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Synthesis of Australian evaluation evidence on the Home Interaction Program for Parents and Youngsters (HIPPY)

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In the spirit of reconciliation, the Treasury acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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Executive summary

This report synthesises evidence from 12 Australian evaluations of the Home Interaction Program for Parents and Youngsters (HIPPY).

Scope and structure of this report

The 12 evaluations of HIPPY Australia considered in this report span more than 2 decades, from HIPPY's inception in Australia in 2003. The most recent studies are 2 evaluations completed in 2026 by the Australian Centre for Evaluation (ACE) and the Parenting Research Centre (PRC). This report synthesises evidence on HIPPY's appropriateness in the Australian context (Section 2) and examines its implementation over more than 20 years (Section 3). It then assesses the evidence for HIPPY's impact on its intended outcomes (Section 4) and briefly considers HIPPY's cost effectiveness (Section 5).

Appropriateness

HIPPY addresses a real community need and is well targeted to vulnerable families. Most evaluations included in the synthesis show that families meeting priority access criteria are significantly over-represented in the HIPPY cohort, as intended. Parents and carers consistently report high levels of satisfaction with HIPPY. HIPPY's design explicitly allows for local flexibility to accommodate the needs of diverse communities. This flexibility is often used to adapt the program for Aboriginal and Torres Strait Islander people and members of culturally and linguistically diverse groups.

Implementation

HIPPY has 6 core components. 3 components have been implemented with high fidelity: the tutor home visits, the role of parents and carers as tutors, and 'everywhere learning'. However, 2 other components are not adopted consistently: families do not consistently attend the family gatherings; and HIPPY often did not meet retention targets for participation in the full 2-year program, at least prior to the change to 'HIPPY Age 3' in 2023. Finally, there was mixed evidence on the use of role play.

Impact

Of the 12 evaluations reviewed, 9 address the question of impact. This report reviews outcomes for children, parents, tutors, and families. Specific outcomes are drawn from HIPPY's program logic. ACE assessed the strength of the evidence for each of these outcomes using the following categories: inconclusive, limited, suggestive, persuasive, or conclusive. However, there were no outcomes where the evidence was rated as 'persuasive' or 'conclusive'.

There was 'suggestive' evidence that:

- HIPPY improves parents' behaviours, and their understanding of how their child learns
- HIPPY children showed gains in literacy or numeracy immediately following program completion, although the size of these gains appears to be small
- HIPPY positively influences a family's confidence to engage with their child's school
- HIPPY provides tutors with skills, confidence and knowledge that supports their future employment.

Evidence for other outcomes was categorised as 'limited' or 'inconclusive'.

Cost effectiveness

Evidence relating to HIPPY's cost effectiveness is inconclusive. HIPPY is in the middle of the range of related parenting programs for both cost per family and intensity of service. However, a full cost-benefit analysis using realistic assumptions would be challenging to undertake and has not been conducted to date.

1. Introduction

HIPPY is a 2-year structured early childhood program that is delivered in the home. Parents and carers are taught techniques and activities to support them to be their child's first teacher. The program provides parents with home visits, educational materials and group activities. HIPPY is open to all families with a child aged 3–4 years, but it is targeted at those needing extra parenting support as determined by a set of priority access criteria. HIPPY is funded by the Department of Social Services (DSS) and managed by HIPPY Australia, an arm of the Brotherhood of St Laurence (BSL).

Purpose and scope of this report

This synthesis report aims to summarise the available evidence on the appropriateness, implementation and impact of HIPPY Australia. This includes a summary of whether HIPPY is achieving its intended short-term, medium-term or long-term outcomes (or any unintended outcomes).

This synthesis brings together evidence from Australian evaluations of HIPPY, including the recent evaluations by the Parenting Research Centre (PRC) and Australian Centre for Evaluation (ACE). The evaluations that were reviewed for this synthesis are summarised in Table 1.

Table 1: Summary of evaluations of HIPPY Australia in scope for the synthesis

Year	Authors	Title
2026	Australian Centre for Evaluation	An impact evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY)
2025	Parenting Research Centre	Independent evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY), Stream 1 (effectiveness and efficiency) and Stream 2 (appropriatness and implementation) reports
2024	Akhlagh, S., Mehana, M., & Knaus, M.	Supporting Refugees Participating in the Home Interaction Program for Parents and Youngsters in Regional Australia
2021	Graham, A., Matthews, J. and Wade, C.	HIPPY Age 3 Developmental Evaluation: Final report[(a)]
2020	Connolly, J. and Chaitowitz, R.	Transforming employment aspirations: results of the HIPPY Tutors Study
2020	Connolly, J., & Mallett, S.	Changing children's trajectories: results of the HIPPY Longitudinal Study. Brotherhood of St Laurence.
2018	ACIL Allen	Evaluation of the Home Interaction Program for Parents and Youngsters: Final Report. Prepared for the Department of Social Services.
2016	Kellard, K. and Paddon, H.	Indigenous Participation in Early Childhood Education and Care – Qualitative Case Studies
2014	Diallo Roost, F., McColl Jones, N., Allan, M. and Dommers, E.	Recruiting and retaining families in HIPPY
2011	Liddell, M., Barnett, T., Diallo Roost, F., McEachran, J.	Investing in our future: an evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY): final report to the Department of Education, Employment and Workplace Relations.[(b)]
2009	Liddell, M., Barnett, T., Hughes, J. and Diallo-Roost, F.	The Home Learning Environment and Readiness for School: A 12-Month Evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY) in Victoria and Tasmania
2003	Gilley T.	Early days much promise: an evaluation of the Home Instruction Program for Parents of Preschool Youngsters (HIPPY) in Australia

(a) The ACE reviewed this report rather than the subsequent academic publication (Graham et al. 2024) as the 2021 report provides more detail.
(b) The ACE reviewed this report instead of the subsequent academic publication (Barnett et al 2012) as the 2011 report provides more detail.

Evaluations of HIPPY in other countries were not included in the scope for this report. HIPPY has been subject to numerous evaluations overseas, including randomised trials. However, HIPPY's effects may depend on the context in which it was delivered and the range of other supports that are otherwise available for parents. Consequently, the features of each country's social services system, as well as variation in program implementation mean that international findings may not be directly applicable to Australia. This report did consider one meta-analysis of HIPPY (Goldstein, 2017), which includes international studies. However, ACE concluded that it has important limitations that reduced its usefulness for this synthesis. For further discussion, see Section 4.

About HIPPY

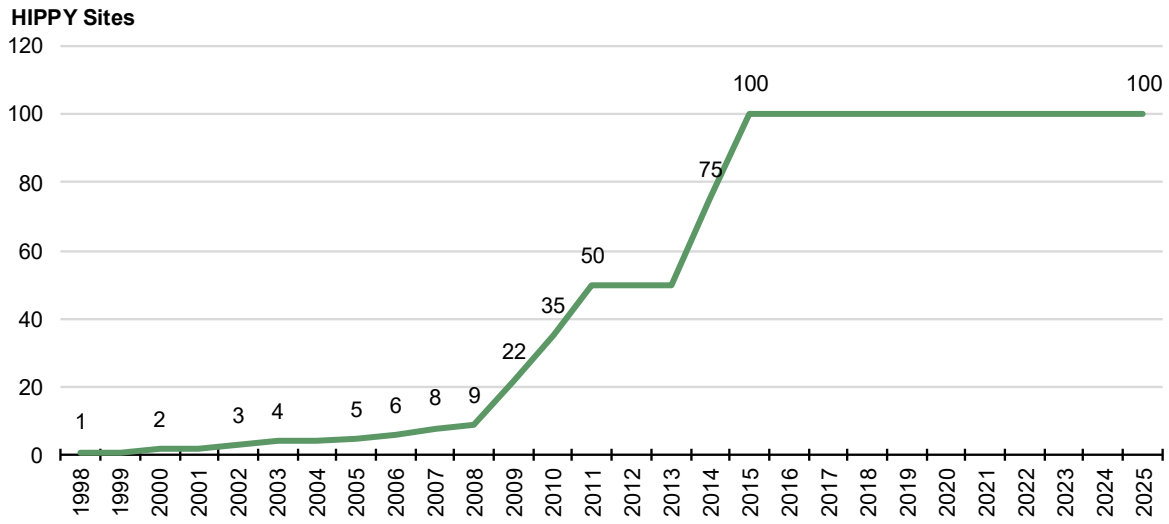
HIPPY is a 2-year structured early childhood program that is delivered in the home. In HIPPY, parents and carers are taught techniques and activities to support them to be their child's first teacher. It aims to build the confidence and skills of parents to teach their child, foster a positive home-learning environment, and prepare their child for school. HIPPY is a voluntary and free program that is designed to be integrated into a family's daily life.

HIPPY was developed by researchers at the Hebrew University of Jerusalem in 1969 as a program for mothers from disadvantaged backgrounds. The program was initially implemented in Israel, and expanded to the US, the Netherlands and South Africa in the 1980s. Since then, HIPPY has grown in its international reach and is currently implemented in 7 languages across 15 countries (HIPPY International, 2025).

