

## Small Steps Program Logic

SITUATION / NEED	EVIDENCE (to support the intervention)	ACTIVITIES	MECHANISMS OF CHANGE	OUTPUTS (monthly)	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
			Participant response to program activities (attitudes/beliefs)	Products / services	Behaviours, practices, relationships		
<p><b>Domain 1: Housing</b></p> <p>Identified need for supported accommodation for young mums at risk of homelessness or the removal of their children removed from their care (due to a lack of appropriate accommodation and support). Many of the residents come into the program with previous experiences of homelessness, in which their accommodation or home-life has been unstable, inadequate and a lack of control of their own space.</p>	<p>At a most basic level, the residents need an environment that meets their physiological needs – sleep, food, water, hygiene, etc.<sup>1</sup> Until these needs are met, they are in survival mode and therapeutic support will not be effective at addressing the underlying complex needs of this cohort<sup>2</sup>. To maintain tenancies and promote the future capacity of the mums to live independently with their children, the provision of ‘safe’ psychological environment is required.<sup>3</sup> Further, the provision of this will facilitate engagement of the mums with support services to address their underlying complex needs and promote overall ‘housing readiness’</p>	<ul style="list-style-type: none"> <li>- Provision of safe accommodation to young mothers and children</li> <li>- Provision individual access to cooking facilities</li> <li>- Shared access to laundry and rubbish facilities</li> <li>- Provide practical advice on how to clean and maintain tenancy.</li> <li>- Trust/rapport building between the residents and staff/volunteers.</li> </ul>	<ul style="list-style-type: none"> <li>• Resident baseline health and wellbeing improvement</li> <li>• Residents feel supported to ‘learn to live safely’ and build trusting relationships</li> <li>• Residents feel supported to develop new skills towards housing readiness and future independent living</li> </ul>	<ul style="list-style-type: none"> <li>• No of residents on site</li> <li>• No on waitlist (total and new)</li> <li>• No of intake interviews completed</li> <li>• No of group cleaning advice sessions</li> <li>• No of cleaning schedules developed</li> <li>• No of tenancy workshops conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrate capacity to engage in gaining accommodation (return phone calls &amp; visit site)</li> <li>• Increase knowledge regarding household cleaning and personal hygiene.</li> <li>• Improved health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Practical application of cleaning knowledge and advice to unit.</li> <li>• Practical application of personal hygiene knowledge to self and child/ren</li> <li>• Increased health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• Positive interactions in seeking accommodation outside of SS.</li> </ul>
<p><b>Domain 2: Health and wellbeing support</b></p> <p>Many residents have complex needs with histories of childhood trauma and abuse and exposure to family violence.  This may result in substance abuse and poor physical and mental health<sup>4</sup> that be exacerbated by the challenges of parenting.</p>	<p>Adverse childhood experiences are associated with increased negative health and wellbeing outcomes<sup>5</sup></p> <p>However, research suggests that close supportive relationships can assist in the restoration of healthy development and resilience building<sup>6</sup></p> <p>Within the program context, this occurs through a trauma and attachment informed model of practice</p>	<ul style="list-style-type: none"> <li>- Resident case management (depending on level of need)</li> <li>- Advice and support available as required from staff and volunteers and</li> <li>- Provide practical advice on healthy eating, budget eating and meal planning</li> <li>- Assist residents to develop self-care strategies</li> <li>- Practical (transport) and emotional support to attend health or support appointments.</li> <li>- Support resident engagement in organised sporting/physical activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents feel supported to seek help to address issues that may impact on their parental capacity</li> <li>• Residents feel emotionally and practically supported to engage with services</li> <li>• Residents feel supported to acquire new knowledge and develop new skills to look after themselves and meet the practical needs of their children.</li> </ul>	<ul style="list-style-type: none"> <li>• No of residents supported to access services offsite</li> <li>• External service attendance on site</li> <li>• No of referrals made to services</li> <li>• No of cooking group sessions</li> <li>• No of grocery shops</li> <li>• No of meal plans/weekly plans developed</li> <li>• No of self-care plans developed.</li> <li>• No of self-care sessions conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Improved mental and physical health/wellbeing</li> <li>• Engagement with health and support services</li> <li>• Increased knowledge of cooking and nutrition and selfcare strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Increased mental and physical health/wellbeing</li> <li>• Continued engagement with health and support services</li> <li>• Practical application of cooking and nutrition knowledge to ongoing healthy eating for self and child</li> </ul>	<ul style="list-style-type: none"> <li>• Maintained mental and physical health/wellbeing</li> <li>• Stabilisation of mental or physical health issues</li> <li>• Continued healthy eating and cooking for self and child/ren</li> </ul>

