotten to a point recently where we've all understood... if the woman tells the KFT team that she feels unsafe, then we should do all possible to move her. (Practitioner)

Thus both Micah Projects and Common Ground Queensland understood that moving properties would be an appropriate means to assist families to be safe from domestic violence and they would progress a property move if feasible. However, they widely recognised that the feasibility of moving families was significantly constrained because of the challenges accessing alternative properties from the market.

According to the VI-SPDAT data, over 72% of the families in KFT have histories of domestic violence, and about half of these families (52%) were at imminent risk of being harmed upon entry into the program. Given these risks to safety, the inability to move or protect families when they feel unsafe represents a significant challenge for the program. It is, however, important to emphasise that in cases of domestic violence, the risks are driven by the perpetrator's behaviours rather than the availability of the housing stock or problems with the program. Moving forward it is important to consider responses that focus on the centrality of perpetrators and the need for perpetrators to change, rather than moving families due to perpetrators' actions.

Ongoing support

Throughout families' time in the program, Micah Projects and Common Ground Queensland worked in close collaboration with families to support them in maintaining their tenancies. This tenancy support was identified as a key factor enabling families to develop tenancy skills and successfully maintain their tenancies over time. As the families explained:

Just explaining... what happens when you're renting a property and what you can do and what you can't do and what you need to do when there's an inspection and when you move out... And your rights as a tenant. (Family participant)

[Practitioner] helps me with cleaning, she's very helpful around tips around the house, like giving me cleaning tips and cleaning products to use. Just sustaining the tenancy properly. (Family participant)

KFT Review data suggests that around 67% of families in the program had held a tenancy at some point before entering KFT. As noted above, given the housing histories of the families in the program, their sustainment of their tenancies over time is particularly significant. Several practitioners explained how for some of the families, the only reason they have been able to maintain their tenancies is with the ongoing support of KFT:

She needs supportive housing... She has not been able to maintain that tenancy for the three years she has been there... she's maintained it with support. That's what supportive housing is. (Practitioner)

If these families didn't have us... they wouldn't be able to sustain a tenancy, they'd be homeless. (Practitioner)

This foregrounds the significance of KFT and the support it provides for families who would otherwise be unable to access and sustain tenancies in the private rental market. It also foregrounds the importance of understanding that KFT is intended to support highly vulnerable families who may not be able to sustain a tenancy in the absence of KFT's support.

Engaging with real estate agents

The KFT program also experienced success in its ability to engage with real estate agents with the aim of sourcing and sustaining properties in which to house KFT families. While head-leasing properties through the private rental market came with significant challenges (see [Section 2.4](#)), KFT practitioners were able to build strong relationships with several real estate agents, which were vital for facilitating access to properties:

I think the main reason why this program specifically works with our agency is because of their staff... [practitioner] is very invested in making sure the tenants are educated and looked after as well as keeping me on a good foot... It gives me confidence to present [Common Ground Queensland] to other owners and get their approval. (Real estate agent)

We have a good relationship with [practitioner] at Common Ground too. We chat a fair bit and she keeps me updated on what's happening so I appreciate having that relationship. (Real estate agent)

It is important here to note that only two real estate agents agreed to participate in the study. We were thus unable to interview real estate agents who did not have strong relationships with KFT practitioners, or who decided against providing properties to the program.

For the real estate agents who participated in this study, leasing properties to the program had several key benefits, including the guaranteed payment of rent and the assurance that properties would be handed back in the same condition as when they were first leased. They used these benefits to 'sell' the program to landlords:

They pay the month in advance, they cover all the expenses at the end of the tenancy, if there's any damages they rectify the property... so it's that sort of guarantee that I use to sell Common Ground to owners... The main thing is the rent's guaranteed. That is the biggest selling point with landlords. (Real estate agent)

I also like the fact that they guarantee rent... and the fact that they obviously guarantee that the property's going to come back in the same standard, if there's any repairs or damages by the tenant then they will make good. (Real estate agent)

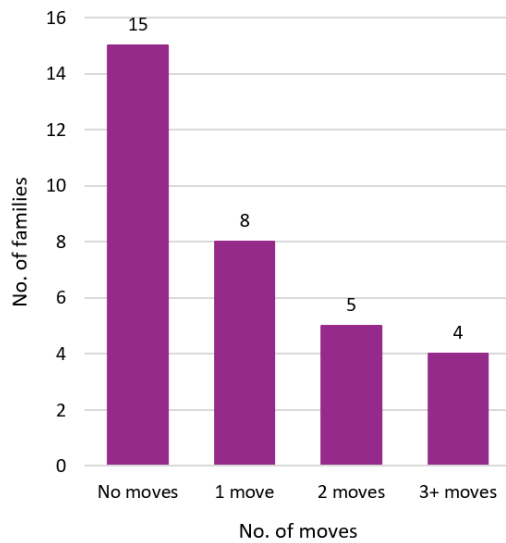
Real estate agents suggested that having access to additional information about the program and the family who would be living in the property may help them more effectively convince landlords to agree to leasing their properties for the program. Overall, these findings foreground the essential nature of strong positive relationships between the housing provider and the real estate agents, on whom the program currently heavily relies for access to properties.

2.4 What challenges did the program encounter?

Housing instability

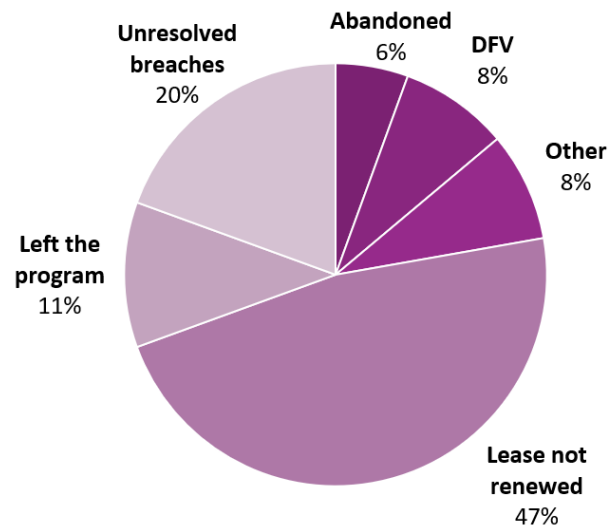
Despite KFT's success in supporting the families to access housing that met most of their housing needs, a strong theme in the data is the challenges families experienced because of the unpredictable long-

Figure 6. Number of moves after being housed



Source: Common Ground Queensland Tenancy Data

Figure 7. Reason for moving properties



Source: Common Ground Queensland Tenancy Data

term nature of the housing they accessed as part of KFT. The standard lease for families in the program was generally only 12-months (sometimes shorter), and there were many instances where families were required to move house at (and at times before) the end of their lease. As **Figure 6** shows, just over half of the families were required to move at least once after being housed through KFT. Of these families, 8 moved once, 5 moved twice, and 4 moved three or more times.

As demonstrated in **Figure 7**, there were a range of reasons underpinning families’ moves between properties. The majority of these moves (47%) were made due to leases not being renewed after the initial 12 months (due to, for example, houses being sold or taken off the rental market). Others related to unresolved breaches (20%), families leaving the program (11%), and issues such as domestic and family violence (8%). This data further suggests that while a minority of moves were initiated by the families (e.g., moving due to DFV, abandoning the property), the majority related to the volatility of the rental market (e.g., leases not being renewed). As one practitioner explained:

Department of Housing outsourcing of their houses, giving subsidy in this crazy rental market is not sustainable. And it sets families to fail. And then even if they don’t fail, like one family, tenancy wasn’t renewed, and then we keep moving and we keep moving families. (Practitioner)

The continued instability that families experienced during their time in KFT significantly undermined a core aim of supportive housing, which is to provide permanent and stable housing. Significantly, some of the family participants we spoke to explicitly described their housing in the program as ‘temporary’:

[My first house] was getting bought... [My second house] was just temporary. Because around the whole rental crisis it was just a temporary... there was another place. I’ve had four [houses]. (Family participant)

[I’ve lived here] for four months now. I just moved here. I was living in another house before that... Because it’s private I’m only there temporary. (Family participant)

Families spoke at length about the importance of stability and being able to settle down in one house for an extended period of time. For these families, housing stability was seen as critical to enable them to plan ahead and ensure stability and continuity for their children.

This is the third place we've lived in now... the last place I was in, it was only for an 11-month lease... with kids in school and that, I don't want to have to chop and change schools. (Family participant)

I really want to just get a, what is it, long-term house... That way I can get a swing set and everything, get all that. Because I was going to get a little trampoline, but now that I'm moving, I don't know how big the other backyard will be. (Family participant)

Practitioners similarly spoke about the importance of families being able to settle in one place, and the significant disruptions moving caused. In particular, practitioners explained how each time a family moved house, their connections to family, community, support services, and children's schools were broken. In these cases, families required significant support to rebuild these connections. For example:

Moving, moving, moving... that adds an extra layer to stability... a lot of the time they're not moving just within the same suburb, they're moving to new areas. So that's resetting up community, resetting up schools, all of the connections, which are so important, which take time. (Practitioner)

It'd be nice to be able to get the families to have that stability. Because each time they move, changing locations, changing all the connections to services as well. (Practitioner)

Practitioners also spoke about the practical challenges that came with families having to move frequently. These included the cost of the moves, many of which were paid for by Micah Projects. Indeed, brokerage records show that, across the life of the program, Micah Projects has spent \$11,352 on supporting families to access accommodation, and \$32,220 on supporting families to maintain their accommodation. As depicted in **Table 3**, the total \$43,572 brokerage funds spent include paying bond, rent arrears and utilities, as well as cleaning and setting up housing.

Perhaps even more significantly, the constant moving was seen as a critical barrier to supporting families to move beyond crisis and begin to overcome other challenges in their lives. As some practitioners explained:

Table 3. Micah Projects brokerage funds spent between October 2020 and June 2023

Brokerage to ACCESS accommodation	
Accommodation related expenses <i>(e.g., bond, utilities)</i>	\$1,511
Specialist support services <i>(e.g., specialist counselling)</i>	\$25
Other expenses to support case plan <i>(e.g., housing set up costs, cleaning items)</i>	\$9,877
Reimbursements	\$61
Total spent to ACCESS accommodation	\$11,352
Brokerage to MAINTAIN accommodation	
Accommodation related expenses <i>(e.g., rent arrears, utilities)</i>	\$7,371
Specialist support services <i>(e.g., specialist counselling)</i>	\$2,017
Other expenses to support case plan <i>(e.g., food, cleaning items, transport)</i>	\$22,906
Reimbursements	\$74
Total spent to MAINTAIN accommodation	\$32,220
TOTAL BROKERAGE	\$43,572

A three-month lease is not permanent supportive housing... the barriers to some of the support planning that we want is really just how much crisis the families are in and how often they have to move. (Practitioner)

I would say any time there's a move, there's probably five families that move... So if you broke that down, that's five families a quarter. Preparing five families to move... That's three months' worth of work in itself. (Practitioner)

It is critical to note here that the continued instability experienced by families in the program is not a limitation of the permanent supportive housing model itself. Rather, practitioners unanimously agreed that the problems stemmed from the need to head-lease housing through the private rental market. The findings in this section demonstrate that the private rental market has many limitations in meeting the needs of families with such high support needs. The limitations of the private rental market are exacerbated in the current climate, characterised by low vacancy rates and rapid value increases, which in turn increases the turnover of properties.

Accumulation of debt

In addition to ongoing challenges in maintaining housing continuity for families, many families in KFT experienced the accumulation of considerable debt during their time in the program. These debts are paid to the real estate agencies by Common Ground Queensland, and families are asked to repay the debt to Common Ground Queensland.