HIPPY in Australia

HIPPY was first rolled out in Australia in 1998, commencing in one Victorian site. The program grew over time and is now delivered to 100 sites across Australia, including in remote or very remote locations, and Aboriginal and Torres Strait Islander communities.

Figure 1: Growth in the number of HIPPY sites across Australia since 1998



Source: Brotherhood of St. Laurence.

When HIPPY was rolled out in Australia, the 2-year HIPPY program was offered to children at age 4. However, in 2020, a 'HIPPY Age 3' program was piloted to explore the demand for, acceptability and potential impact of commencing HIPPY at age 3 (versus age 4). This recognised the importance of these early years, and preparing a child for learning before they enter school. In addition, the pilot also targeted children aged 3–4 years, instead of 4–5 years, to reduce attrition from HIPPY in the second year due to the 5-year-old children commencing their first year of school.

The pilot was evaluated by the Parenting Research Centre in 2021 and that evaluation is included in this synthesis.

Following the HIPPY Age 3 trial, all 100 sites across Australia transitioned to implementing HIPPY Age 3 from January 2023. The first cohort of HIPPY Age 3 graduated from the program in December 2024, with the Age 3 program continuing for future HIPPY intakes.

Delivery model in Australia

HIPPY is delivered in 100 sites across Australia. DSS provides funding to BSL, as the sole HIPPY licensee within Australia, who then subcontracts responsibility for running HIPPY to providers through a sub-licencing agreement. Sites are run by not-for-profit organisations that are local to each of the HIPPY catchment areas.

BSL was allocated more than $380 million between 2014–15 and 2026–27 to support the ongoing program delivery of HIPPY across Australia. According to the HIPPY Operations Guide, prepared by HIPPY Australia, each site receives:

- A one-off establishment allowance of $25,000 to new HIPPY Australia providers in the first year of operation
- An annual payment that fluctuates slightly from year to year. Over the past few years, the annual base payment has ranged between $270,00 to $280,000. Sites receive a separate supplementation payment each year to cover increased CPI.[1]

Core components of HIPPY

The program has 6 core components. The extent to which sites implement all these features in line with the HIPPY Operational Guidelines 2022–2027 determines their overall fidelity to the HIPPY program.

1. 2-year program
   HIPPY is a 2-year program that aligns with local schooling calendars, incorporating breaks during school holidays. Families enrol in HIPPY and participate in the 2 years before commencing full-time schooling. This report treats the retention of participants in the program, ideally for the full 2 years, as a sub-component of program fidelity.
2. Home visit
   Home visits are intended to occur monthly in the first year of HIPPY, and fortnightly in the second year. Tutors provide one-to-one support to families in their home to ensure the family feels comfortable.

1 Detail provided to the ACE by BSL. Note that this is not publicly available information. The value of the supplementation payment differs each year, depending on what is allocated by DSS and CPI. For 2024–25, the payment was $24,242.

3. Family gatherings
   Family gatherings are typically held at community venues, and enable parents and carers to share insights, experiences, and build relationships with one another. HIPPY activities are typically completed in small groups at the gatherings.
4. Parents and carers are home tutors
   Parents who are currently participating in HIPPY or who have recently completed HIPPY are employed as tutors. They support other parents who are currently participating in HIPPY by working through the curriculum with them. Tutors are paid and trained to do so.
5. Role play is a learning tool
   Through the tutor home visits and gatherings, tutors and parents use role play to work through the activities together. The program hypothesises that practising the curriculum in a supported environment encourages parents to experience activities from different perspectives.
6. HIPPY promotes 'Everywhere Learning'
   A core tenet of HIPPY is that learning is not limited to the HIPPY activities, but that parents and children learn from HIPPY activities as applied to everyday life. This includes everyday situations, places outside of the home, and with other family members.

These core elements of the program should be found across all HIPPY sites in Australia. However, there is tension between fidelity to the core elements of the program and supporting sites to adjust in special circumstances. HIPPY Australia has an application process in place for sites that need to adjust the core HIPPY model.[2]

Intended program outcomes

HIPPY's intended outcomes are detailed in its program logic, which is provided at Appendix C. Table 2 provides the ACE's summary of HIPPY's intended outcomes across the 4 main actors in the program, based on the program logic.

Table 2: A summary of HIPPY's intended outcomes

Actor	Desired outcomes
Children	• Build children's skills, knowledge and confidence to engage in formal learning • Support children's cognitive development • Support children's social and emotional development
Parents	• Increase parent's knowledge of how their child learns • Improve parent's educational behaviours, and provision of a positive home-learning environment • Increasing parent's confidence and parenting skills • Strengthen the parent/child relationship
Families	• Support family connections with local services, and increase their confidence in accessing these services • Broaden family social connections • Contribute to an inclusive community that celebrates diversity and respect • Build family confidence and skills to advocate for their child's education
Tutors	• Provide access to and participation in regular training and professional development opportunities • Develop confidence and knowledge and skills in early childhood service delivery • Develop transferrable skills, confidence and knowledge for future employment

2 Operational detail provided by BSL.

Recruitment and retention of families

Families are recruited into HIPPY via various mechanisms, depending on the site. The Operational Guidelines 2022–2027, set out by DSS, specify that HIPPY must be delivered to between 1,450–1,750 families in established sites, and 850–1,150 families in Indigenous-focused or 'more complex' sites each year (Department of Social Services, 2023). Critically, each site must meet their target enrolment number, of which 65% of the families must meet at least one of the following priority access criteria:

- The household holds a Health Care Card.
- The HIPPY child is Aboriginal and/or Torres Strait Islander.
- The HIPPY child resides in out-of-home care.
- The household has no income or are receiving a form of government support payment as their primary source of income.
- The HIPPY family is a single-parent family.
- The HIPPY child resides with a carer (that is, not a parent).
- The main language spoken at home by the HIPPY child is not English.
- The HIPPY child has a developmental delay or disability and can engage positively in HIPPY.
- The parent or carer lives with a disability or long-term health condition.

The program aims for a retention rate above 75%. The retention rate is defined as the rate of children graduating HIPPY across the entire program (Department of Social Services, 2023).

2. Appropriateness of the HIPPY model

This section considers how appropriate HIPPY is for the communities that it aims to serve, that is, whether HIPPY addresses an identified need in the Australian community. That question is addressed, in broad terms, in the first part of this section, which shows that HIPPY is well liked by participants and targets a real community need. The remainder of this section considers how well HIPPY meets the needs of priority cohorts that are a specific focus for the program. Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse communities are the primary focus, and this section examines how local flexibility is used to increase HIPPY's appropriateness for these groups.

Parent satisfaction

Generally, evaluations of HIPPY have found that families who participated in the evaluations were satisfied with HIPPY, 'with few dissenting voices' (Graham, et al., 2021, p. 6). The 2021 HIPPY Age 3 evaluation found 78 out of 80 parents said they enjoyed doing HIPPY with their child (Graham, et al., 2021, p. 51). In the 2020 longitudinal study of HIPPY, over 90% of parents who completed the program and responded to the evaluation reported enjoying the program and believed their children did too (Connolly & Mallett, 2020, p. 37). In a recent survey conducted by the PRC, 95% of HIPPY parents said they were 'Satisfied' or 'very satisfied' with the program (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 85). However, that there is likely some selection bias operating in these surveys. They have a self-selected cohort of HIPPY families and in the case of the Longitudinal Study there is also attrition from the survey group.

The need for HIPPY in the Australian community

HIPPY targets a real and acute social need. Children from low-income families are more likely to have low school readiness when entering primary school (Smart, Sanson, Baxter, Edwards, & Hayes, 2008). In the 2024 Australian Early Development Census, 23.5% of children were developmentally vulnerable on one or more domains (Department of Education, 2024). Participation in early childhood education and care (ECEC) is associated with a lower risk of being 'developmentally vulnerable' on the Australian Early Development Census (AEDC) when starting school (Prior, Bavin, & Ong, 2010).

HIPPY aims to address these challenges. The program logic explicitly targets school readiness and states that the program's long-term outcomes include children acquiring 'skills and confidence that promote school readiness. Children are cognitively, socially and emotionally ready for school' (for details, see HIPPY's Program Logic at Appendix C).

Families who most need additional support are often hard to reach because of language barriers or social disadvantage (Diallo Roost, McColl Jones, Allan, & Dommers, 2014, p. 18). Consequently, one important factor for HIPPY's success is the ability of HIPPY coordinators to reach out to community members with the greatest need.

HIPPY's demographics and reaching the neediest families

HIPPY reaches a broad cross-section of Australian families, but it is well targeted to families who meet the priority access criteria. Many different measures of social disadvantage show that disadvantaged families are over-represented in HIPPY, as intended.

A recent evaluation reported on detailed demographic information about the 10,673 families who participated in HIPPY between 2017 and 2023 (Australian Centre for Evaluation, 2026a). Overall, 80% of HIPPY families met at least one of the priority access criteria, compared with 61% of families in the local areas where HIPPY is delivered. HIPPY families were over-represented in all of HIPPY's priority categories. For example:

- 20% of HIPPY children identified as Aboriginal or Torres Strait Islander, compared with 8% in the local areas where HIPPY is delivered.
- 28% of HIPPY children lived in single-parent households, compared with 18% in the local areas where HIPPY is delivered.
- 39% of HIPPY children were covered by a healthcare card, compared with 25% in the local areas where HIPPY is delivered.