<sup>1</sup> Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396. <https://doi.org/10.1037/h0054346>

<sup>2</sup> Robinson, C, (2022). *Better, Bigger, Stronger: Responding to the Mental Health Care Needs of Unaccompanied Homeless Children in Tasmania*, <https://www.anglicare-tas.org.au/download/24355/>

<sup>3</sup> *ibid.*

<sup>4</sup> Lighthouse Foundation (2017). *Lighting the Way*. <https://www.lighthousefoundation.org.au/wp-content/uploads/2022/10/Lighthouse-Foundation-Delivery-and-Outcomes-Report-2017.pdf>, p. 23

<sup>5</sup> Jones CM, Merrick MT, Houry DE. (2020). Identifying and Preventing Adverse Childhood Experiences: Implications for Clinical Practice. *JAMA*.323(1):25–26. doi:10.1001/jama.2019.18499

<sup>6</sup> Arincorayan, D., Applewhite, L., Garrido, M., Cashio, V., & Bryant, M. (2017). Resilience-enhancing relationships: what we can learn from those with a history of adverse childhood experiences. *U.S. Army Medical Department journal*, (2-17), 25–32.

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			Participant response to program activities (attitudes/beliefs)	Products / services	Behaviours, practices, relationships		
<p><b>Domain 3: Healthy relationships</b></p> <p>Many of the young mothers come from home environments characterised by intergenerational trauma and dysfunction<sup>7</sup>, with a lack of positive adult role models demonstrating emotional regulation and social competence. As a result, residents may have developed maladaptive coping mechanisms<sup>8</sup> and exhibit impaired social role functioning<sup>9</sup></p> <p>Low self-efficacy is commonly associated with this cohort, and this will impact on the capacity for knowledge acquisition and skill development to result in behavioural change<sup>10</sup> <u>Self-efficacy</u> relates to a person’s belief in their capabilities to produce given attainments<sup>11</sup>. These beliefs influence the courses of action taken, the challenges and goals set and the commitment to them and how effort is put into these endeavours<sup>12</sup></p>	<p>Residents are physically and emotionally supported by staff and volunteers to improve their individual health and wellbeing and their relationships with others. The capacity to emotionally regulate and demonstrate socialisation skills is necessary to obtain and maintain future accommodation for self and child/ren. Close supportive relationships are crucial in ‘overcoming past adversity and to break free from negative patterns of behaviour’<sup>13</sup></p> <p>The provision of emotional support, knowledge acquisition and skill development, within a small peer community setting, facilitates the cognitive changes necessary for behavioural change. Within this context, residents not only rebuild trust but also rebuild their self-efficacy. This rebuilding is necessary for future social and economic participation (see domain 5)</p>	<ul style="list-style-type: none"> <li>- Resident handbook</li> <li>- Tenancy agreement</li> <li>- Resident meetings</li> <li>- Role modelling of effective communication/conflict resolution</li> <li>- Support positive interactions between residents and staff/volunteers</li> <li>- Support positive interactions between residents</li> <li>- Support positive interactions between residents and visiting services</li> <li>- Support resident engagement in sporting / community activities</li> </ul>	<ul style="list-style-type: none"> <li>• Residents are clear of the expectations of the program and what is expected from them (healthy boundaries)</li> <li>• Residents are assisted to ‘rebuild’ their trust in others through developing relationships with staff, peers and support services,</li> <li>• Residents observe role modelling of ‘healthy boundaries, communicating with others, managing conflict, etc. This further supports knowledge acquisition and skill development</li> </ul>	<ul style="list-style-type: none"> <li>• No of residents attending meetings</li> <li>• No of opportunities for social modelling (excursions, etc)</li> <li>• No of incidents/ conflicts between residents</li> <li>• No of incidents/ conflicts between residents and staff/volunteers</li> <li>• No of residents assisted to attend FV or trauma support services.