Although this debt is passed onto families, practitioners explained how they do not expect families to be able to pay back much of the debt:

Some of our families are carrying a significant debt from property damage across multiple properties. We know they're never going to be able to pay off the debt that they're carrying with us, but it kind of hangs over their head. (Practitioner)

For some of them, to go and say, "You've got \$14,000 worth of debt," I mean, that's just unreachable. Whereas when you go, "Oh, you owe a couple of hundred," that's within reach. So we have got payment plans. (Practitioner)

Family participants who had accumulated debts spoke at length about the stress involved in knowing they owe significant amounts of money to Common Ground Queensland – an organisation that is perceived as having the power to decide whether a family is able to remain in the program.

Family participant spoke about how, in many cases, the damage to properties was caused by an (ex-) partner's use of domestic violence. It should be recognised, however, that Common Ground Queensland does not charge families for property damage that is caused by domestic violence. For this to occur, however, women are required to disclose the domestic violence, which then triggers a formal procedure. The research literature strongly indicates that there are a range of reasons why women do not disclose domestic violence, especially to authorities. Therefore, although formal procedures are in place to ensure that women do not pay for the damage caused by a perpetrator, there are barriers to achieving this in practice. The women's experiences presented in this section should be understood within the context of these barriers.

As the family participants explain:

I'm still paying off debts from both times where I've had to pay for the whole door to be replaced... When [my ex-partner] kicked the door in, I had to replace it, which KFT actually paid for it and then I just pay them off. So I'm still paying that off. I just finished paying the last one off and then he did it again. (Family participant)

[My ex-partner] put holes through the place, like put me through the wall, everything. I paid for a guy to come out and fix it, it wasn't good enough. It was a professional, wasn't good enough. Then I got a debt because it wasn't up to standard... the total damages there was \$1,800 I believe, plus whatever I paid to get it fixed anyway. (Family participant)

Practitioners emphasised the problems that came with accepting highly vulnerable families into a supportive housing program, only to have them accumulate substantial debts while they were there. For these practitioners, it was important that costs to cover damages to the properties were factored into the funding budget for the program.

This space holds such vulnerable families... We're dealing with families that are in this program because they cannot sustain a tenancy... And the property will be damaged. Why don't we just start from that expectation, factor it into the budget. We're going to need to do property upgrades. (Practitioner)

When the tenancy ends, Common Ground has to go in and return the property to entry standard and the debt's passed onto families... amounts that people aren't going to ever be able to pay back. So yeah, it's definitely what financially puts the whole program at risk if it wasn't budgeted in. (Practitioner)

In relation to the second excerpt above, practitioners also spoke about the increasingly (and, at times, unreasonably) high standards of real estate agents when it comes to returning properties to entry standard. Moving forward it will thus be important to appropriately consider how, by virtue of the program's eligibility criteria and reliance on the private rental market, the families accepted into KFT have high levels of vulnerability and are exposed to considerable challenges that are often outside of their control (such as domestic violence and unreasonably high standards). To put families in debt for the very reasons they require support is both unjust and uncondusive to improving families' outcomes.

Exit pathways

Another significant and ongoing challenge KFT faces is the lack of exit pathways out of the program. In accordance with the eligibility criteria, all KFT families are eligible and on the waiting list for social housing in Queensland. Families have their social housing applications placed on hold for the duration of their time in the program with the option to have their applications taken off hold as they are preparing to exit. Families therefore had two key pathways out of KFT: moving into social housing or moving into the private rental market.

When asked about their future housing goals, many family participants spoke about wanting to move into social housing. With social housing's 5-year leases, this represented stability for families. However,

families also shared their concern that there would be no social housing options available to them by the time they left the program.

When it comes time to move out of here... I don't want to be turfed out on the street again and living in crisis in a motel again while I'm waiting for [social] housing... that's always in the back of my mind now. (Family participant)

I'm still on social housing, still waiting, but it's near impossible, really, to get housing... I'm scared to actually [leave KFT] because I don't want to end up in another refuge if my lease is up or something like that. So, I don't actually want to [leave] until I'm accepted into my [social] housing house or something. Because, to me, that's stability. (Family participant)

For families, the Department of Housing's decision to pause their housing applications for the duration of their time in the program exacerbated their concerns around housing wait times:

Why the fuck can't it keep [the housing application] open for someone else to come into this program and us to go into [social] housing?... I just think it's really unfair that it puts us on a pause with that too. And because I've been on the housing waitlist for fucking years now and then it's just – Well, I can't progress on it now because of [KFT]. (Family participant)

I think it's stupid. Because [practitioner] said, "If you get offered [social] housing, we'll let you take it," but how am I going to get offered [social] housing if it's deferred while I'm staying here? (Family participant)

For most of the families, exiting into the private rental market was an equally unviable exit pathway. As the practitioners explain:

We're working with families that have such complex trauma and the level of income they need to be earning to be able to afford the private rental market at the moment and to have the skills to manage a private rental tenancy... that's a big ask. (Practitioner)

Not one of our families could take over the rent on their current property... And meet affordability criteria. No, not a chance. (Practitioner)

Notably, this demonstrates the success of KFT in engaging families experiencing extreme need, complexity, and vulnerability. By virtue of the eligibility criteria, the reality is that families' circumstances, especially the capacity to earn the level of income necessary to afford private rental prices, will likely not improve enough during their time in the program to enable them to become competitive in the current private rental market.

As these findings show, neither of the available exit pathways are seen as viable for families in the program. As one practitioner simply and emphatically stated: "Social housing is the solution". These findings point to a critical need for viable pathways out of the program, if and when families feel ready to transition out of KFT. Such exits should be organised as part of a planned housing pathway, and in a

way that prioritises family stability, particularly continuity of children's schooling. Increasing access to social and affordable housing will be necessary to achieve this, along with dedicated resources to adequately support positive exits.

Service and housing provider roles

Another important challenge identified in this research was the difficulty that arose around managing service provider and housing provider roles. Following best practice principles identified in current literature, KFT separates support services from housing provision, with each being provided by a separate organisation (Micah Projects and Common Ground Queensland, respectively). By definition, there is thus a distinction between the providers and their priorities. Providers necessarily practice from different perspectives, but coalesce around the core aim of supporting families' continued access to permanent supportive housing.

Tensions between the housing and service providers were raised in the qualitative interviews. For example, some practitioners spoke about the complexities that arise when two organisations with different roles and aims come together to deliver a single program. These practitioners drew attention to the ongoing but vital work involved in developing their relationship and defining their separate and shared roles:

That dynamic of, like we do here, the two teams working together and focusing on different things, but working together to achieve outcomes for families in an environment where there are children involved and actually where we're still working this stuff out. Even though we've been operating for three years, we're still working all this stuff out. What do you do, what do I do, how do we work together, when don't we work together, who does the advocacy? It's really tricky. (Practitioner)

I think, historically, a complication, is the, quite legitimately, they've felt frustrated that we haven't shared information... Because of these issues of confidentiality and we do separate work. But what does significantly impact the tenancy is often the case management stuff that has to be done, be it the DV vulnerabilities, be it child protection, be it mental health particularly massively impact tenancy. (Practitioner)

As the above quotes suggest, collaborative work between the service provider and housing provider is complicated by issues around confidentiality and families' right to privacy. At the same time, families' ability to maintain their tenancies is often closely tied to the crises they are experiencing and receiving support for from the service provider.

Significantly, these natural tensions were exacerbated by the program's reliance on the private rental market. This added a third party to the mix - real estate agents. Because the real estate agents were the gatekeepers to the housing, and largely determined whether or not and where the housing provider was able to source properties, the housing provider faced great pressure to maintain properties to a certain standard to keep real estate agents 'on side'.

Along with the increased rents have come increased expectations from agents and/or owners about property condition. Because I guess they know they've got their choice of tenants. So, obviously our tenants are not the top of anyone's list. (Practitioner)

We need the property to be maintained to a certain level in order to keep the real estate happy in inspections. (Practitioner)

Real estate agents similarly required the properties to be maintained to ensure landlords' continued willingness to lease their properties to the program.

However, KFT's targeting of families with complex histories and needs necessarily means these families will face challenges sustaining a private rental tenancy, and will also experience crisis during their time in the program. The service provider thus prioritised supporting families to respond to immediate crises, which often meant that property maintenance issues were not able to be prioritised.

Part of the KFT role to support families to maintain their properties by building their capacity... But that's pretty low down on the list in terms of things that the KFT team are working with families around. (Practitioner)

Thus, while one provider is required to build and maintain relationships with the private sector, the other is focused on prioritising families' needs. These tensions have contributed to continued instability for many of the families, and underscore the limitations of the private rental market for a program that explicitly targets families with histories of deep disadvantage and difficulties maintaining their housing.

2.5 Recommendations

In this chapter, we have demonstrated how KFT has successfully targeted families with deeply disadvantaged housing histories and highly complex needs. Through the provision of access to affordable housing and integrated support, KFT has had demonstrable positive impacts on participating families' housing outcomes. Key to this success is the ability of the program to respond flexibly to meet and respond to families' changing needs, as well as the provision of ongoing tenancy support.

Despite these successes, however, the program has also encountered significant challenges – many of which stem from the program's reliance on sourcing housing through the private rental market. This approach has contributed to continued instability for many of the families, as well as the accumulation of debt. These experiences go against the core principles of permanent supportive housing. Similarly, the reliance on the private rental market as an exit pathway from the program, due to a lack of available social and affordable housing, represents a profound barrier to families transitioning out of the program if and when they feel ready.

Given these key findings, we recommend the following:

- 1 The Department of Housing considers creating viable exit pathways by increasing the supply of quality social and affordable housing.
- 2 The Department of Housing considers coupling social housing with support for the use of KFT and permanent supportive housing more broadly.
- 3 The Department of Housing ensures a sufficient budget for damage to properties and the costs of moving is built into the funding model.
- 4 The Department of Housing ensures that the rental subsidy is sufficient so that participating families pay no more than 30% of income on rent.

CHAPTER 3. CHILD WELFARE

3.1 Introduction

This chapter examines whether and how families in the KFT program experienced changes in child welfare. Here, we understand child welfare to encompass child development, participation in early education, and dis/engagement with the statutory child safety system. Drawing on a combination of interview, assessment, and administrative data, we begin the chapter by examining the changes in children’s welfare throughout their time in the program. We then identify the aspects of KFT that facilitated positive child welfare outcomes, and discuss the challenges that arose. We conclude the chapter with a set of recommendations for how KFT can be strengthened to maximise its benefits for the children in the program.

In this chapter, we ask:

- What were families’ child welfare outcomes after entering KFT?
- What aspects of the KFT child welfare support model worked well?
- What challenges did the support model encounter?

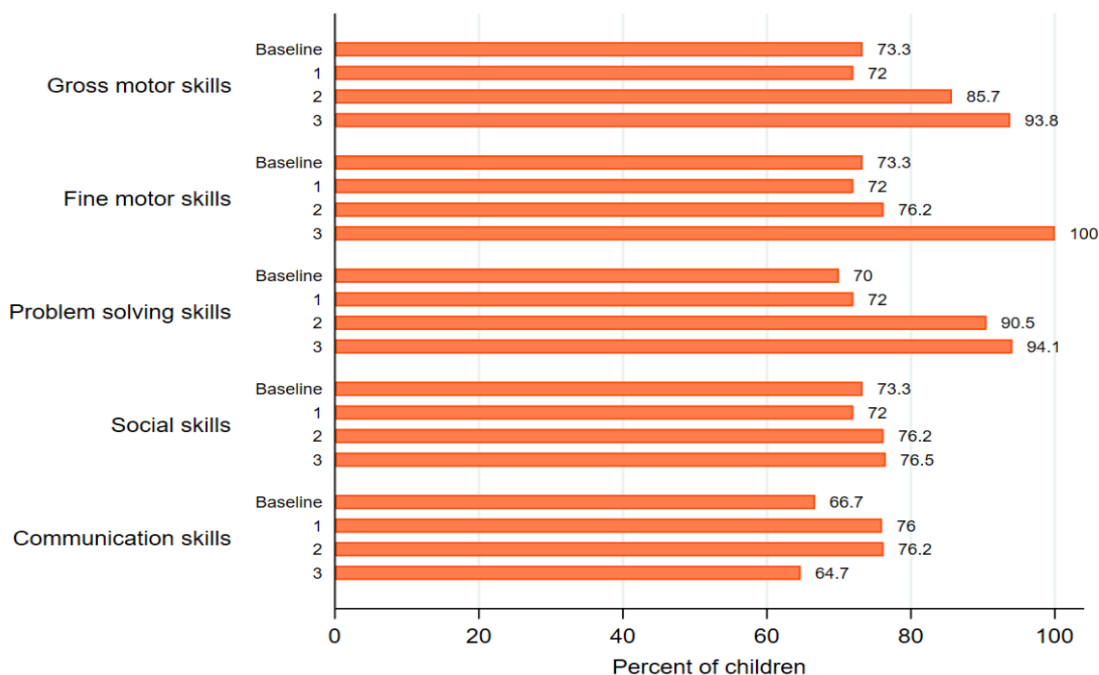


3.2 What were families’ child welfare outcomes?

Child development and early education

Throughout children’s time in the program, many saw improvements in their development and early education outcomes. Drawing on the assessment data, we found that child development improved over time for families in the KFT program.