Other research into HIPPY has shown similar results. The HIPPY Longitudinal Study (HLS), carried out by Brotherhood of St Laurence, comprised 569 unique parent-child dyads who commenced HIPPY in either 2016 or 2017 (Connolly & Mallett, 2020, pp. 27–30). This sample constituted 9.9% of total HIPPY enrolments drawn from all states and territories. The HLS showed that, compared with the national average, HIPPY families were more likely to have a single parent, identify as Aboriginal or Torres Strait Islander, have social or emotional difficulties and to fall into the other priority categories.

A 2014 study into recruiting and retaining families concluded that, consistent with the figures above, most HIPPY families were 'disadvantaged', including that 60% of HIPPY families held a health care card and 13% of fathers were out of work (Diallo Roost, McColl Jones, Allan, & Dommers, 2014, p. 14).

Most HIPPY coordinators work hard to reach their priority access targets, and the results show that they are succeeding. Some challenges remain, however, in reaching the most acutely disadvantaged families. HIPPY coordinators face competing priorities: meeting targets for priority access and for total enrolment numbers. Some HIPPY Coordinators prioritised filling places in the program and applied minimal selection criteria. One coordinator quoted in a 2014 study said 'We don't select families; we are open to anyone who wishes to enrol' (Diallo Roost, McColl Jones, Allan, & Dommers, 2014, p. 15). This is consistent with the ACE's 2025 consultations with site coordinators, where few reported turning individuals away from the program, largely due to concerns about reaching their overall target enrolment numbers (Australian Centre for Evaluation, 2026b, pp. 59–60).

Evidence from the ACE's site consultations also suggests that the most vulnerable families, such as those experiencing violence in the home, or interactions with the criminal justice system, are often assessed as unsuitable for the program due to safety concerns (Australian Centre for Evaluation, 2026b, p. 60). While this is understandable, the use of in-home delivery does limit HIPPY's ability to reach this group of disadvantaged families. Despite these challenges, the demographic data shows that HIPPY is well targeted to those who meet the priority criteria.

Meeting the needs of diverse communities

While HIPPY is clearly responding to a need overall in the Australian community, different cohorts of families have different needs. There are many such cohorts whose needs could be considered, including carers, people with a disability, or single parents. However, the evaluations of HIPPY Australia focus predominantly on how well HIPPY meets the needs of culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities. This section reflects that focus and discusses the appropriateness of HIPPY for these 2 communities in greater detail, along with the related question of how local flexibility is used to increase HIPPY's appropriateness. This section concludes with a review of the emerging evidence regarding HIPPY's appropriateness for LGBTQIA+ people and people with a disability.

CALD communities

While the core HIPPY program is appropriate for many Australian families, 5 evaluations illustrate how various sites have, at times, adapted HIPPY to meet the needs of culturally and linguistically diverse families who may not otherwise be able to participate in HIPPY. The evaluations also point to areas where CALD families would have liked additional adjustments. The following adjustments were made or proposed:

- Delivery of the program in a language other than English, either through bilingual tutors or interpreters
- Translation of HIPPY packs into languages other than English
- More cultural diversity in the HIPPY resources

Delivering HIPPY in languages other than English

HIPPY has been delivered in languages other than English across many sites, with these adjustments made at the local level by coordinators and tutors. When HIPPY is delivered in a language other than English, this is usually done by a bilingual tutor. Multiple evaluations found that having bilingual tutors who share a language and culture with participants is a deliberate strategy used across many sites (Gilley, 2003, p. 7; ACIL Allen, 2018, pp. 38–39; Akhlagh, Mehana, & Knaus, 2024, p. 217). The tutor uses the physical HIPPY resources, which are in English, but delivers the home tutoring sessions, gatherings and role play in another language. Recruiting tutors from the local community, particularly from the cohort of past HIPPY participants, has facilitated this adjustment because there are often tutors available who are fluent in languages spoken in the local community.

This was evident in the PRC's qualitative work, which indicated that, at least in some sites, tutors provide language support for CALD families, including translation of materials and delivery of the program in a language other than English (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, pp. 37–39).

One study in this synthesis saw HIPPY delivered to a community of Ezidi migrants living in a regional town in New South Wales. The program was delivered with a bilingual interpreter. In addition to the HIPPY packs, the program provided some books and resources in Kurmanji (the first language for most parents in the program) (Akhlagh, Mehana, & Knaus, 2024). Despite this, language barriers still made it harder for parents to participate in some parts of the program. However, parents in the study generally reported that HIPPY had assisted their child's transition to school (Akhlagh, Mehana, & Knaus, 2024, p. 217).

In at least some cases where HIPPY was delivered in a language other than English, it is likely that the family could not have participated without this adjustment.

Translating HIPPY packs

HIPPY packs are only provided in English, and any translation or language support is provided at the local level. 3 HIPPY evaluations reported feedback from some migrant parents who said they would like to receive HIPPY packs in their first language, while others said that it was the parents who wanted this and the children preferred to engage with the material in English (Akhlagh, Mehana, & Knaus, 2024, p. 218; Diallo Roost, McColl Jones, Allan, & Dommers, 2014, p. 39; Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 96). While English language resources may help prepare children for school, HIPPY places a strong emphasis on engaging parents in a child's learning. When it comes to translating resources, these 2 outcomes may be in tension, and more evidence is needed to determine whether translated resources would make the program more appropriate for CALD communities.

In a very early trial of HIPPY in Australia, some translation of resources was provided when HIPPY was delivered in the multicultural inner suburbs of Melbourne (Gilley, 2003). These adjustments were well received by participants, but not all languages could be accommodated, and many participants still used the English resources when that was not their first language. Where translation was not possible, other strategies were used, including involving bilingual older siblings to provide language support (Gilley, 2003, pp. 6–7).

Multicultural representation in HIPPY packs

The Parenting Research Centre found that CALD participants appreciate learning about Australia's education system. However, some parents seek greater multicultural representation, improved scheduling flexibility, and stronger community and social media outreach (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 106).

The PRC's report recommended an 'increase multicultural representation' in HIPPY resources, stating that a common piece of feedback on HIPPY was a request for resources containing more cultural diversity and for materials in languages other than English (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 108).

From a staff perspective, the PRC found that most tutors and coordinators (84% and 82%, respectively) agreed that 'adequate support was provided to help CALD parents to access HIPPY'. However, more than one-third of coordinators (and almost 20% of tutors) were unsure or disagreed that HIPPY content was appropriate for CALD parents (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 91).

Aboriginal and Torres Strait Islander communities

Between 2011 and 2015, HIPPY was expanded significantly, with an emphasis on reaching many more remote communities and areas with large Aboriginal and Torres Strait Islander populations. Half of HIPPY's current set of 100 sites now serve predominantly Aboriginal and Torres Strait Islander communities.

This expansion required local adjustments to the HIPPY program to meet the needs of regional or remote Aboriginal communities. Aboriginal and Torres Strait Islander families in these areas can be hard to reach. Regional and remote HIPPY sites have lower completion rates driven by high rates of mobility with families frequently moving in and out of the local area. Challenges at regional and remote sites also include physical distance to delivery centres, historical government policies related to Aboriginal and Torres Strait Islander individuals, and a distrust of unknown providers in the regions. These challenges compound existing vulnerabilities.

A range of local adaptations have been used to address these needs including changes to location (outside the home rather than within), increased engagement with community leaders, changes to program timelines, a stronger emphasis on relationship building, and a less structured, formal approach to program delivery.

When selecting local providers, HIPPY Australia chose organisations with strong local relationships and trust, often managed by local elders. This required HIPPY Australia to have in-depth local knowledge or ongoing consultation with local communities. HIPPY coordinators also reported that many Aboriginal and Torres Strait Islander families prefer to participate in HIPPY outside of the home and did not always find the role-play component to be appropriate (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 57). In Aboriginal and Torres Strait Islander communities, HIPPY is sometimes delivered in communal spaces or in regional centres, rather than having tutors visit the home. Where this modification was implemented, it usually required sites to provide families with transport assistance. This has the unintended benefit of affording families the opportunity to visit the regional centre and access other services at the same time (Kellard & Paddon, 2016; Liddell, Barnett, Diallo Roost, & McEachran, 2011).

HIPPY staff also explained, however, that the local community were sometimes reluctant to have children cared for outside the home *by non-relatives* (Kellard & Paddon, 2016). The involvement of known Aboriginal and Torres Strait Islander community leaders in setting up and delivering the program helped address these concerns (Liddell, Barnett, Diallo Roost, & McEachran, 2011).

Because of the high mobility of the local population, recruiting and retaining families in HIPPY often required adjustments to the program timelines, and particularly the enrolment deadlines. HIPPY coordinators and tutors found that investing time in developing strong relationships with Aboriginal and Torres Strait Islander families was often crucial to maintaining their engagement in the program (Liddell, Barnett, Diallo Roost, & McEachran, 2011). In more remote communities, families often preferred programs to be delivered in less structured, more informal way (Kellard & Paddon, 2016).