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved emotional regulation / coping behaviours</li> <li>• Improved interactions between residents and staff/volunteers</li> <li>• Improved relationships with extended family and friends</li> <li>• Improved interactions between residents</li> <li>• Improved interactions between residents and other services</li> <li>• Engagement with sporting and/community activities</li> </ul>	<ul style="list-style-type: none"> <li>• Increased positive emotional regulation/ coping behaviours</li> <li>• Increased positive interactions between residents and staff, volunteers, extended family and friends, and services</li> <li>• Increased engagement with sporting and/ community activities</li> </ul>	<ul style="list-style-type: none"> <li>• Continued positive emotional regulation/ coping behaviours</li> <li>• Continued positive interactions between residents and staff/volunteers</li> <li>• Continued positive interactions between residents, extended family and friends, other services</li> <li>• Continued engagement with sporting and/community activities</li> </ul>
<p><b>Domain 4: Parenting</b></p> <p>Due to their early life experiences, many residents may exhibit insecure attachments styles that will impact on their parental capacity. This is further impacted upon by an inadequate knowledge of what 'healthy parenting' and child development involves<sup>14</sup></p>	<p>The program addresses this through the relationship/trust building between residents and staff/volunteers, and encouragement to engage with therapeutic support services.</p> <p>This establishes the necessary groundwork for the provision of information on healthy parenting and child development, and the effective adoption of this knowledge into parental behaviour<sup>15</sup></p>	<ul style="list-style-type: none"> <li>- Provision of informal parental advice from staff and volunteers (feeding, settling, etc)</li> <li>- Provision of one-on-one or group sessions</li> <li>- Provision of parenting education sessions from external services</li> <li>- Support to attend playgroups</li> <li>- Advocacy/support with Child Safety Services.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents develop trusting relationships with staff/volunteers, that support the adoption of the knowledge provided (informal &amp; one-on-one or group sessions with other residents).</li> <li>• Residents develop confidence in attending at playgroups that further enhances informal knowledge acquisition and skill development.</li> <li>• Resident parental self-efficacy increases</li> </ul>	<ul style="list-style-type: none"> <li>• No of visits to external parenting education sessions</li> <li>• No of playgroup support (car/going with) provided.</li> <li>• No of interactions with Early intervention services</li> <li>• No of interactions with CSS</li> </ul>	<ul style="list-style-type: none"> <li>• Improved relationships between residents and staff/volunteers</li> <li>• Improved relationship with child/ren</li> <li>• Increased knowledge of parenting and child development</li> </ul>	<ul style="list-style-type: none"> <li>• Increased positive relationships between residents and staff/volunteers</li> <li>• Increased positive relationship with child/ren</li> <li>• Practical application of parenting/ child development knowledge to caring/looking after child/ren.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued positive relationships between residents and staff/volunteers</li> <li>• Continued positive relationship with child/ren</li> <li>• Continued application of parenting/child development knowledge to caring/looking after child/ren.</li> </ul>