Figure 8. Child development scores over time



Source: Ages and Stages Data

Figure 8 shows the percent of children who report above cutoff scores for gross motor, fine motor, problem-solving, social, and communication skills. We find that children’s gross motor skills, fine motor skills and problem-solving skills improved from baseline to the second and third follow up assessments. Significantly, 100% of children reported above cut-off scores in fine motor skills by the third follow-up. We also observe some improvement in social and communication skills, but these upswings are not consistent for all children.

Corroborating and adding context to these findings, many of the family participants spoke about the importance of the development support provided for their children through the program. In particular, the Ages and Stages questionnaire was seen as important for helping parents to identify and understand their children’s development delays and receive appropriate supports for them.

The Ages and Stages surveys, I think, are the most important things we do as part of those visits, because that’s where delays have been picked up and that’s facilitated the NDIS referrals. (Practitioner)

We’ve realised that [my child’s] got the speech problem. [Practitioner] does little programs just to see how far developed they are, if they’re meeting their milestones and everything like that, which is good, because that’s actually how we picked up on some of [my child’s], you know. (Family participant)

I think it’s fantastic. I think it’s really good that [practitioner] comes here. They do programs with the kids to see how far in development they are... we really didn’t realise that [my child] had problems. (Family participant)

Practitioners similarly spoke to the developmental improvements they saw with children throughout their time in the program, as well as the importance of developmental supports:

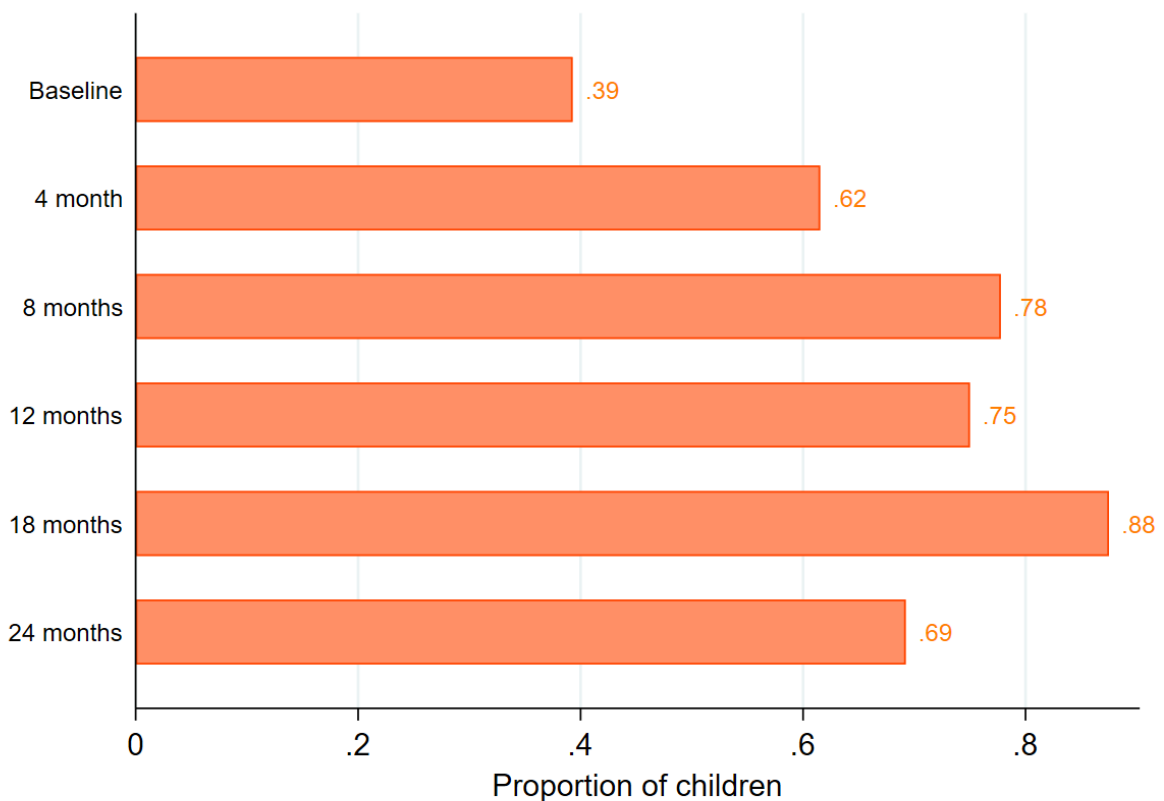
Once that support’s in place, and I’ve seen that happen with other families, it really builds the family’s capacity... I’ve seen certainly with another family that the child’s got really significant delays, just amazing difference in the space of a few months. He’s talking heaps more. (Practitioner)

I certainly wasn’t expecting developmental delays to be 40%, 50% of my caseload, but it’s hugely important... We’re picking up families that I really just don’t think would otherwise get that intervention, and we just know what a big difference that makes for kids in the long term. (Practitioner)

The developmental support provided through KFT, and in particular the administering of the Ages and Stages questionnaire, was seen as an important pathway for linking children to external forms of support, such as NDIS. We discuss the benefits of this in more detail in [Section 3.3](#).

As well as having important benefits for child development, KFT also supported children’s participation in early education. The assessment data shows an increase in childcare and school attendance throughout KFT. **Figure 9** below shows that children in the program experienced positive outcomes relating to engagement with education, as childcare and school attendance in all follow-up periods was higher than the baseline assessment (0.39 or 39%).

Figure 9. Children attending school/childcare during the program



Family participants spoke about how the ability to enrol their children into childcare and school was enabled through the stability and support provided by KFT:

It's created stability for me and my son. And with that stability... He's being put into daycare, so he has a good routine because we're in this place... Micah, they send special support letters to the daycare... which means I don't pay any childcare. I'm able to actually put him into the childcare for his development due to Micah. (Family participant)

[My son] goes to daycare up in [childcare centre]. And that's another thing actually Micah did for me, is they keep doing the letters for me. So I keep getting free childcare... I've never ever had to stress about it. (Family participant)

The ability to enrol children into childcare had a range of benefits, including providing children with the opportunity to socialise, helping to pick up on and address developmental delays, and giving parents the capacity to start thinking about entering education or employment themselves (we discuss parents' education and employment in more depth in [Chapter 4](#)). For example:

I put them in [childcare centre], which they loved... [my daughter] used to call them all her aunties, because she's never had a proper aunty before. And we didn't have family ... it was like home. (Family participant)

[My daughter's] speech is a little bit [delayed]... But ever since she's gotten into kindy

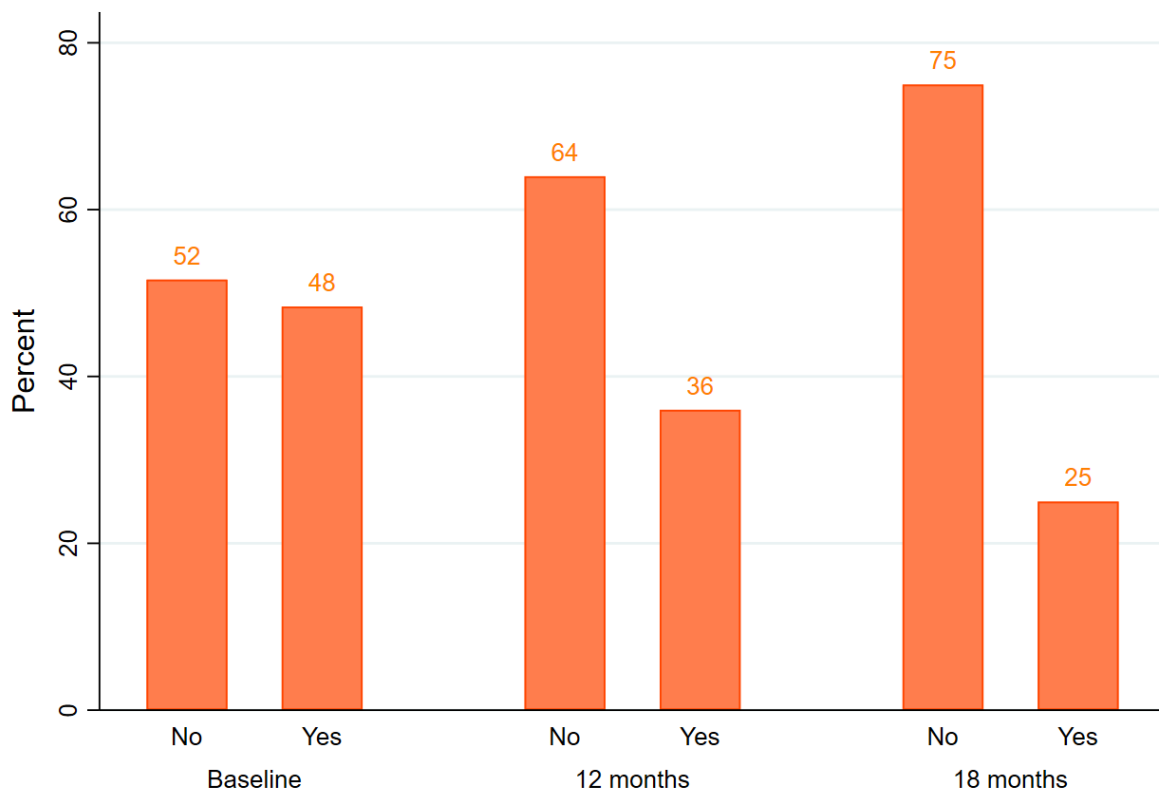
at [childcare centre], because [Micah] helped me with that as well, she's been really good. And because the speech teacher there is helping as well. (Family participant)

Together, the assessment data and interviews with families and practitioners foreground the critical role KFT plays in supporting child development and early education outcomes. In particular, many family participants spoke about how critical the program was for helping to understand children's development, pick up delays, and access the appropriate supports, which they were not previously able to do without the help of the program. As we demonstrate in more depth below, the resources provided by practitioners to support child development cannot be decoupled from the affordable housing that families accessed. The affordable and (relatively) stable housing enabled parents to benefit from the child developmental resources provided through KFT.

Child safety intervention

As well as experiencing positive child development and education outcomes, with the ongoing support provided through KFT, many of the families in the program experienced positive changes in their child safety interventions. Indeed, as the assessment data from the KFT Review assessment shows, the percent of families who experienced child safety intervention declined during the program. As **Figure 10** shows, while 48% of families reported interaction with child safety services upon entry into the program, it reduced to 25% over the first 18 months of families' engagement with KFT.