There are signs that HIPPY Australia's engagement, outreach and local adjustments have made HIPPY more appropriate for Aboriginal and Torres Strait Islander communities. The PRC found Aboriginal and Torres Strait Islander families have high rates of satisfaction with HIPPY:

- 81% of indigenous respondents stated they were 'very satisfied' with HIPPY in the PRC's survey
- 97% responded 'yes, very much' in response to whether HIPPY was 'a good fit for me and my family'
- 94% responded 'yes, very much' in response to whether HIPPY was 'worthwhile for me and my family' (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 14).

However, these survey results may not be representative of all Aboriginal and Torres Strait Islander HIPPY families. The limitations of the survey are discussed in detail in section 4.

LGBTQIA+ families and people with a disability

Recent work by the Parenting Research Centre extended findings to 2 additional groups: LGBTQIA+ families and those with a disability. For both groups, 81% of parents responded that they were 'very satisfied' with HIPPY (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 14). They also reported that HIPPY was a good fit for their family (100% of LGBTQIA+ parents and 87% of people with a disability responded with 'yes, very much') and that it was worthwhile for their family (100% of LGBTQIA+ parents and 90% of people with a disability responded with 'yes, very much'). The current evidence base for HIPPY in Australia does not show if, or how, HIPPY is being adapted at a local level to accommodate these cohorts. However, their high levels of satisfaction suggest that minimal adjustment is required for them to participate in HIPPY.

3. Implementation

This section examines the implementation of HIPPY. First, it details the fidelity of HIPPY in Australia to the core components of the model. Second, it explores the flexibility in the delivery of HIPPY. Finally, it reviews other aspects of HIPPY's implementation: parent satisfaction, the activity packs, and governance and management.

Fidelity to the core components of the HIPPY model

This section discusses the fidelity of HIPPY's implementation against each of the 6 core components of the HIPPY model outlined in Section 1:

- a 2-year program
- tutor home visits
- family gatherings
- parents and carers are home tutors
- role play is a learning tool, and
- HIPPY promotes 'everywhere learning'.

As *core* components, it is expected that each of these will be adopted in each HIPPY site across Australia, and the HIPPY Operations Guide sets out principles for how this is to be done in practice.[3]

In summary, existing evaluations indicate that several of HIPPY's core components have been implemented with high fidelity, particularly: the tutor home visits, the role of parents and carers as tutors, and 'everywhere learning'. However, evidence suggests that 2 other components are not adopted consistently: HIPPY is not always delivered to families over the full 2-year period due to attrition (despite sites' efforts to minimise this), and families do not consistently attend gatherings. Finally, there was mixed evidence on the use of role play. This raises a question about the need for these components to be part of the 'core' and, if so, how to improve the fidelity to these requirements.

2-year program

HIPPY is a 2-year program that is delivered in alignment with the school year. However, HIPPY faces high drop-out rates from the program, despite a retention target of 75% (Department of Social Services, 2023). High rates of attrition are partly a result of working with a vulnerable cohort, and it is unrealistic to expect all HIPPY families to complete the program. However, understanding the drivers of attrition will help HIPPY Australia to better support HIPPY families.

ACE's analysis of DSS administrative data showed that 61% of children in the 2020 and 2021 HIPPY cohorts completed the program (Australian Centre for Evaluation, 2026a, p. 2). The retention rate observed by the ACE is somewhat lower than was found in other evaluations, this may be because 2020 and 2021 were the years most affected by the COVID-19 pandemic. Of those who did *not* complete the program, most (72%) exited during the first year, having attended an average of 18 HIPPY activities before exiting. This compares with an average of 39 activities completed by participants who complete the full 2-year program (Australian Centre for Evaluation, 2026a, p. 14). This suggests that many of those who did not finish the program remained engaged well into the first year.

3 As noted in Section 1, HIPPY Australia has a formal approval process that allows for the possibility of adjustments to the core model. However, the HIPPY Operations Guide (2024) from HIPPY Australia notes that the essential features are non-negotiable and are present in 'every HIPPY program across the globe', with some flexibility for local *implementation* of the core features.

Other evaluations found end-of-program retention rates between 60% and 72%, consistently below the target of 75%. In the 2013 HIPPY cohort, 72% of families completed the full program (Diallo Roost, McColl Jones, Allan, & Dommers, 2014). The evaluation conducted by ACIL Allen in 2018 found the retention rate was 60–70%. In the earliest trial of HIPPY, in a small Melbourne community, the retention rate was 50% (Gilley, 2003).

Prior to the introduction of 'HIPPY Age 3' in 2023, the failure to meet the retention rate target was usually attributed to the fact that the second year of HIPPY overlapped with children starting school. Incompatibility of HIPPY with school commitments was a common concern raised by stakeholders (Diallo Roost, McColl Jones, Allan, & Dommers, 2014, p. 35). The transition to deliver HIPPY to ages 3 and 4, instead of ages 4 and 5, was primarily a response to this concern. There are no evaluations of HIPPY that fully capture the HIPPY Age 3 cohorts who have commenced since 2023. The PRC's most recent work contains baseline and mid-point data for the 2023 cohort, but it is not used in their outcome evaluation because no endline data was available when the report was written. The ACE's evaluation uses BSL program data on the 2023 cohort, but this data was not used in the main analysis, which draws outcomes from the Australian Early Development Census (Australian Centre for Evaluation, 2026b). The PRC evaluation found that 'families who complete tend to have more stable circumstances or stronger support networks' based on interviews with HIPPY families (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 59). It is too early to know whether it has improved retention in the second year, as intended. Further research is needed to evaluate the impact of this change to the HIPPY program on program retention.

Program retention among the most vulnerable cohorts

Overall, HIPPY succeeds in reaching its targeted priority access cohorts (as discussed in Section 2). However, there remains a question about how well HIPPY engages the most vulnerable families.

Evidence suggests that some of the most vulnerable families are the hardest to engage and retain.

> *'Around one-third of coordinators reported that the families who exited HIPPY were, in their view, among the 'most vulnerable' in their community'*
>
> (Diallo Roost, McColl Jones, Allan, & Dommers, 2014, p. 29).

Many experienced multiple difficult circumstances including drug and alcohol issues, domestic violence and family break up. This aligns with evidence from the ACE's site consultations that families experiencing a range of complex issues are the ones who tend to drop out of the program

> *'[Families with] Complicated lives: relationships, family violence, housing is a big one, mental and physical health issues. […] People who are really struggling with mental health and wellbeing. They don't have the capacity to engage, and they don't have the confidence.'*
>
> HIPPY site coordinator, **ACE 2025 site consultation** (Australian Centre for Evaluation, 2026b, p. 64)

> *'All the cohorts that they're trying to reach are the first ones to drop off. Single parents, Aboriginal families […] have disengaged, [and] have had something significant in their lives, and they've struggled to reengage'*
>
> HIPPY site coordinator, **ACE 2025 site consultation** (Australian Centre for Evaluation, 2026b, p. 66)

Coordinators were generally split on whether anything more could be done to keep these families in the program (Diallo Roost, McColl Jones, Allan, & Dommers, 2014). Evidence from the ACE's site consultations in 2025 suggests that site coordinators work extremely hard to provide these families with the support they need to prevent them dropping out of the program (Australian Centre for Evaluation, 2026b, pp. 63–64).

This suggests that the current HIPPY model, with intensive contact over 2 years, may not be appropriate for some acutely disadvantaged families who struggle to stay engaged with the program. In addition, the requirement for home visits is sometimes raised as a barrier by families in the most complex circumstances, though in other cases the visits help to keep families engaged (Australian Centre for Evaluation, 2026b, p. 62). Such families may benefit, instead, from a more specialised, multi-modal approach.

Tutor home visits

Home visits are widely used, and adherence is high. In general, evidence from responding parents suggests that many participating parents are comfortable with home visits and associated activities (Connolly & Mallett, 2020, pp. 32–34). There is, however, a subset of parents who prefer not to participate in a home visit. For example, site coordinators reflected that some families—who were initially interested in or had a need for HIPPY—chose not to enrol due to their perceptions of the home visits or the discomfort of having someone visit their home (Australian Centre for Evaluation, 2026b).

> *'Home visits – people don't like the idea of that.'*
>
> HIPPY site coordinator, **ACE 2025 site consultation** (Australian Centre for Evaluation, 2026b, p. 63)

> *'We have to be mindful that's' not always been a great outcome for First Nations families to have someone in their home'*
>
> HIPPY site coordinator, **ACE 2025 site consultation** (Australian Centre for Evaluation, 2026b, p. 63)

This indicates that the format of home visits is suitable for most, but not all, participating families (Connolly & Mallett, 2020, p. 32).

For families who are uncomfortable with home visits, site coordinators could sometimes accommodate concerns by making alterations. For example, a small minority of HIPPY families did not receive home visits, instead choosing to meet at local cafes, libraries or other workplaces. Although HIPPY Australia encourages sites to provide this flexibility, it is not always provided to families who express interest in the program or who may benefit from it. Consequently, most evidence about the acceptability of home visits only reflects the perspective of families who agreed to home visits in the first place, or whose concerns could be accommodated.