<sup>7</sup> Robinson, C, (2017). *Too Hard? Highly vulnerable teens in Tasmania*, <https://www.anglicare-tas.org.au/download/3809/> p. 82

<sup>8</sup> Seddon, J. A., Abdel-Baki, R., Feige, S., & Thomassin, K. (2020). The Cascade Effect of Parent Dysfunction: An Emotion Socialization Transmission Framework. *Frontiers in Psychology*, 11. doi:10.3389/fpsyg.2020.579519

<sup>9</sup> Rothenberg, W. A., Hussong, A. M., & Chassin, L. (2018). Intergenerational continuity in high-conflict family environments: Investigating a mediating depressive pathway. *Developmental psychology*, 54(2), 385–396. <https://doi.org/10.1037/dev0000419>

<sup>10</sup> Freiberg, K, Homel, R & Branch, S (2014), ‘The Parent Empowerment and Efficacy Measure (PEEM): a tool for strengthening the accountability and effectiveness of family support services’, *Australian Social Work*, vol. 67, no. 3, pp. 405–18.

<sup>11</sup> Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52, 1–26. <https://doi.org/10.1146/annurev.psych.52.1.1>.

<sup>12</sup> Bandura, A. (2006). Guide for constructing Self-efficacy scales. In: Pajares, F. and Urdan, T.S., Eds., *Self-Efficacy Beliefs of Adolescents*, Age Information Publishing, Greenwich, 307-337. p.309

<sup>13</sup> Lighthouse Foundation (2017). *Lighting the Way*. <https://www.lighthousefoundation.org.au/wp-content/uploads/2022/10/Lighthouse-Foundation-Delivery-and-Outcomes-Report-2017.pdf> p.24

<sup>14</sup> Wells, S. (2022). Sixteen Years Old and Pregnant, No Secure Family and Facing Homelessness. *Parity*, 35(5). 29-31 [https://chp.org.au/wp-content/uploads/2022/07/Parity\\_Vol35-05.pdf](https://chp.org.au/wp-content/uploads/2022/07/Parity_Vol35-05.pdf)

<sup>15</sup> Freiberg, K, Homel, R & Branch, S (2014), p. 408

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			Participant response to program activities (attitudes/beliefs)	Program level	Behaviours, practices, relationships (participant level)		
<p><b>Domain 5: Social and economic participation</b></p> <p>Addressing the preceding domains and the provision of program activities to address them, provides the <u>necessary groundwork</u> to facilitate resident social and economic participation in broader society.</p> <p>Many residents may have histories of disrupted school attendance<sup>16</sup> and involvement with the criminal justice system<sup>17</sup>. Unaddressed, these needs present a barrier to further educational/employment engagement.</p> <p>This setting provides the <u>necessary conditions</u> to enhance self-efficacy (and facilitate sustained behavioural change) through the opportunity to:</p> <p>i) acquire mastery experiences, ii) be encouraged by watching others succeed, iii) encouraged by social persuasion, iv) experience the physiological feedback accompanying these actions<sup>18</sup></p>	<p>The early program provision of life skills development in a staff supported peer setting enhances future resident engagement and success in a more formalised setting. Residents are supported to learn and work toward their own goals.</p> <p>Despite the challenging early life experiences of the residents and ongoing parenting demands, an analysis of resident goal setting reveals a strong desire for independence (gaining their car license), to improving their mental health and undertaking study/courses to support themselves and their child/ren. In this regard, the residents are demonstrating agency – ‘the capacity to exercise control over the nature and quality of their lives’<sup>19</sup></p>	<ul style="list-style-type: none"> <li>- Resident goal setting</li> <li>- Supportive learning environment (customised to resident need)</li> <li>- Provision of budget life skills sessions</li> <li>- Driving lesson provision</li> <li>- Support/advocacy to engage in further study/courses</li> <li>- Support/advocacy to address financial and legal issues</li> <li>- Provision of outreach support post-program exit?</li> </ul>	<ul style="list-style-type: none"> <li>• Residents feel supported to develop life skills</li> <li>• Residents feels supported to set goals and achieve them</li> <li>• Resident self-efficacy increases, supporting knowledge acquisition, skills development and behaviour change</li> </ul>	<ul style="list-style-type: none"> <li>• No of life skills planning sessions completed.</li> <li>• No of budgeting sessions conducted</li> <li>• No of financial counselling sessions provided</li> <li>• No of driving lessons conducted</li> <li>• No of residents assisted with legal issues</li> <li>• No of residents assisted with financial issues</li> <li>• No of residents assisted to engage with education</li> <li>• No of outreach visits made</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with life skills goal setting.</li> <li>• Engagement in the core life skills program elements (tenancy, cooking, budgeting and self-care).</li> <li>• Engagement with literacy /educational support</li> </ul>	<ul style="list-style-type: none"> <li>• Progress made toward achieving individual goals</li> <li>• Progress made towards the completion of the core life skills program elements (tenancy, cooking, budgeting and self-care)</li> <li>• Engagement with further education, training or employment</li> </ul>	<ul style="list-style-type: none"> <li>• Achievement of individual goals</li> <li>• Completion of the core life skills program elements (tenancy, cooking, budgeting and self-care)</li> <li>• Ongoing participation in further education/employment</li> </ul>

<sup>16</sup> Robinson, C. (2022). *Better, Bigger, Stronger: Responding to the Mental Health Care Needs of Unaccompanied Homeless Children in Tasmania*, p. 23

<sup>17</sup> Robinson, C. (2017). *Too Hard? Highly vulnerable teens in Tasmania*, p. 62

<sup>18</sup> Wittkowski, A., Garrett, C., Calam, R., & Weisberg, D. (2017). Self-Report Measures of Parental Self-Efficacy: A Systematic Review of the Current Literature. *Journal of child and family studies*, 26(11), 2960–2978. <https://doi.org/10.1007/s10826-017-0830-5>

<sup>19</sup> Bandura, A. (2001). *Social Cognitive Theory: An Agentic Perspective*. p. 1