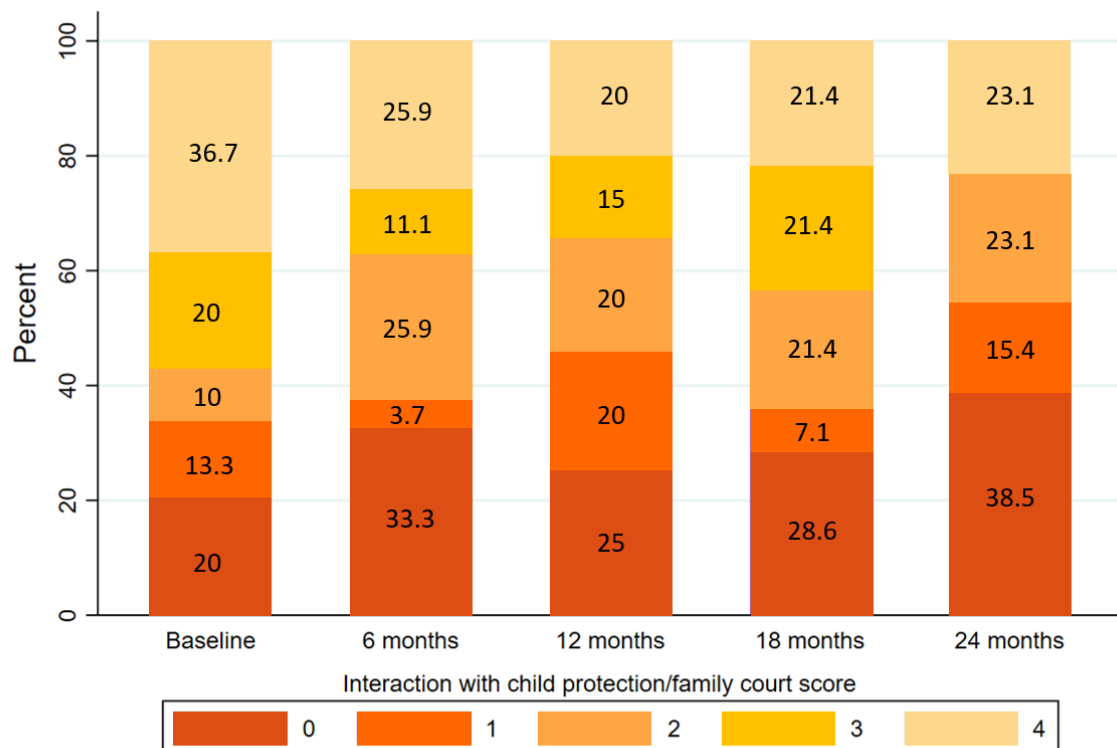
Figure 10. Involvement of families with child safety during the program



Source: KFT Review Data

Similarly, **Figure 11** shows families' interaction with child safety services or family court score. The score ranges from 0 to 4 where 0 denotes that there have been no serious interactions with child safety services because of parenting concerns, and higher values denote a greater level of interaction with these services and greater vulnerability. We find that the percentage of families reporting no serious interactions with child safety services or family court almost doubles from 20% at baseline to 38.5% after two years. We also find that the percentage of families reporting a score of 4 (high levels of serious interaction with child safety services or family court) declines from 36.7% at baseline to 25.9 or less at each subsequent follow up.

Figure 11. Interaction with child protective services or family court

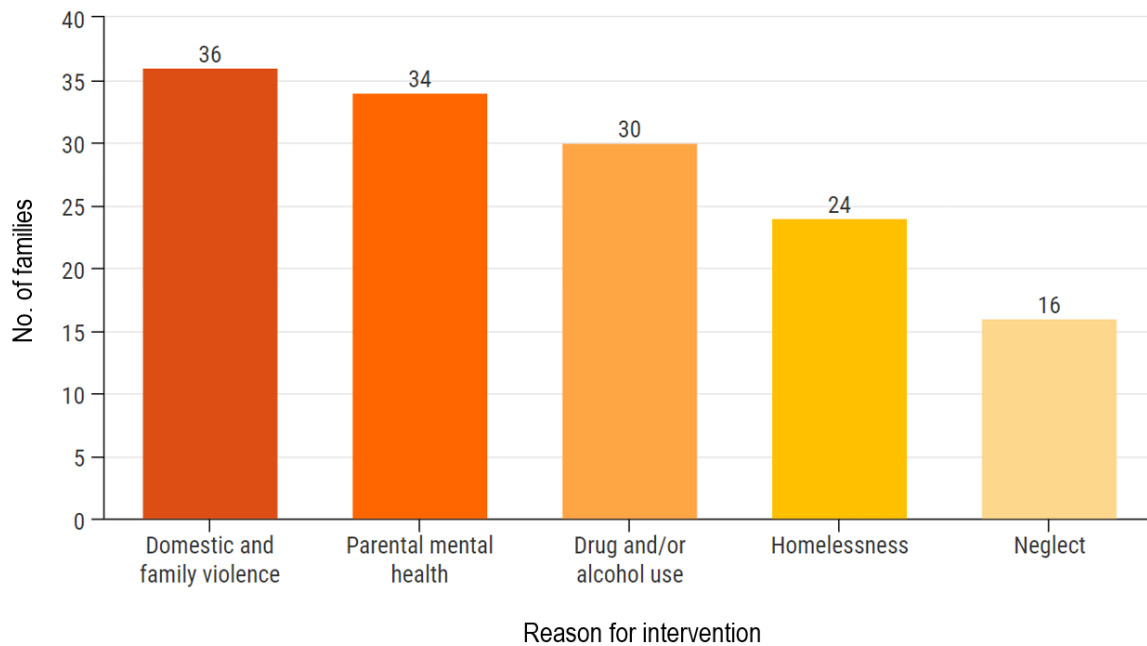


Source: Full-SPDAT Data

As well as positive changes in the overall interactions with child safety, families also experienced positive outcomes with child reunification. According to the best available data, since the commencement of the KFT program, 12 children have been reunified with 9 families. Further, an approximate 42 children have remained stable within the care of their families throughout the life of the program. Given the complexities of families' lives, their ability to keep children within their care despite child safety intervention is a significant success for the families and the program itself. Importantly, however, these numbers reflect significant complexities in the data—and, indeed, families' lives—and must be considered with these complexities in mind. For example, some of the children who have been reunited with families may have since been moved to other care arrangements. Further, some of this data is collected from families themselves, who may have different interpretations of reunification and associated complex court decisions. Thus, these numbers may not precisely reflect court rulings regarding care arrangements. Nonetheless, these reported instances of reunification, as well as the high number of children that remained stable in the care of their families throughout their time in the program, represent a profound success within the contexts of families' complex lives.

These positive outcomes are made all the more significant when we consider families’ child safety histories. For all KFT families, child safety intervention was prompted by a range of risk factors, including domestic and family violence, mental health, and homelessness. The five most common reasons for child safety interventions among KFT families is presented in **Figure 12**. This figure foregrounds the complex and heavily interrelated difficulties KFT is supporting families to overcome to achieve successful child safety outcomes.

Figure 12. Five most common reasons for child safety intervention



Further, as specified in the KFT eligibility criteria, all of the families participating in the program were at high risk of being engaged with the statutory child safety system, and many of the families had histories of extensive engagement with child safety. Indeed, although only 48% of families reported being involved with child safety at the time of program entry, 79% of families had been involved with child safety services in some form before their point of entry into the KFT program.

In the qualitative interviews, families described how, prior to KFT, their interactions with child safety were overwhelmingly negative. However, with the support and advocacy provided through KFT, families were able to manage child safety interventions a lot more effectively, and—as the assessment data shows—in many cases have their records closed. Significantly, some families directly attributed the reduced child safety intervention to their participation in the program:

Every time we asked, “How come? How come? We’ve done everything that you’ve asked us to do and we still can’t get him back.” [Child safety] just kept saying, “Oh, it’s the risk, it’s the risk, it’s the risk.” And that was the excuse all the way through. It wasn’t until [KFT] came into the picture that everything changed. (Family participant)

I haven’t heard from [child safety] for ages, ever since I got this place... Because now that I’m with Micah, Micah’s helping and everything. (Family participant)

Originally when he was born [child safety] went for a two-year custody order, but I fought that, and then they ended up just getting a protective supervision order around his dad. But when the year came and went, they then cleared out, and I guess most of that was actually because of Micah. (Family participant)

One practitioner added:

From child safety, [KFT] is viewed as a big safety factor. I know that there's been reports made during that time for a few of the families that I've been involved with... because KFT is involved and engaged, child safety have not proceeded any further. (Practitioner)

Together, these findings foreground how many families' experiences with child safety changed drastically after they entered KFT. In particular, families described positive experiences of leveraging the support provided through KFT to help achieve their reunification goals. In the first KFT study, which drew on the experiences and expertise of child safety officers (CSOs), they explained how KFT was a significant practical resource that constituted a protective factor in families' lives. Because of the affordable housing and linked support, CSOs explained how they were able to determine that parents were willing and able to protect their children, and thus KFT enabled the statutory child protection system to exit from families' lives (Kuskoff et al., 2021).

3.3 What aspects of the KFT child welfare support model worked well?

Linking to external support

One of the key successes in supporting children's welfare can be seen in KFT's ability to identify developmental delays and other challenges the children were experiencing, and linking families into the appropriate external supports. The NDIS was one particularly critical form of external support KFT was able to link families into. As the families explained:

[KFT has] been helping a lot... I had told [practitioner] about [my child's] development, and she actually pointed me to the Benevolent Society, who would help with my case to NDIS, which was great. I actually was very actually grateful for that. He's now on an approved plan by NDIS. (Family participant)

[Practitioner] helped me get in with NDIS... it's all very good. It's so much easier. (Family participant)

Some families specifically attributed the support they were getting from NDIS to KFT and the work practitioners did to assess their children's developmental milestones:

[My child's] going to speech therapy now, and we've been in contact with NDIS and got all that happening. And I don't really think it would've happened if we weren't involved in the Micah program. (Family participant)

I've suspected since he has been two of early signs of ADHD... I have shared my concerns with Micah and they're like, "Okay, we'll start getting the process rolling to get him assessed." And I'm like, "Okay, cool." So they're helping me with that

journey. (Family participant)

Practitioners also spoke about the importance of NDIS for providing families with a level of support that was beyond the scope of what KFT could provide. However, they also spoke about the significance of KFT for facilitating families' access to these supports.

The biggest barrier [to accessing NDIS] is, and that's where I think our role again is super important, because families miss phone calls or just are really hard to get in contact with... so there's definitely been a few families where just the review process or the family meeting process or the planning meetings wouldn't have happened if we weren't there liaising and booking in times and supporting those. (Practitioner)

This foregrounds the significance of KFT for supporting families to overcome the barriers they face to accessing external forms of support.

Relationships with child safety

Our interviews with family participants and practitioners spoke to the importance of building strong positive relationship between families, KFT practitioners, and CSOs. For example, some family participants spoke positively about the support they received from their CSOs during their time in the program. For these families, CSOs were spoken about not as representing an intrusive form of intervention, but rather as a valuable source of support. This was particularly true for families who were working towards reunification. For example:

A support worker that comes here through child safety, that comes out and does all the supervise and all that stuff... He really helps out and gives us some skills and that stuff around the house and all that... He's not a judgmental person or anything. If there's a mistake that you make, he'll help you fix it or he will give you another way or strategy to do it. (Family participant)

The child safety worker we have is lovely. She's the one that made [reunification] happen... they come out once a fortnight too for more support to help revoke [the order]. (Family participant)

A key aspect facilitating these positive relationships was the trust that families had in their CSOs. In being able to trust that CSOs would prioritise their best interests, families felt more comfortable approaching their CSOs for support when they needed it:

I got along really well with [CSO], so she become like a friend, and I rang her and I said, "Look, I don't think you should close the case yet because we're going through this shit with DVO." And she hang around and she's like, "You're doing really well. You're sticking to the orders, the safety plan." She's like, "I'll still be here if you want to ring for advice." (Family participant)

I think my [child safety] worker now, she won't let my kids get taken away from me for stuff I can't control... she's pretty good (Family participant)

The way some CSOs worked to prioritise the best interests of the family was further captured in the following fieldnotes:

[Practitioner] had a meeting with a CSO officer in relation to a KFT participant. The KFT participant has significant mental health concerns and the child has severe behavioural concerns. The CSO wants to keep the child out of residential home, which will be the next step. [Practitioner] spoke very positively about this CSO... their objective was to “remove child safety” from the family’s life, and to empower the mum to be the “loving mum that we know she is”. (Fieldnotes 26.04.2023)

Importantly, some participants spoke specifically about how the positive relationship between families and their CSOs were facilitated by the support provided through KFT. For example:

When they exited as well, like child safety, I had my Micah support people there as well and they backed on what they were saying, like I’d done well for the year and everything. So that was a really good help. (Family participant)

[Practitioner] was a good communication with [CSO], and support with coming to meetings with me and stuff like that. (Family participant)

Practitioners also spoke very positively about child safety and the relationships between Micah Projects, CSOs, and families.