It may be possible to better meet the needs of families who are reluctant to attend home visits. Existing flexibility in home visit arrangements more be applied more consistently. In addition, the PRC's evaluation recommended HIPPY Australia investigate providing alternative delivery modes, such as online delivery, as well as more flexible scheduling options, to overcome some of these challenges (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 108).

The home visits delivered by HIPPY tutors are the most individualised and adaptable elements of HIPPY. Tutors use their time with families in very different ways depending on the standard practise of their HIPPY site, cultural needs of families, capability of parents and tutors, and many other individual factors. Some of the attributes of a successful home tutor include 'warmth, understanding, flexibility, and relatability to family circumstances, including similarity of cultural background' (Graham, et al., 2021, p. 8). The value of tutors who have a shared language and culture with the families was identified across several of the evaluations (Gilley, 2003, p. 7; ACIL Allen, 2018, pp. 38–39; Akhlagh, Mehana, & Knaus, 2024, p. 217).

Family gatherings

Group gatherings of families are organised at a site level. Older evaluations, prior to the introduction of HIPPY Age 3, found that these gatherings often suffered from poor attendance and high drop-out rates. HIPPY administrative data from the HIPPY Longitudinal Study for 2016 and 2017 cohorts showed an attendance rate at group sessions of 35–50%. Parents cited a lack of time as the reason they did not attend (Connolly & Mallett, 2020, p. 32). An earlier evaluation found that parents attended 2–3 family gatherings during their involvement with HIPPY on average (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 57). In the same study, parents reported various barriers to attending group gatherings, including conflicting employment and family responsibilities, and transport issues (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 61–63).

By contrast, the survey conducted by the PRC found that 81% of respondents said they had attended HIPPY gatherings (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 80). It is possible this reflects a recent improvement in attendance rates. However, survey data is a less reliable source than HIPPY administrative data. The survey question did not ask how many gatherings parents attended, and the survey results may reflect a selection bias, since highly engaged parents are more likely to attend the gatherings and more likely to fill out the survey. The survey was sent to 4,009 HIPPY parents and carers and received a response rate of 8%, suggesting that the survey may not be representative of all HIPPY families.

In the HIPPY Longitudinal Study, 41% of parents said that it was 'hard' or 'very hard' to balance HIPPY with school and other extracurricular activities (Connolly & Mallett, 2020, p. 36). The introduction of HIPPY Age 3 may have alleviated this issue however there is not yet evidence on attendance at group gatherings since the commencement of the Age 3 program.

Given that the gatherings were poorly attended (and may still be), it seems unlikely that they were critical for any outcomes that the program was achieving prior to the introduction of HIPPY Age 3. Indeed, Liddell and colleagues (2011, p. 58) hypothesise that in some situations, more frequent home visits had been used as a substitute for group gatherings. Therefore, HIPPY Australia might consider whether gatherings should remain among the core components of the HIPPY model or instead left to the discretion of site coordinators.

Parents and carers are home tutors

Most HIPPY tutors are parents and carers in the local community, and this is one part of the HIPPY model where adherence is high. Generally, tutors are drawn from previous or current HIPPY cohorts. This finding is supported by administrative data reviewed by the PRC who found that 87% of tutors are previous HIPPY participants (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 98). Multiple evaluations emphasise the importance of having tutors who are trusted by parents, and who understand them and the local community. This is identified as a matter of particular importance when HIPPY is delivered in Aboriginal and Torres Strait Islander communities (Kellard & Paddon, 2016).

HIPPY tutors also report high levels of satisfaction with their role as tutors, and some positive subsequent employment outcomes. For a further discussion of these outcomes, see Section 4.

Role play is a learning tool

There is mixed evidence about the fidelity to the role play element of HIPPY, and about its perceived appropriateness and acceptability.

Data from the HIPPY Longitudinal Study from the 2016 and 2017 cohorts suggested that the majority of responding parents (78%) were comfortable or very comfortable with role play, and only a small number (9%) indicated that they were uncomfortable with role play. Between 69% to 73% of parents reported practicing activities via role play often or almost always during their tutors' home visits (Connolly & Mallett, 2020, pp. 33–34).

Evidence from other evaluations was less positive, however. ACIL Allen reported that, at graduation, only 38% of families reported that they enjoyed the role-playing aspect of HIPPY (ACIL Allen, 2018, p. 20). In addition, although some site coordinators felt role play empowered some parents, other coordinators felt that it was difficult to engage parents in role play, and could be seen as 'demeaning and laborious, particularly in the second year of the program'. This was supported by more recent interviews with HIPPY parents or site coordinators. Site coordinators suggested that some families found role play to be demeaning or infantilising, and that those who were uncomfortable with the role-playing elements of HIPPY chose not to participate in the program (Australian Centre for Evaluation, 2026b, p. 62). And some reported that role play may not work with Aboriginal and Torres Strait Islander families (Parenting Research Centre, IPS Management Consultants and Curijo, 2026, p. 57).

In sum, there is mixed evidence on the acceptability and use of role play, and some evidence that some parents choose not to participate in HIPPY due to role play. As a result, consideration should be given to whether it is a required feature of the program, which is promoted to and implemented with all parents. Alternatively, tutors could be encouraged to flexibly deploy different strategies to deliver the program's content depending on parents' preferences.

HIPPY promotes 'Everywhere Learning'

The available evidence, from 3 evaluations, suggests that parents do use 'everywhere learning' techniques with their children, at least for the duration of the HIPPY program.

In one evaluation, 78% of parents reported using everywhere learning with their children often or almost always following the program (Connolly & Mallett, 2020, p. 46).[4] The ACE's 2025 site consultations indicated that site coordinators try to emphasise the benefits of everywhere learning when explaining the program to prospective families. Although some families may misunderstand these benefits, it appears that when the concept is well understood, it is used and perceived to be beneficial. One evaluation reported that coordinators felt everywhere learning enabled parents to support their child's learning, and that tutors reported improvements in their ability to discuss everywhere learning with families (ACIL Allen, 2018, pp. 22–23).

4 No pre-program data on use of everywhere learning was reported so it is unclear how much this increased from baseline. Program data from 2016 indicates that 96% of parents reported using HIPPY techniques (which included everywhere learning) at the beginning of the program (ACIL Allen, 2018, p. 63), suggesting that the use of these techniques *may* already have been high in this cohort.

How to improve fidelity to the HIPPY model

Some deviations from the HIPPY model are ultimately driven by decisions by families, rather than HIPPY staff. Nonetheless, an evaluation by ACIL Allen identified factors that helped to improve fidelity to the HIPPY model. These included organisational arrangements, continuous improvement processes and networking across HIPPY sites among many other strategies. These factors supporting fidelity are discussed in more detail in the report (ACIL Allen, 2018, pp. 23–27).

Flexibility in the delivery of HIPPY

Within the core HIPPY model, site coordinators and tutors are afforded considerable discretion. There are at least 3 broad ways this discretion is exercised.

First, site coordinators have the flexibility to accommodate the needs of the local community. The most notable example of this is, as described above, the changes made by coordinators to accommodate Aboriginal and Torres Strait Islander families or Culturally and Linguistically Diverse families. Qualitative studies of the adjustments made for these communities concluded that the flexibility and local control of HIPPY was a strength of the program (Akhlagh, Mehana, & Knaus, 2024; Kellard & Paddon, 2016).

Second, there is also flexibility in how local site coordinators undertake the advertising and selection processes. There is variation in efforts carried out by HIPPY coordinators to reach priority access families. Coordinators also have a high degree of discretion over the application of the program's eligibility criteria in their community, and ultimately which specific families they admit to the program (Australian Centre for Evaluation, 2026b, p. 61).

Finally, tutors have a very wide scope to adjust their sessions as needed. Indeed, tutors are drawn from the local community because it is expected that their approach will be a better fit for local needs. The degree of flexibility afforded to tutors may be a strength of the HIPPY model. Good tutors can effectively engage families in their community because of the flexibility they are given over program delivery. However, the varied nature of tutors' work makes it more difficult to pinpoint factors that drive the success or failure of HIPPY at a local level.

The flexibility within the HIPPY model naturally gives rise to the question about whether the discretionary decisions taken in each site are suitable and reflect appropriate tailoring to circumstances. Or alternatively, whether some of the adaptations or variations have wider applicability and could be adopted more consistently across HIPPY sites. HIPPY Australia already has various mechanisms to encourage consistency (where it would be desirable) through, for example, the 'HIPPY network' and regular newsletters. However, the existing evaluations do not discuss the effectiveness of these approaches in detail.

Other aspects of HIPPY implementation

This section looks at other aspects of HIPPY implementation:

- the HIPPY activity packs, and
- HIPPY's governance and management.

Note that the responses in this section are based on parents' self-reported views, which may be subject to response biases.

HIPPY activity packs

The activity packs that are delivered to families throughout the program are produced by HIPPY Australia and are the same for all Australian HIPPY sites. The packs were well liked by families and received very positive feedback: 97% of responding parents said they enjoyed the activity packs and 88% reported learning more about how to be their child's first teacher (ACIL Allen, 2018, p. 65).

Qualitative research revealed some common points of feedback from parents. First, some parents expressed a desire to receive more (or more frequent) HIPPY packs, often weekly (Graham, et al., 2021, p. 95). Although the packs are intended to be used with parents and children, many children also like to engage with the packs by themselves, and more frequent delivery would help to keep the children engaged. Second, in the case of the HIPPY Age 3 trial, which was only delivered at some sites, some parents reported that the new content of the packs was too basic for their children (Graham, et al., 2021, p. 94)

Finally, parents from CALD communities often requested the packs be produced in languages other than English to aid the participation of the parents in the program (Akhlagh, Mehana, & Knaus, 2024). However, language support was more commonly provided at the local level, usually with the use of bilingual tutors.

It is challenging for a national product to meet diverse needs. However, the obvious place for flexibility in the program is with the delivery provided by the tutors and coordinators. Indeed, this is where the most flexibility and adaptation in delivery occurs.

HIPPY's governance and management

HIPPY has several layers of governance and management:

- The Department of Social Services, who fund the HIPPY program in Australia
- HIPPY international, who licence the HIPPY model
- HIPPY Australia (managed by The Brotherhood of St Laurence), who produce the activity packs, and sub-licence the program to local HIPPY sites
- Local HIPPY sites, who recruit line managers, coordinators and tutors, and adapt the program to local needs

In addition, many local sites are accountable to stakeholder groups including local councils, state governments, HIPPY families, and HIPPY coordinators and tutors.

There is limited evidence from past evaluations about the appropriateness or effectiveness of HIPPY's governance and management arrangements. One previous evaluation, undertaken more than a decade ago, suggested that a simplified model of governance could improve efficiency and consistency in the delivery of HIPPY (Liddell, Barnett, Diallo Roost, & McEachran, 2011). However, it may be that the local diversity and flexibility of HIPPY sites necessarily entail more complex governance arrangements. The challenge is to determine whether it is possible to retain this flexibility while simplifying governance arrangements.

4. Impact

Before discussing HIPPY's impact on its intended outcomes, this section provides context on the following:

- an overview of the impact evaluations in this review, including their methods and data
- a discussion of the strengths and weaknesses of the methods used in these evaluations, and
- an explanation of ACE's method for categorising the strength of impact evidence.

This section then considers the outcomes for each of the 4 actors in the program: children, parents, families and tutors. Each outcome is categorised into one of 5 strength-of-evidence categories (inconclusive, limited, suggestive, persuasive or conclusive). HIPPY is delivered internationally and ACE's findings are broadly in-line with those produced by 'Foundations', the UK's What Works Centre for Children & Families. Foundations rate the evidence for HIPPY's benefits as '2+, preliminary evidence of improving a child outcome' (Foundations: What Works Centre for Children & Families, 2019, p. 1)

Overview of available impact evaluations

While this report synthesises evidence from 12 evaluations (see Table 1), only 9 of these provide evidence on HIPPY's impacts. Table 3 summarises the data and methods used in each of these impact evaluations. Most evaluations did not use a comparison group of non-HIPPY families to estimate the effects of HIPPY. Pre/post comparisons were used in several reports, comparing results from the same families before and after participating in HIPPY.

The ACE also reviewed a meta-analysis by Goldstein (2017), which examined HIPPY's outcomes across multiple international studies. However, this meta-analysis has limitations that led the ACE to conclude that it was not a sufficiently reliable source to include in this section. The main limitation was that the meta-analysis excluded any findings that were not statistically significant (Goldstein 2017, p.13). This would have introduced a strong positive bias to its results. A further limitation is that the study did not make any assessment, adjustment or exclusions for the quality of the studies (Goldstein 2017, p.26). For further details, see Appendix B and the Impact Evaluation Summaries report.[5]

Table 3: Summary of data and methods for impact evaluations

Evaluation	Data used	Methods
Australian Centre for Evaluation, 2026	• Australian Early Development Census (AEDC) used for outcomes data on the treatment group (n=1,681 to 1,688) • Comparison group constructed using linked administrative data accessed through the Person Level Integrated Data Asset (PLIDA) (n=104,368 to 104,718)	• Inverse probability weighting
Parenting Research Centre, 2026	• Survey data and administrative data collected by BSL used for the treatment group (n=697 to 701) • Comparison group constructed from the PRC's Parenting Today in Victoria Study and the Longitudinal Study of Australian Children (LSAC) (n=667 to 844)	• Propensity score matching • Pre/post comparison

5 Australian evaluations summarised within Goldstein (2017) were still in scope for this synthesis. The limitations of the overarching meta-analysis do not reflect on the evaluations included in the meta-analysis.

Table 3: Summary of data and methods for impact evaluations (continued)

Evaluation	Data used	Methods
Graham, Mathews & Wade, 2021	• Surveys of parents and coordinators conducted at start/end of 2020 (n=35 to 37)[(a)] • BSL administrative data • Interviews conducted in 2020 with parents (n=80), site coordinators (n=10) and home tutors (n=12) • No comparison group used	• Pre/post comparison • Interviews: Qualitative content analysis and thematic analysis
Connolly & Chaitowitz, 2020	• Quantitative data collected through interviews in 2019 via an automated, online tool with site coordinators (no reported n) and HIPPY tutors (n=212) • No comparison group used	• Descriptive analysis only • Interviews: Pattern identification using online tool, and interpretation and analysis using a grounded theory approach.
Connolly & Mallet, 2020	• HIPPY Longitudinal Study: Pre- and post-surveys with parent-child pairs participating in HIPPY in 2016 and 2017 (pre-program n=569 pairs; post-program n=441 pairs) • Comparison with Australian norms based on LSAC data (no cohort given).	• Pre/post comparison, comparison with Australian norms, and exploration of demographics • Factor analysis and latent growth curve modelling
ACIL Allen, 2018	• BSL administrative data (analysed by BSL) from 2013-2015 cohorts • Interviews with site coordinators (n=20) • No comparison group used	• Descriptive analysis only • Interviews: Not specified
Liddell, Barnett, Diallo-Roost & McEachran, 2011	• Quantitative data collected through interviews with parent-child pairs from 14 operational sites in 2009 (pre-program n=216; mid-program n=146; post-program n=131) • Comparison group: LSAC (K cohort, collected between 2004 and 2006) or with 'Australian norms' • Interviews with home tutors (pre-program n=27; post-program n=22) and site coordinators (post-program n=14) • Teacher assessments of HIPPY children (n=32)	• Propensity score matching • Pre/post comparisons
Liddell, Barnett, Hughes & Diallo-Roost, 2009	• Pre-program and mid-program interviews with parents (pre-program n=93, mid-program n=73) and direct assessments with children (pre-program n=84, mid-program n=63) collected from 6 of the 9 HIPPY sites in 2008 • Interviews with home tutors (n=34) • No comparison group included	• Pre/mid-program comparisons • Interviews: Thematic analysis
Gilley, 2003	• Researcher and teacher assessments of children's development, literacy and school readiness in 2000–2001 (n=33) • Comparison group of children in other locations (n=33) identified through teachers and community workers. • Interviews with parents between 2000–2001 (n=30)	• Cohort comparisons: Statistical tests • Interviews: Thematic analysis

(a) HIPPY Age 3 was piloted for a year in 2020, rather than the standard 2-year program. Therefore, any results come from only one year of the program.

Strengths and limitations of impact evaluation methods

Each impact evaluation method has strengths and limitations. These must be considered when interpreting the findings of HIPPY evaluations. This section provides a brief outline of some methodological considerations that are particularly relevant to the discussion in subsequent sections:

- finding a credible counterfactual
- selection bias and response bias
- sample size, data quality and long-term outcomes, and
- selective reporting.

Further detail on data and methods is provided in Appendix B, and there is more discussion on each individual impact evaluation in the Impact Evaluation Summaries report.

Credibility of counterfactual

A credible counterfactual is necessary for estimating how much impact a program had on certain outcomes. This usually requires a comparison group that is used to understand what would have happened if HIPPY had not been offered to HIPPY families. The evaluations of HIPPY in Australia did not provide conclusive evidence about HIPPY's effects on its intended outcomes, due to weaknesses in the proposed counterfactual for each evaluation.

Several evaluations relied on pre/post comparisons of the HIPPY cohort. In this case, these approaches are unlikely to be a reliable basis for causal inference due to the potential for other changes to have occurred, independent of HIPPY, during the intervening period: for example, child development or increases in parenting experience.[6]

Some evaluations relied on parents' assessments of HIPPY's impact at the conclusion of HIPPY. Again, while these assessments may give a reliable indication of improvements in a child's or parent's development, it cannot be expected that parents can determine how much of this improvement was attributable to HIPPY.

Four evaluations used some kind of 'matching' method (for example propensity score matching or inverse probability weighting) to construct a comparison group made up of families who did not participate in HIPPY. Matching methods adjust for observed differences between the comparison group and the HIPPY group. They rely on an assumption that the available data on the HIPPY group and comparison group captures *all* the factors that could influence families' participation in HIPPY and their outcomes. This assumption cannot be checked empirically and is often hard to justify theoretically.