The child safety officer has absolutely been incredible. She’s just incredible. And I think they’ve got a stronger rapport now. She’s just amazing and she’s seen the strengths in [the mother]... Workers can see that in her, but she’s just never gotten the right support that she’s needed... And so, yeah, the CSO has just been so committed to putting that in place. (Practitioner)

I think our ability to sit with the amount of risk we do is probably a strength in some ways. It means there’s trust there. We’re pretty transparent when we’re speaking to child safety about concerns. We’re going to have that conversation with the family first, in general. (Practitioner)

These findings foreground the importance of KFT practitioners continuing to facilitate positive and trusting relationships between themselves, families, and CSOs. It is critical that these relationships are founded in a trust that all parties involved are actively working towards the best possible outcomes for the families.

3.4 What challenges did the program encounter?

Parenting support

As part of a broad suite of support services provided to families in the program, KFT aims to deliver the Parents as Teachers program. Parents as Teacher is a strengths-based program designed to help parents foster their children’s development and gain confidence in their parenting skills. Parents as Teachers takes a play-based approach and includes worksheets and folders with information and activities that parents can keep and refer back to. However, despite the intention to deliver such support, some

families spoke about how they felt they were not receiving the parenting support they needed. For example:

I've been asking for parenting tips for ages because his behaviour... He's showing signs, like hitting himself and punching himself and screaming and punching walls and stuff like that and I've been asking for help, but I didn't get any.... I really need help with his behaviour, badly, because he just doesn't listen. (Family participant)

I suppose they could probably do a little bit more in [support] with the kids... I think that's held me back with him starting solids is my anxiety of him choking... And I think this new-age mumming stuff has got my anxiety levels up. (Family participant)

Perhaps reflecting these unmet needs around parenting support, practitioners spoke about the difficulties they encountered delivering Parents as Teachers in practice. In particular, practitioners reflected on the challenges involved in finding time to engage in Parents as Teachers when families were often in crisis, preparing to move house, or settling after a move.

[There are] struggles with having Parents as Teachers is because there's so much crisis associated with the tenancy it's harder to implement because it's not a stable tenancy. (Practitioner)

Depending on what else was going on for them, just not really that appropriate if there's other things that are more pressing... I think if the parent delivering the parenting program is prioritised, it would mean narrowing the scope of the other case management stuff, which is tricky to do. Because when crisis stuff comes up, or as child safety or as legal, it's really time-consuming. (Practitioner)

Practitioners also spoke about the difficulties of delivering a highly structured parenting program, and suggested that it may not be the most appropriate program for the families in KFT:

I tried [to do Parents as Teachers] at the beginning. Put a lot of time into really planning it out... It's very intensive and it just wasn't translating into what a home visit was looking like... the structured model wasn't really working. (Practitioner)

I really struggle with the material. It is so vast and wide and takes proper lesson planning and there is so much written information... in the training, the situations were as far from our families as could be imagined. Every session was in a clean home, in a quiet environment, and we go to homes that are chaotic and where parents don't want us to tell how to parent their children. (Practitioner)

Despite these challenges, practitioners made active efforts to deliver Parents as Teachers in a useful way by taking aspects of the curriculum and implementing them in ways that were more organic and appropriate for the families. For example, the following fieldnotes describe a support visit where the practitioner modelled a Parents as Teachers activity while discussing the support needs of the mother:

[Practitioner] had a list of concerns to discuss... [child] found [practitioner's] bag and started going through what was inside. [Practitioner] asked her what each object

was and asking things like, “is it big or little?”, “what colour is it”. This was happening while her and [the mother] were talking. (Fieldnotes 26.04.2023)

Although practitioners faced challenges in delivering parenting support, some family participants spoke about how useful the parenting support was when they did receive it. For example:

[Practitioner] does water play and sensory play with [my child] and she connects to [my child] a lot and shows me little different tricks [to help with] behaviour, the tantrums, and her speech... I find in the end I deal with it better if I deal with it that way than the way I usually would have dealt with it. (Family participant)

Parents as Teachers.... showing you and giving you information about parenting and guidance and all of that stuff.... It covers usually everything really. A lot of routine stuff as well, like daily routine for the kids and everything. (Family participant)

These findings suggest that families are interested in receiving parenting support, and find it useful when they do receive it. However, there are a number of barriers that prevent practitioners from implementing Parents as Teachers in a systematic way. These include lacking the capacity due to ongoing crises experienced by families (a topic we return to in [Chapter 4](#)) and feeling that Parents as Teachers is not suitable for meeting the needs of the families in the program.

Removal of children

Despite the programs’ successes in reducing child safety intervention and supporting the reunification of children in many cases, there were some families whose children were removed while they were participating in KFT. As of September 2023, the data suggests that 7 children had been removed from 5 families during the program and were residing with kin or in out of home care. Families that had children removed from their care during their time in the program spoke about how they struggled with a lack of support around the removal. For example, participants and practitioners both talked about the significant—and often detrimental—impact of child removal on the parents’ mental health:

He’s been gone three months. I lost my shit. That’s my reason to get up, cook, that’s my reason to eat, that’s my reason to shower, that’s my reason to get dressed, that’s my reason for anything, and poof, gone... Because I haven’t had bubs for the last few months, so I sit on my arse. I’ve got nothing to do. I just can’t be fucked... And that’s the problem, because [child safety] and Micah are aware, they’re like, “Oh, you need to work on this and your health.” And it was like, “Well, without him, you’re just going to watch that deteriorate.” (Family participant)

There’s been a lot of trauma and grief from child safety’s involvement and the removal... They never understood why he was removed. (Practitioner)

Family participants also spoke about support declining after their children were removed, when this was the time they felt they required support the most:

I don’t have the kids at home, so that’s been a bit complicated... So once my little one got taken the support went down hardcore... I kept mentioning I felt that

because I don't have the kids at home now that I'm getting less support... I tend to struggle to regulate myself when I don't have support. (Family participant)

I haven't had a proper worker in – Well, I haven't had a proper visit since... maybe five weeks... I want to get my kids back. I need support with helping going forward and all that, stuff like that. (Family participant)

These findings foreground the importance of ensuring KFT support is closely aligned with supporting families' pathway to reunification, as identified by child safety, and adequate support is provided for families who have their children removed while in the program. In particular, it will be important for KFT practitioners and CSOs to continue to collaborate closely in the delivery of reunification support.

3.5 Recommendations

This chapter has demonstrated how KFT has successfully targeted families with the most to gain from participating in the program; that is, families with complex child safety histories and high support needs. Through the provision of affordable housing, ongoing intensive support services, and advocacy, KFT has had demonstrable positive impacts on child welfare. Underpinning these positive outcomes is the ongoing developmental support facilitated through KFT, as well as the strong and supportive relationships between KFT support workers, families, and CSOs. This trust and support were identified by families as integral for helping them to keep their children in their care.

Despite these successes, however, the program also experienced some challenges around achieving positive child welfare outcomes—many of which stem from the explicit targeting of families with the highest levels of complexities in their lives. Families identified a need for additional parenting support, while practitioners identified the need for a parenting support program that more appropriately responded to the needs of families in the program. Some families also identified the need for additional support following child removals to help cope with the loss and actively work towards reunification.

Given these key findings, we recommend the following:

- 1 The Department of Child Safety, Seniors and Disability Services continues to provide supportive, strengths-based responses to the families they engage with.
- 2 The Department of Child Safety, Seniors and Disability Services engages more deeply with programs such as KFT to better facilitate positive outcomes.
- 3 Micah Projects considers flexible ways of implementing Parents as Teachers, particularly for parents experiencing crises and housing instability.
- 4 The Department of Child Safety, Seniors and Disability Services resources Micah Projects to increase levels of support to families who have children removed. This support should be focused on enabling reunification.

CHAPTER 4. FAMILY WELLBEING

4.1 Introduction

This chapter examines changes in family wellbeing throughout families' time in KFT, focusing in particular on feelings of safety and security, and parents' education and employment. While we understand wellbeing to be a broad concept, we operationalise it in this way given the histories of violence and exclusion from education and employment KFT families have experienced. Once again drawing on interview, assessment, and administrative data, we begin by exploring the wellbeing changes families have experienced. Our analysis demonstrates that changes have been broadly positive. However, high staff turnover and capacity to meet needs were raised as challenges that may hinder families' 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 wellbeing outcomes.

In this chapter, we ask:

- What were families' wellbeing outcomes after entering KFT?
- What aspects of the KFT family wellbeing support model worked well?
- What challenges did the support model encounter?

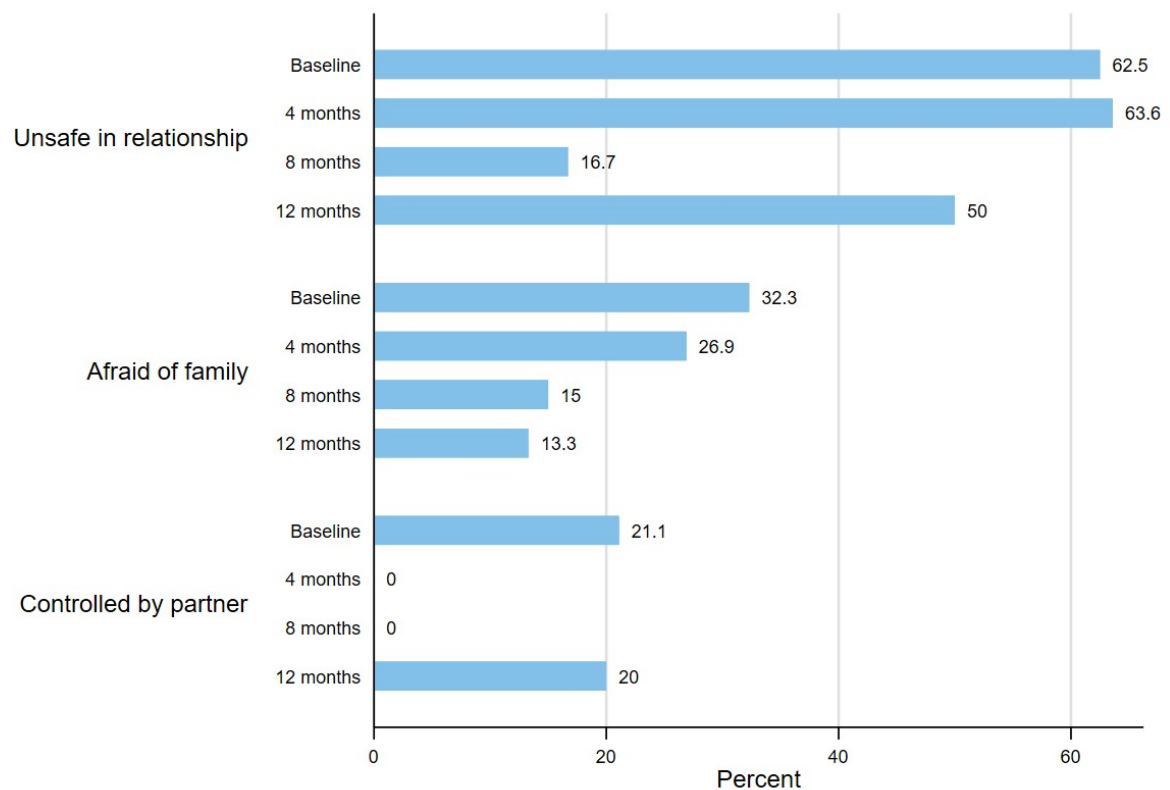


4.2 What were families' wellbeing outcomes?

Safety and security

The extent to which families felt safe and secure in KFT differed considerably between families. Upon entering KFT, families reported complex histories and multiple factors that negatively impacted on their wellbeing. In particular, experiences of domestic violence and trauma were considerable barriers preventing families from achieving their wellbeing goals prior to entering KFT. Drawing on the assessment data, we found that prior to entering KFT, families experienced different safety concerns. As **Figure 13** shows, many of these concerns lessened over time. For example, 62.5% of family participants felt unsafe in their relationship upon entry into the program. By the 8-month point, this had reduced to 16.7%. Similarly, 32.3% of family participants reported feeling afraid of a family member upon program entry, and this reduced to 15% at the 8-month point. A further 21.1% of family participants felt controlled by their partner upon entry, and this number reduced to 0% at the 8-month point. Notably, while the percentage of participants reporting feeling afraid of a family member continued to decrease over time, feeling unsafe in their relationship and feeling controlled by partners began increasing again by the 12-month point. Although the assessment data does not provide the context necessary to explain this rise, the qualitative data suggest several possible reasons for this. For example, several participants spoke about their (ex-)partners finding out where they lived after being housed in the program for some time. Others spoke about (ex-)partners coming back into their lives after a period of separation, for example after being released from prison. It is possible that the participants felt safe and uncontrolled until their (ex-)partners came back into their lives.