6 For example, one evaluation noted: 'In the early years children learn at a fast rate. It is normal to see an improvement in a child's learning and acquisition of cognitive skills during this time. It was not surprising, then, to find that results from the 'Who Am I?' test showed an overall improvement in the HIPPY children's pre-numeracy and pre-literacy skills that was both large and statistically significant.' (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 24)

The authors of several matching studies acknowledge the limitations of this approach (as do the authors of the HIPPY Longitudinal Study), at least relative to a well-designed randomised trial.

> *'Propensity score matching is a method that can be used when randomisation has not been possible. […] While the objectives of the two approaches are the same, the fact is that randomisation is a superior method as the propensity score approach relies upon the number of characteristics available to be measured and how the mathematical model is specified'*
>
> (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 20)

> *'In evaluation research there is a strong preference for using experimental designs that feature both control or comparator groups, and treatment groups, with allocation to each randomised. […] Based on advice from IRAG [the Independent Research Advisory Group, which oversaw the study] and consultation with HIPPY Australia, it was determined that a research design of this sort would not be feasible'*
>
> (Connolly & Mallett, 2020, p. 30)

See also Australian Centre for Evaluation, 2026b (p. 33) and Parenting Research Centre 2025 (p. 2).

Thus, causal claims in the matching studies reviewed in this report should be interpreted with caution, as they may only reflect *associations* between HIPPY and the stated outcomes. For this reason, the ACE does not consider that any evaluations conducted in Australia provide 'persuasive' or 'conclusive' evidence of HIPPY's impact. See the subsequent section ('Strength of Evidence of Impact') for further discussion.

While not persuasive, the current set of studies still have value as evidence of program impact. Taken together, and with due regard to study limitations, they may provide enough relevant information to inform future decisions about the program.

Producing persuasive or conclusive evidence of impact for a complex program like HIPPY is difficult. It requires time, money and deep engagement with a broad range of stakeholders. However, similarly complex programs have been evaluated using rigorous randomised trials. For example, the Nurse-Family Partnership (Olds, 2006), Maternal Early Childhood Sustained Home-visiting program (Goldfeld, et al., 2017) and HIPPY programs overseas (Baker, Piotrkowski, & Brooks-Gunn, 1999) have been evaluated in this way.

Representativeness of the study sample

It is rare that a study sample is perfectly representative of the population of interest. But some samples are much more or less representative than others: this is an issue for most evaluations considered in this report. The representativeness of surveys of HIPPY parents (relied on in most evaluations) depends on survey participation rates. Similarly, data collected only from *graduating* parents necessarily fails to collect information from those parents (around 30–40%) who did not graduate. Parents who did not graduate from the 2-year program, or who chose not to participate in surveys, are likely to have different views about the effectiveness of HIPPY.

For example, the HIPPY Longitudinal Study, while a valuable data set, is likely to have suffered from both forms of selection bias. It collected data from 9.9% of the relevant HIPPY cohorts at baseline, and they received post-program responses from 78% of their initial sample. Notably, Aboriginal and Torres Strait Islander families and families with lower levels of formal education were significantly more likely to drop out of the program (and hence the evaluation), which raises concerns about the generalisability of the endline sample (Connolly & Mallett, 2020, pp. 27–28).

Response bias in surveys or interviews

Most evaluations of HIPPY make use of surveys or interviews with HIPPY participants. However, both methods may be susceptible to 'response bias'. That is, respondents may have provided responses that seemed like the response desired by the researchers or HIPPY staff who were collecting the data. This may be particularly true of HIPPY administrative data, which is typically collected by HIPPY tutors, with whom parents will have developed a long relationship.

Sample size, data quality and long-term outcomes

The kind of data collected, and the sample size, varies widely among the reviewed evaluations: some included more than 1,600 HIPPY children or parents, others as few as 30 to 40 participants. Small sample sizes make it harder to generate precise estimates and raise questions about the representativeness of the sample. (See table 3 above for more detail on the sample size in each study.)

One strength of the impact evaluations of HIPPY Australia is the data sources they used. Validated measures were employed across multiple evaluations, in addition to parental self-report. This enhances the accuracy of the measures used and simplifies the process of comparing findings. However, not everything that is important about childhood development is measured or measurable. Giving attention to qualitative evidence helps to build a richer picture of HIPPY's effects.

Most evaluations collected data on outcomes at program completion, but none reported on longer-term outcomes beyond that point. This is despite one paper noting that it had obtained ethics approval to evaluate longer-term outcomes using AEDC and NAPLAN data (Connolly & Mallett, 2020). The absence of long-term data limits the ability to assess whether HIPPY had a *sustained* impact. It is also possible that HIPPY has long-term effects that do not manifest until after the program is complete. Any such effects will not be captured in the data used in any of the evaluations in this synthesis.

Selective reporting and multiple hypothesis testing

HIPPY has many potential outcomes, and many ways to measure them. All the impact evaluations reviewed for this synthesis used multiple metrics and evaluated HIPPY on a range of different outcomes. This creates the possibility that some results are not reported at all, or that positive results are given more emphasis than others. This is called selective reporting and it is a common challenge in impact evaluation. Researchers usually have discretion over the results that they report and it is often difficult for the reader to identify cases of selective reporting when they cannot see all the data that was collected for the study.

There is also a more technical issue called 'multiple hypothesis testing'. This means that running statistical tests on many outcomes may increase the chance of a 'false-positive' result (that is, a result that is deemed to be 'statistically significant' even when, in fact, there is no effect) unless the researchers make a statistical adjustment. The more tests are run (without adjustment), the higher the chance of reporting a false positive.

Strength of evidence on impacts

To support a clear and consistent interpretation of the evaluation findings, the ACE categorised the strength of available evidence for each of HIPPY's outcomes using a 5-point scale, ranging from zero to 4. These categories were applied to each outcome discussed below. This approach helps distinguish between evidence that is preliminary or uncertain and evidence that is more robust or conclusive. This classification aims to make the ACE's assessments about the available evidence more transparent, since any such assessments necessarily involve judgement.

This strength-of-evidence classification draws on similar scales used to assess evidence for similar programs (for example, Foundations: What Works Centre for Children & Families, 2026; NSW Department of Communities and Justice, 2026). However, it provides further granularity to distinguish between 'inconclusive', 'limited' and 'suggestive' evidence, which are often not separated in other scales. These extra categories may be helpful for policy makers, who need to work with the best available evidence.

0. Inconclusive
   The available evidence is insufficient to draw any early conclusions, either because it is absent, conflicting, or limited in quality, scope or methodological soundness. The uncertainty may also be due to evaluations with a high risk of bias, conflicts of interest, or lack of transparency. This level reflects situations where research is too sparse, poorly designed, or inconsistent to determine whether the intervention has any effect.
1. Limited
   There is some preliminary or low-quality evidence suggesting a possible association between HIPPY and its outcomes, but the evidence is weak or lacks robustness. Studies may be deemed weak or low-quality if they have serious methodological limitations, small sample sizes or serious conflicts of interest. Even well-conducted studies may produce only limited evidence if, for example, they are observational or exploratory and cannot be used to establish a likely association between HIPPY and its outcomes. This level indicates preliminary signs of a relationship, but not enough to form a clear, consistent, or dependable conclusion.
2. Suggestive
   The evidence points to a likely association between the intervention and the outcome, and is more consistent, coherent or better developed than limited evidence. However, it still falls short of demonstrating causality with high reliability and does not allow for confident conclusions about the impact of HIPPY on its outcomes. Alternatively, there may be limitations on the generalisability of evidence to the context of interest. Suggestive evidence may be sufficient for decision making where high confidence is not required and where limitations are considered.
3. Persuasive
   The evidence is high quality and based on at least one well-designed impact evaluation that has a low risk of 'bias'. (In this context, 'bias' refers to an inaccurate estimate of the program's causal effect, not to prejudice or discrimination). Persuasive evidence could be produced by, for example, a well-designed randomised trial or regression discontinuity study. The assumptions that underpin a high-quality impact evaluation should be credibly supported by available theory or evidence. Persuasive evidence supports a causal interpretation, but there may be issues about generalisability, and would benefit from replication. Nonetheless, the evidence can be used with confidence in decision-making.
4. Conclusive
   The evidence is high quality and replicated across more than one high-quality impact evaluation, and/or a high-quality meta-analysis. There is strong confidence in the causal effect of the intervention. The findings are consistent, have a low risk of bias, and can be generalised, making them suitable for informing policy decisions with a high degree of confidence.

Child outcomes

Almost every evaluation reviewed for this synthesis investigates some form of output or outcome related to children. This section covers the impact of HIPPY on children's:

- skills, knowledge and confidence engaging in formal learning,
- cognitive development (referring to literacy, numeracy and problem-solving), and
- social and emotional development.