Figure 13. Feelings of safety over time



Source: Where am I at? Data

As discussed earlier in [Section 2.3](#), over 72% of the families in KFT have histories of domestic violence, and about half of these families were at imminent risk of being harmed upon entry into the program. The recent and highly traumatic experiences that many families had with domestic violence when entering the program foregrounds the importance of KFT for facilitating feelings of safety, which in turn are critical for enabling families to move forward with their lives.

Interviews with family participants demonstrated how, despite the ongoing support of KFT, many families continued to be exposed to domestic violence during their time in the program:

He’s been back to jail twice this year already for breaches of DVO. (Family participant)

He told me he was in my house while I slept. I had a friend stay over and he’s like, “I can see him by the way. I’m standing over him.” (Family participant)

Despite men’s ongoing use of domestic violence, family participants also spoke about the range of supports KFT provided to mitigate the risks of domestic violence and help them feel safe:

I come from a bit of DV and my family kind of was harassing me a little bit, showing up to the place unannounced, uninvited, ringing the buzzer for an hour-and-a-half... I didn’t follow through because my family backed off, but [Micah] were going to start the process of getting legal advice or a restraining order, that type of stuff... Just a bit of peace of mind, a bit of reassurance. (Family participant)

If I need to report anything, because the DVOs that I have against my partner, [practitioner] will take me to go do that or she'll see if she can do it for me. (Family participant)

[Practitioner] was good support. So now she helped me write a contact letter to [my ex-partner] saying, "Okay, we'll call you on a Tuesday between 4:00 and 4:05 pm for a five-minute video call with [our child]. Don't call us, we'll call you." And just visitation and that. (Family participant)

Indeed, some participants explicitly said that despite the ongoing threat of violence, they still feel safe in the program. This was largely due to KFT support workers' deep understanding of domestic violence and the support provided to families to help mitigate the risks of domestic violence. For example:

I was located again through my DV. I had my door kicked in twice and got to the point we had to pack up and move... the program helped find another house for us. We just got into this one now... I don't have cameras... But I feel really safe here anyway. (Family participant)

[Practitioners] make sure that I'm safe... they listen to my concerns. (Family participant)

Although some families were able to reach a point where they felt safe, others did not:

In my situation now, I can't move into another property. So I've got to stay put here now, where he knows where I live... I don't want to have to move anyway, but I also want to make sure that we're safe, he's not going to come harassing us. (Family participant)

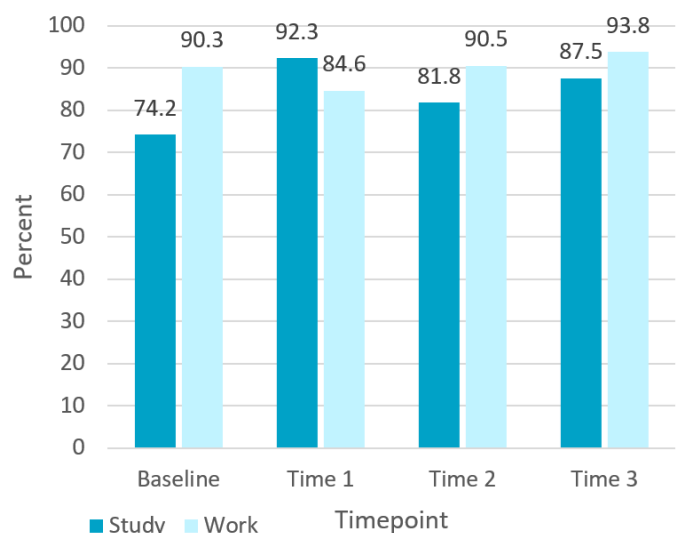
No matter what, still to today, I have my family over. I cannot be by myself. I'm scared I'm going to die... So I've always got one or two people over. I don't care. Even if you're not allowed. (Family participant)

These findings speak to difficulties KFT—or, indeed, any program working with victims of domestic violence—faces in mitigating the risks of domestic violence. However, as reflected in the assessment data outlined above, with the multi-disciplinary support and resourcing to respond to safety concerns, families experienced notable increases in feelings of safety after being housed through KFT.

Education and employment

Along with participants' increased feelings of safety and stability came an increased desire

Figure 14. Desire to participate in education and employment

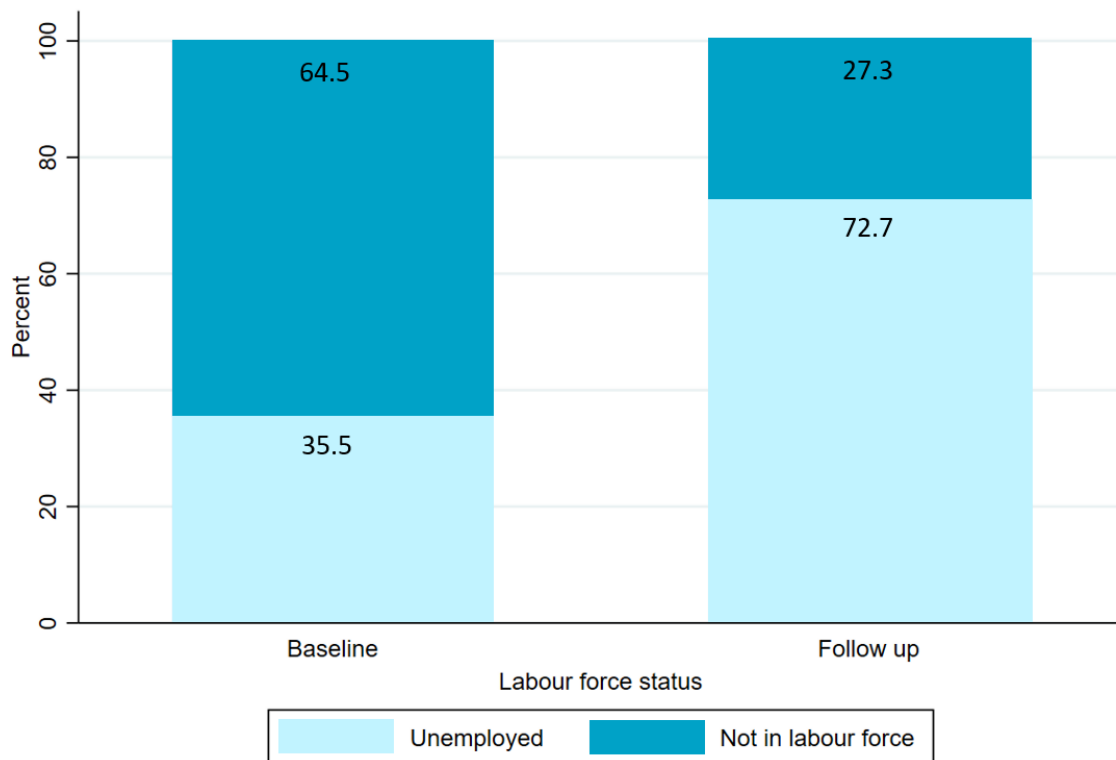


Source: Where am I at? data

and ability to engage in education and employment. **Figure 14** shows that families' desire to participate in education and employment began high and increased slightly over time.

Figure 15 focuses more specifically on employment aspirations. In this figure, 'unemployed' refers to families who are not employed but have actively looked for employment within the past four weeks. By contrast, 'not in labour force' refers to families who are not employed and are not seeking employment. As the figure shows, reported unemployment increased from 35.5% at baseline, to 72.7% at follow-up. This suggests that the number of families actively seeking to enter the workforce doubled during their time in KFT.

Figure 15. Labour force participation over time



Source: AIHW Assessment Data

In the interviews, family participants spoke at length about their education and employment goals and how they were working towards achieving them with the support of KFT.

I've graduated since being with [KFT]... Before that, I hadn't had any of this stuff. I never graduated... which is easy just to give up when you don't have that support. You've got enough going on, let alone all the extended stress. So yeah, they've helped a lot. (Family participant)

This year I'm studying, and I'm nearly finished actually, I only got a couple of units left, a Cert III in Community Services... Micah has helped lead me in that direction, I feel, helped with meeting any additional support regarding studying, regarding resources. (Family participant)

And I would say being with Micah has actually inspired me to want to go down more of the social worker path. Because they working closely with me has ignited an interest and a liking to doing that, helping people in that sense, like how they helped me. (Family participant)

Some family participants spoke explicitly about the importance of employment for their feelings of self-worth and community connections. These were strong motivating factors for engaging in employment. For example:

It got me out of my shell. It made me feel a lot better about myself... mingling with people, whereas I normally wouldn't... I feel like I'm doing better. I love working. It built my self-esteem up. I had no self-esteem. [My ex-partner] brought all that down and made me feel horrible... [work] made me feel better as a person. (Family participant)

I just want a job... I want to be proud of going to work and doing something... I've only just started really pushing in the last month to apply for that first job. So now I'll have a bit more confidence to go and apply for more. Because I actually got a phone call back from them. (Family participant)

Practitioners also spoke about the importance of employment and what it symbolised for the families:

When you have a highly vulnerable family and for the first time ever they've found a job and it brings dignity and freedom. (Practitioner)

I think if a family's reaching the point that they are prepared to start working or feel like they've got capacity, that's normally a really great sign of they've reached a place of stability. (Practitioner)

Others spoke about barriers that made it difficult for them to get a job, despite their motivations to work. These barriers included domestic violence, parenting responsibilities, reunification goals, and a lack of confidence or previous work experience. For example:

I bought a beauty bed to start my own business... But I was just about to start setting up at the old house but then all that [domestic violence] stuff happened. So it's been a bit of a step back. (Family participant)

At the moment I've got the [reunification] sleepovers and counselling that I go to. So if I start a job straight away, well the boss is going to hire me and then he's going to say, "You're taking this day off, this day off, this day off, this day off," and he's going to go, "Well, this person here has already put his résumé in, and he's going to be here full-time," so they're not going to really want me. (Family participant)

No one would hire me because I haven't worked since I was 16 years old... When I had [my first child] I was 16... I didn't have a resume. (Family participant)

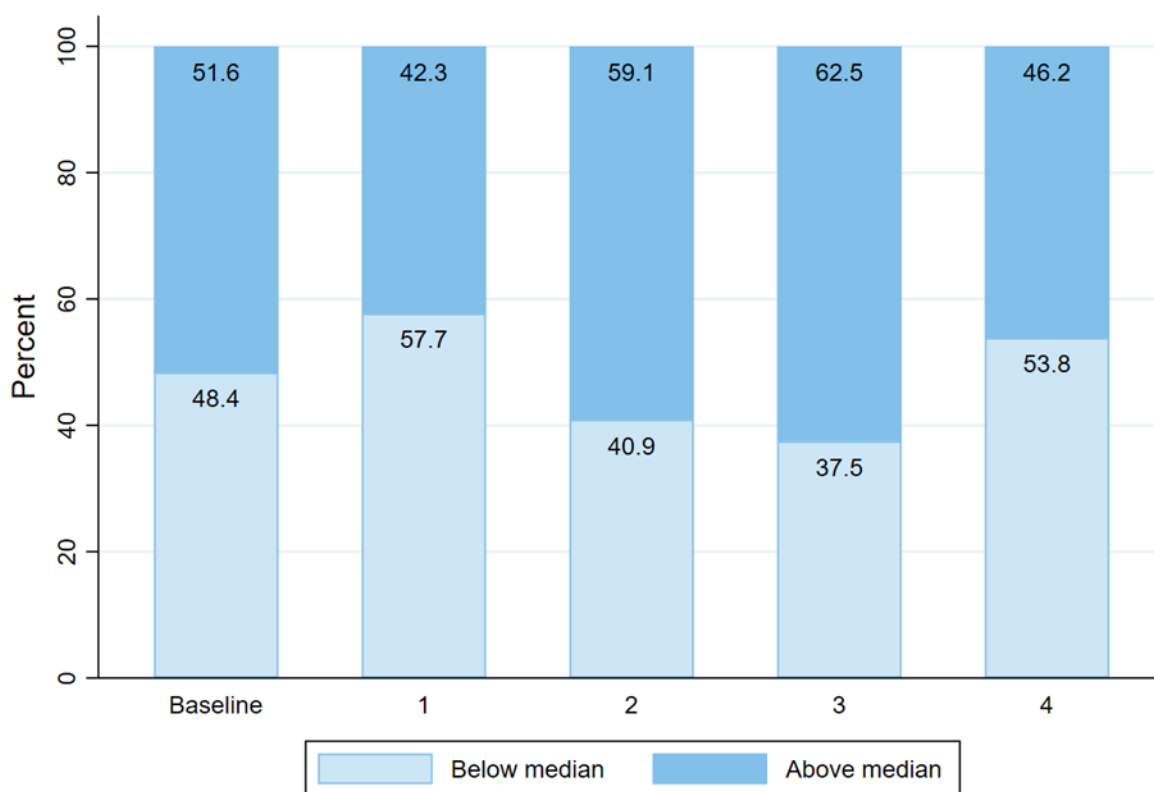
Despite these barriers, many of the family participants said that gaining employment was an important goal that they were actively working towards during their time in the program.

4.3 What aspects of the KFT family wellbeing model worked well?

Building capabilities

Throughout their time in the program, many family participants found KFT to be a significant form of support in helping them to build their capabilities and work towards independence. Drawing on the assessment data, **Figure 16** below shows the percent of families in the program who report above and below median capabilities in the following combined categories: (1) confidence; (2) happiness as a parent; (3) belief in child(ren)'s strength; (4) knowledge of services and activities for children and families; (5) knowledge about being a nurturing parent; (6) understanding of activities to do with child(ren); (7) understanding of child(ren)'s health and development; and (8) knowledge of child(ren)'s age-appropriate development and behaviour. To assess families' capabilities, we derive the overall sum of their scores across these 8 characteristics and evaluate whether families score above or below the median score of 32 (on a scale of 0-40).

Figure 16. Capabilities of families



Source: Where am I at? Data

As the above figure shows, 51.6% of families report above median scores at baseline but this declines to 42.3% at the first follow-up. A possible explanation for this decline is that families with lower competencies could overestimate their parenting capacity at baseline. This is termed the 'Dunning-Kruger' effect. Following engagement with the KFT program, these families are likely to adjust their estimation reflecting a decline in the percentage of families with above median parenting capacity at the first follow-up. Our analysis shows that the second follow-up reports the lowest scores, with the percentage of families who report above median score increasing at subsequent follow-ups.

In our interviews with family participants, many spoke of the ways the program helped them build capabilities in a range of areas. In particular, some participants likened the support to training wheels, as it was helping them learn to be independent. KFT was described as invaluable for providing families with support to learn how to do things themselves, or to have support to fall back on when things did not go to plan:

Just knowing that support's there just really makes me feel like, what's the word, I'm just not alone and there's always help there. I try and do as much as I can, and when I get to a point where I feel like I can't do anymore, they'll step in and help. (Family participant)

I feel like I'm getting there. They're giving me the tools to be able to do it. Yeah, they've helped me a lot. Because if I wasn't in this program I wouldn't have been motivated to go do all this stuff myself. If I didn't have someone nudging me. (Family participant)

If you give us opportunity or goals or something or you say if we can do it this way, well, we take that advice and we use it because we're young and we haven't had that opportunity to be able to learn that. (Family participant)

Ultimately, families aimed to have a life free of support. For example:

I'm trying to learn do it by myself without getting frustrated... I'm at a spot where I'm trying to make it a little more independent... You just want to live a life without the workers, without all this extra shit and just live your life... it's like training wheels. (Family participant)

As well as the practical supports provided by the KFT practitioners to help families develop their capabilities, a critical aspect of the program that gave families the confidence to grow was the emotional support provided by the practitioners:

I'd feel so lost if I didn't have the program. Because this morning I was feeling real depressed and upset, and then I just ring and they just bring me back. They just bring me back to who I am and what I'm doing. (Family participant)

[Practitioner] would just come out and, I don't know, let me talk shit, really. She knew that I was doing everything all right. I've got child safety over my head and stuff too, so everything that I've got to be doing is being done... she would just be there for me to call and have a cry to if I was just having a really bad day. (Family participant)

They just put me in a program today and it's all about women knowing their self-worth and things like that. I just really, really liked it... [Practitioner] actually come and sat with me when I did it... Next week I'll just start going on my own. (Family participant)

Together, the practical and emotional supports provided through KFT were seen as critical for families to learn to do things independently, all the while being secure in the knowledge that KFT practitioners would be there to help families when needed.

Relationships with practitioners

During our interviews, family participants spoke at length about their positive relationships with the KFT practitioners and how important these relationships were for making them feel supported and respected through the program. For example:

I can't speak more highly of [practitioner]. She's just fantastic... She's really kind, gentle with the kids, and understanding. She's wonderful actually. (Family participant)

I'm very close with the program because they're like family to me. They help a lot... I mean, my kids love them. All my kids love them. My girls are all close with them as well. (Family participant)

In particular, knowing KFT practitioners would provide support without judgement was important for families to trust the practitioners and feel comfortable sharing their challenges and asking for help:

[Practitioner] doesn't miss a beat... She's been really good. Especially when you build a friendship with your worker... [She's] been really easy to work with and get along with and she's not judgmental or anything, she's understanding... it is pretty important not feeling judged and feeling safe that you can talk about it and that you're not going to have someone run to child safety and say, "Oh, well," you know. (Family participant)

I love them all... I've always been on a level with them where I've always told them the truth and they've never judged me. I'll be careful how I word it, but I'll tell the truth. And I guess it's a respect thing. They respect me for that and I respect them for how they handle it. (Family participant)

This trust and respect between KFT practitioners and the families was particularly important from a child safety perspective. As families may be hesitant to confide in CSOs about the challenges they are experiencing due to concerns this may lead to further intervention, it is critical for families to have a practitioner they can trust to talk to about the challenges they are experiencing and seek the support they need. Through the KFT program, families have been able to develop positive and trusting relationships with their KFT practitioners, which has enabled KFT to provide support that CSOs alone may not have been able to provide.

4.4 What challenges did the program encounter?

Staff turnover

One significant and ongoing challenge faced by KFT is the high level of staff turnover. This has been a continuing problem for the program and family participants have identified it as a significant factor influencing their progression in the program. For example:

I'd just lost my normal worker. So, [practitioner] is now taking over. It's not as great support as it was. [The new practitioner] is just trying to step in and do what she can with what she's got. So, she's jumped in the waves kind of not knowing what's going on completely. (Family participant)

I was like, "No, I'm not going to sit here and tell another person my problems again." So it took me like a good three months to get used to each worker. Because I've had about four or five different workers now. (Family participant)

Family participants also spoke about how this turnover impacted on their experience and the support they received while in the program, and how it was yet another source of instability for them.

The workers, you see a lot of them come and go. None of them really stick around for too long... It feels like I'm not getting anywhere because I'm out seeing all of them... You see them up and moving to new, different things and it's like "What am I still doing in the program?" (Family participant)

I haven't really had as much of the one-on-one things anymore because my social worker's changed three or four times. So I ended up going, "No, I don't want another one. I'm not going to talk to them until I get to know them and I like them." So it's me that's backed out of [support] a bit. (Family participant)

Importantly, part of the reason staff turnover was experienced as so disruptive is because of the quality relationships the KFT workers had built with the families. For example:

Oh my god, but all my girls are gone... She moved, she left... But god damn it, god damn it... I love them girls. I'd give anything to have [practitioner] back though. Anything... They all left. (Family participant)

The practitioners themselves also spoke of the difficulties with staff turnover and how it impacted their ability to deliver continuity of support:

We've had all new workers come on board and each time a new worker comes on we've got a new way of looking at it, a new settlement period, and I can say, from my perspective, a lot to learn still about the program. (Practitioner)

So she came into the program, there was a bit of a gap in our staffing during that time. So she'd entered the program and then not had a lot of casework support... And so me working in, trying to get engagement going with her took quite a while. (Practitioner)

Some practitioners spoke about the highly challenging nature of the job as a reason for the high turnover, as well as large caseloads (we discuss the latter in detail in the following section). Facilitating staff retention will be important for maximising families' feeling of stability and the benefits of support provision moving forward, although it is important to recognise that high staff turnover within the child safety sector is well documented within the literature (McFadden et al., 2015).

Capacity to meet service needs

Another key challenge hindering service delivery was the capacity of support workers to respond to KFT families' range of needs, particularly within the context of maintaining housing in the private rental market. KFT specifically targets families with complex needs – that is, families who are most in need of intensive supports. However, KFT generally only has two case workers at any one time, meaning each case worker has a caseload of 10 families. As the practitioners discussed:

A caseload of 10 is not high, but in KFT, a caseload of 10 is too high to be able to do the case management support work that a lot of these families need to get to the other end where they can actually be well-supported, well-connected to community, well physically, mentally, and emotionally, and be safe parents. (Practitioner)

Several practitioners spoke about how their lack of capacity to provide the level of intensive support needed by families meant that, for many families, moving beyond the crisis stage was not feasible. This was further complicated by the difficulties of maintaining housing on the private rental market, as discussed in [Chapter 2](#). Given that families were sometimes required to move house multiple times over the space of a year or two, they were often either in the process of preparing to move, moving, or settling after a move. This made it difficult for practitioners to provide overarching case management to support families to move towards stable and independent living.

It's maybe one step forward once in a while and then three steps backward and then we start again. And then I feel like even once a week visit, one or two hours is not really changing much. I think it would be some of the families who are really intensive, they would need very intensive support at least twice a week. (Practitioner)

The amount of support that they need to get to that point [of independence] is tricky to achieve given the complexities of the ten families you're working with... [it] would really require two to three visits a week and with a lot of background work happening with other linking and other services and referrals... within the scope of the program and the complexities of the families, it will be challenging to get them all across the line. (Practitioner)

Family participants also spoke about how they were at times unable to access the level of support they needed. For example:

They're great when they have staff. You get stuff going, you're doing good, but there's just not enough staff... [Practitioner's] like, "Oh, I've got 20 families to look after." Yeah, we get you have 20 families, but one person should not be looking after 20 families... That's a lot. I'm struggling doing one. (Family participant)

[Practitioner] had to ring up and cancel... because something came up on the north side. I'm completely understanding. I understand how the job role is and some people need more support. And I'm like, "I can go with or without it," kind of thing... [Practitioner] was very sincerely sorry and she was like, "Oh, you do matter. You really do matter, but I'm so sorry." (Family participant)

Given who KFT targets for inclusion in the program, as well as the difficulties caused by families having to move house regularly, it is critical that the Department of Housing: (a) provides a supply of social housing in which to stably house KFT families, and (b) provides the resources to enable families to access the level of support necessary to move beyond crisis and achieve stability in the program.

Culturally appropriate support

The provision of culturally appropriate support, particularly for families who identify as Aboriginal or Torres Strait Islander, is an important consideration for KFT. According to VI-SPDAT data, the majority (52%) of KFT families identify as Aboriginal or Torres Strait Islander. This high proportion is not an intentional recruitment strategy. It is, however, critical that the support provided through the program is culturally appropriate. Several family participants spoke about how the program and its associated supports were respectful of their culture:

In the program I'm not ashamed of who I am and I'm very open about my culture... What I had felt when I came in the program, they took me as just a person and they didn't take me and based on my background. And that's what I like the most because they treated me just normal. And because I have come across a lot of people who just look down on you. (Family participant)

They're culturally sensitive. Because when I first moved in here there was an old Indigenous Micah worker, but I think she might have quit or something. But when she used to come here we used to get along so well, like we were family. But yeah, they make you feel very comfortable and that. (Family participant)

Although it is positive that families felt KFT was respectful of their culture, several practitioners spoke in detail of the importance of adding a new Indigenous liaison officer to the team. For example:

We work with Indigenous families, but we don't have an Indigenous liaison worker at all... I feel like I'm culturally quite competent because I've lived in many, many different cultures and countries, but still there are things I don't know about Aboriginal culture. And if there was an Aboriginal worker who could educate us and advise us and that we could go back to and talk to like, "What do you think in this situation"? (Practitioner)

Having an [Aboriginal or Torres Strait Islander] identified worker would be incredible... I think even not necessarily having all the identified families, but just being that liaison person for the other case managers while working with the Aboriginal families to get the best outcomes, to get the best engagement and communication. (Practitioner)

I haven't got a lot of experience working with the Aboriginal community. So it's been challenging... not having anyone within Micah to talk to about, you know, support around best practice, engaging with Aboriginal families or having that person that can come out with family to help support engagement. That's definitely a lacking area because of the number of Aboriginal families we've got. (Practitioner)

Thus, while families identifying as Aboriginal and Torres Strait Islander felt culturally supported in the program, including an Indigenous liaison officer in the team was seen as useful by practitioners to help build their confidence and capacities to continue to deliver support to these families in a way that was both culturally sensitive and appropriate, and targeted to ensure the families could maximise the benefits of the supports on offer.

4.5 Recommendations

In this chapter, we have demonstrated how KFT has supported families to feel safer and more secure than they did prior to entering the program. With the support of KFT, many families have been able to reach a point of stability where they are ready to engage in education and employment. Indeed, for some families, education and employment outcomes were seen as important achievements that contributed to building confidence and feelings of self-worth. These improvements in family wellbeing were facilitated by the supportive relationships families built with KFT practitioners, and the ability of the program to act as ‘training wheels’ and support families towards independence.

Along with these successes, however, came several challenges. In particular, the program experienced a high rate of staff turnover, which was experienced by families as disruptive to their continuity of support. In addition, and largely due to the challenges of housing families through the private rental market, families and practitioners alike identified the program was not always able to provide the level of support necessary for families to move beyond crisis. Given the high support needs of the families targeted by KFT, and the frequent housing moves they were required to make, it is critical that the resourcing of KFT enables case workers to provide the level of support necessary to achieve the aims of the program and support families to move towards independence.

Given these findings, we recommend the following:

- 1 Micah Projects continues to support families to identify and work towards overarching goals.
- 2 Micah Projects continues to build strong and supportive relationships with families.
- 3 The Department of Housing continues supportive housing programs for families, and considers scaling up supportive housing models to other cohorts.
- 4 The Department of Housing recognises permanent supportive housing as a culturally appropriate model for Aboriginal and Torres Strait Islander agencies.

CHAPTER 5. KEY FINDINGS AND RECOMMENDATIONS

5.1 Key findings



HOUSING ACCESS

What were the housing outcomes?

- 44% of families had been homeless for more than 1 year prior to entering KFT
- 94% of families felt safe/stable or somewhat safe/stable once housed in KFT
- A majority of families remained housed through KFT for more than 36 months

What factors enabled success?

- KFT's ability to flexibly meet families' housing needs
- Provision of ongoing tenancy support
- Engaging real estate agents to facilitate access to affordable housing

What were the challenges?

- Ongoing housing instability due to multiple property moves
- Families' accumulation of housing-related debt
- Limitations of the private rental market



CHILD WELFARE

What were the child welfare outcomes?

- Participation in early education increased from 39% to 88%
- Involvement with child safety reduced from 48% to 25%
- 12 children were reunified, and a further 42 remained in their families' care

What factors enabled success?

- Supporting children's enrolment in early education
- Linking families to external support, including the NDIS
- Developing strong relationships with child safety

What were the challenges?

- Delivering parenting support in complex family contexts
- Supporting families through child removals



FAMILY WELLBEING

What were the family wellbeing outcomes?

- The number of mothers feeling unsafe in their relationships decreased from 63% at baseline to 50% at the third follow-up
- The percentage of families seeking employment doubled from 36% at baseline to 73% at follow-up

What factors enabled success?

- Delivering flexible, tailored, and parent-led support
- Supporting families to build their capabilities
- Building strong relationships between practitioners and families

What were the challenges?

- Disrupting families through high staff turnover
- Difficulty meeting families' high service needs
- Practitioners wanting additional cultural support

5.2 Recommendations

Housing access



- 1. The Department of Housing considers creating viable exit pathways by increasing the supply of quality social and affordable housing.**

An adequate supply of good quality social and affordable housing is critical if the full potential of KFT is to be realised. As a priority, this includes ensuring that there is adequate housing for KFT families to move into once they identify that they no longer require the intensive supports provided through the program. As an interim measure, the Department of Housing should stop pausing families' social housing applications while they are in the KFT program.

- 2. The Department of Housing considers coupling social housing with support for the use of KFT and permanent supportive housing more broadly.**

Many of the significant challenges hindering the success of KFT lay in its reliance on sourcing housing through the private rental market. With an allocation of social housing, coupled with integrated support services, families will have a greater chance of success in achieving housing stability and avoiding the accumulation of debt across multiple properties. This will have significant flow-on effects for enabling families to work on stabilising and moving forward in other aspects of their lives.

- 3. The Department of Housing ensures a sufficient budget for damage to properties and the costs of moving is built into the funding model.**

As long as the KFT model continues to source housing on the private rental market, the Department of Housing should budget for the costs involved in repairing properties and moving families when tenancies end. In many cases, these costs are beyond the families' control; for example, damage is often caused in domestic violence contexts, and moves are often prompted by leases not being renewed. Passing these costs onto the families can be detrimental to their wellbeing and ability to achieve positive future outcomes. Similarly, expecting the service and housing providers to cover these costs significantly reduces their ability to provide a breadth and depth of support for families in other areas.

- 4. The Department of Housing ensures that the rental subsidy is sufficient so that participating families pay no more than 30% of income on rent.**

As rental prices increase, the capacity of the current subsidy to enable tenants to pay no more than 30% of their income towards rent will be compromised. With the prediction of rental prices continuing to increase in coming years, it is important that the subsidy also increases to reflect the additional costs to rent housing in the private market.



- 1. The Department of Child Safety, Seniors and Disability Services continues to provide supportive, strengths-based responses to the families they engage with.**

For families, having a supportive and understanding CSO meant the difference between experiencing departmental intervention as intrusive or experiencing it as a form of support. The Department, as well as individual CSOs, should continue to take supportive, strengths-based approaches to working with families engaged with the Department.

- 2. The Department of Child Safety, Seniors and Disability Services engages more deeply with programs such as KFT to better facilitate positive outcomes.**

We recommend the Department deeply considers the evidence for the success of supportive housing programs for families, such as KFT, for facilitating positive child safety outcomes, and what this success means for departmental objectives. The Department should consider further evaluation of KFT to examine the ongoing benefit to families as well as to the Department itself. We recommend research that includes analysis of the cost of child safety interventions comparative to the cost of funding KFT's housing subsidy and family support.

- 3. Micah Projects considers flexible ways of implementing Parents as Teachers, particularly for parents experiencing crises and housing instability.**

Families in the program identified a desire for additional parenting support, yet practitioners identified several barriers to implementing Parents as Teachers. Micah Projects could consider strategies for improving practitioners' capacity to deliver parenting support, such as by supporting practitioners taking a less structured approach to delivering Parents as Teachers, or by replacing or augmenting it with other useful parenting programs.

- 4. The Department of Child Safety, Seniors and Disability Services resources Micah Projects to increase levels of support to families who have children removed. This support should be focused on enabling reunification.**

When families had children removed from their care, they often suffered a decline in mental health and struggled to cope with the loss. They also identified the need for additional support both to manage the feelings of loss and to support them in actively working towards reunification. Moving forward, it will be important for the Department of Child Safety, Seniors and Disability Services to ensure families' post-removal needs are understood and responded to, including by working closely with KFT.



1. Micah Projects continues to support families to identify and work towards overarching goals.

A key success of the KFT support model is its aim to support families to achieve self-identified family wellbeing goals. Although to date this aim has been somewhat undermined by the instability of the head-leasing model and the resourcing constraints imposed on practitioners, it is nonetheless crucial for supporting families to work towards independence. With the additional resourcing as recommended below, Micah Projects should continue its aim of supporting families to move beyond crisis and achieve the stability required to achieve their goals.

2. Micah Projects continues to build strong and supportive relationships with families.

The strong relationships built between families and case workers were an important aspect of the program. Indeed, these relationships were significant for ensuring all forms of families' support needs—including the need for emotional support—were responded to. Although case workers were not always able to address all of families' support needs, knowing that they had a trusted case worker they could call for support made a significant difference to families' lives. We therefore recommend Micah Projects continues to foster such relationships.

3. The Department of Housing continues supportive housing programs for families, and considers scaling up supportive housing models to other cohorts.

The evidence presented in this report identifies significant successes achieved by KFT in the housing, child protection, and family functioning domains. These benefits have significant positive implications for the lives of families participating in KFT. It is critical that the lessons learned about the successes of KFT and the programmatic practices that contribute toward success are scaled up and extended beyond the one-off program.

4. The Department of Housing recognises permanent supportive housing as a culturally appropriate model for Aboriginal and Torres Strait Islander agencies.

Although not a deliberate recruitment strategy, the evidence demonstrates that a high proportion of Aboriginal and Torres Strait Islander families both participated in and benefitted from KFT. Data presented in this report suggests that the coupling of affordable housing and intensive support was experienced as beneficial to and culturally appropriate for Aboriginal and Torres Strait Islander families. Aboriginal and Torres Strait Islander controlled agencies can consider delivering permanent supportive housing.



Future research

1. The Queensland Government considers funding and enabling a data-linked research project.

It is important for future research to draw on linked data to identify and measure longitudinal family outcomes and the costs and cost benefits of permanent supportive housing for families. This requires making available government administrative data for the purposes of linking data to capture families' life course journeys and associated government costs and benefits.

2. The Queensland Government considers a systematic program of research that examines the interface of the statutory child protection system and housing and support services.

This program of research will require an empirical investigation of the housing and other social determinates that drive child protection harms and suboptimal family functioning. It will likewise require a robust empirical investigation of if and how permanent supportive housing models can reduce child harms, reduce child protection intervention, and promote positive child and family life outcomes.

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