Table 4: Evidence on child outcomes

Outcome	Summary of available evidence	Evidence strength
Build children's skills, knowledge and confidence to engage in formal learning	There is limited evidence about HIPPY's effect on children's skills, knowledge and confidence to engage in formal learning. There was no evidence of a difference in teacher ratings between HIPPY children and a matched cohort, in 2 separate studies. By contrast, several studies found that taking part in HIPPY improves parental perceptions of their children's ability to take part in formal learning. However, this may be partly influenced by response bias or natural child development over time.	Limited
Support children's cognitive development	There is suggestive evidence that HIPPY children showed gains in literacy or numeracy immediately following program completion however the size of these gains may be small. There was limited evidence that HIPPY improved children's communication skills.	Suggestive
Support children's social and emotional development	The evidence on HIPPY's impact on children's social and emotional development is limited. Studies using a matched comparison group find no effects or conflicting results. And while there are clear improvements in HIPPY children's social and emotional development during their participation in HIPPY, these improvements may just reflect general childhood development rather than the impact of HIPPY.	Limited

Skills, knowledge and confidence to engage in formal learning

A child's skills, confidence and knowledge to engage in formal learning all relate to his or her 'school readiness'. This includes:

- a child's approach to learning,
- their skills to engage with and ability to enjoy formal learning environments, and
- their preparation for more formal learning environments.

6 evaluations included one or more measures related to these outcomes.[7]

7 In each case, these measures are based on assessments from parents, program coordinators or teachers. No evaluations assessed children's confidence to engage in formal learning directly with the children themselves.

Two evaluations used teachers' assessments of children's adaptation to school or approach to learning. Neither found a statistically or practically significant difference between the HIPPY children and a matched comparison group. The first study used the AEDC, which asked teachers for an assessment of whether a child was making good progress in *adapting to the structure and learning environment of school* (Australian Centre for Evaluation, 2026b, p. 21). The second study compared teacher ratings of *children's 'approach to learning'* using the Social Skills Rating Scale (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 29). These results are instructive, as teacher reports are unlikely to be positively biased, whereas parent's and site coordinator's reports about their HIPPY children's school readiness (discussed below) may be subject to demand characteristics or social desirability biases.[8]

Parents and program coordinators, by contrast, reported that HIPPY children had gained *skills and knowledge needed to engage in formal learning*. A large majority of parents reported that, by the end of HIPPY, their child had 'very much achieved' the goals of 'more able to focus' (74%) and 'can follow instructions better' (67%) (Connolly & Mallett, 2020, p. 47). Consistent with this, program coordinators also reported that HIPPY children were better prepared for structured learning environments (ACIL Allen, 2018, p. 59). Qualitative evidence from an early study of HIPPY also found that at least some parents believed their child had gained a 'more positive orientation to learning' following participation in HIPPY (Gilley, 2003, p. 163); see also similar qualitative data reported by Liddell et al (2011, p.30). In each case, however, it is unclear how much these changes were due to HIPPY or natural child development.

The available evidence about *children's enjoyment of learning and readiness for school* comes from 3 evaluations. In the most recent survey available, conducted by the ACE and PRC in 2025, 96% of parent survey respondents indicated that HIPPY had positively changed how ready their child is for school. However, the sample of 319 parents who responded to the survey only makes up 8% of the eligible HIPPY population. The results are unlikely to be representative of the whole population because those who responded are self-selected and so are likely to be the most enthusiastic and engaged HIPPY families (Australian Centre for Evaluation, 2026b, p. 20).

In a second study, a large majority (84%) of HIPPY parents agreed that their children 'enjoy learning more' or 'are more ready for school' after 5 weeks of program commencement (ACIL Allen, 2018, p. 59).[9] After this, responses only grew modestly (week 30: 90% agreement; graduation: 91% agreement). In a third study, 83% of parents felt that the goal of enjoying learning more had been 'very much achieved at the end of HIPPY' (Connolly & Mallett, 2020, p. 47). It is possible that children's enjoyment of learning and school readiness improved within 5 weeks of receiving the program. However, it is also plausible these results are driven by response biases, where parents provide what they believe are desirable responses to these questions. Or parents may just have observed changes that would have occurred regardless of HIPPY.

There is limited evidence about HIPPY's effect on children's skills, knowledge and confidence to engage in formal learning. There was no evidence of a difference in teacher ratings between HIPPY children and a matched cohort, in 2 separate studies. By contrast, several studies found that taking part in HIPPY improves parental perceptions of their children's ability to take part in formal learning. However, this may be partly influenced by response bias or natural child development over time.

8 As noted in the Strengths and Limitations section, some caution is required in interpreting the comparison between HIPPY and LSAC children in Liddell et al (2011) since the 2 cohorts are not contemporaneous. The results from the AEDC data (ACE 2026) do not suffer from this issue. Furthermore, they make use of administrative data, likely producing a more representative sample.

9 This study does not separate results for 'enjoy learning more' or 'are more ready for school'.

Cognitive development

For HIPPY children, 'cognitive development' refers to their early literacy, numeracy, and verbal communication skills. 5 evaluations considered one or more of these skills, which were measured through: the Who Am I? (WAI) test (a test of pre-literacy and pre-numeracy skills), the Peabody Picture Vocabulary Test, parent's report on children's cognitive development, and teacher assessments (including the AEDC).

Most studies showed improvements in early literacy or numeracy skills among HIPPY children, though size of the effect may have been small, and there was less evidence of a positive impact on communication skills. A recent evaluation reported that HIPPY children scored 0.13 points higher, on average, in the 'Language and cognitive skills' domain in the AEDC than a matched comparison group. The domain is scored from 0–10, so this improvement of 0.13 points was relatively small (Australian Centre for Evaluation, 2026b, pp. 20–22). However, the same study found no statistically or practically significant difference for the 'communication skills and general knowledge' domain.

An evaluation undertaken in the early 2000s with a small sample of 66 children found that those took part in HIPPY scored higher on the Who Am I? (WAI) test – and several other cognitive assessments – than children in a matched comparison group (Gilley, 2003, p. 10).

Three other studies using WAI test results also pointed to improvements in early literacy or numeracy. Each of these evaluations compared the WAI results for HIPPY children with 'national norms.' For example, a 2020 evaluation using HIPPY longitudinal data showed HIPPY children initially scored below Australian norms on the WAI test but mostly closed the gap by the end of the program (Connolly & Mallett, 2020, p. 48). Earlier studies came to similar conclusions (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 25); (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, pp. 17–19). Australian norms may not, however, be a good basis for comparison: apparent improvements (relative to the Australian norm) could be due to the rapid progress that is expected in young children as they get older, and which may be more rapid for children who are initially further behind.

Other evaluations produced mixed conclusions. For example, while Liddell et al. (2011, p26) found parents reported improvements in their child's numeracy and comprehension, objective measures such as the Peabody Picture Vocabulary Test and teacher assessments showed no statistically significant differences between children who participated in HIPPY and a matched comparison group. A later study found no change in the proportion of parents agreeing that, by doing HIPPY, their child had made gains in the 'language/cognitive skills domain' between week 5, week 30, and graduation (ACIL Allen, 2018, pp. 58–59).[10]

There is suggestive evidence that HIPPY children showed gains in literacy or numeracy immediately following program completion however the size of these gains may be small. There was limited evidence that HIPPY improved children's communication skills.

10 The question was: 'What has your child achieved by doing HIPPY?' The responses may be interpreted in different ways. At week 5, 88% agreed that 'Made gains in the language/cognitive skills domain', which seems positive but also surprisingly high at that early point in the program. Furthermore, the proportion remained static at week 30 (87%) and graduation (89%). The responses to 'Made gains in the communication skills/general knowledge domain' showed a similar pattern from a similarly high starting point.

Social and emotional development

Five evaluations reported outcomes related to social and emotional development, using a range of measures.

A recent evaluation draws on the AEDC, which used teachers' responses to construct domain scores for 'emotional maturity' and 'social competence'. It found no statistically or practically significant difference in the scores, for either domain, between HIPPY children and a matched comparison group (Australian Centre for Evaluation, 2026b, pp. 20–22).

Another evaluation used the Strengths and Difficulties Questionnaire (SDQ), with a matched sample drawn from the LSAC. The SDQ is based on parents' responses to 5 subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer problems and prosocial behaviour. It found mixed evidence across the 5 SDQ subscales for social and emotional development. For 3 subscales, the evaluation found no evidence of a difference, while the remaining 2 subscales produced opposing results: HIPPY children scored better on peer problems, but worse on conduct problems (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 26–27).

The same study also undertook pre/post comparisons with the SDQ results. In these, HIPPY children showed improvements over time on 4 of the 5 SDQ subscales. They demonstrated fewer peer problems, lower hyperactivity and fewer conduct issues by the end of the program. Parents were also asked whether their children had low, moderate or high socio-emotional difficulties and the 'low' proportion improved by 18% by the end of the program (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 26–28).

Another study also used a pre/post comparison and reported a reduction in total social-emotional difficulties and a slight increase in prosocial behaviours from baseline to the end of the program (Connolly & Mallett, 2020, pp. 49–50). Further, an analysis of BSL administrative data found that many parents agreed their children had made developments in their emotional maturity (66% parents agreed), and their social competence (80%) after the first year of the program. However, these perceived benefits improved only marginally in the second year of HIPPY (ACIL Allen, 2018, p. 59).

A general challenge for these pre/post comparisons, however, is that changes observed over the 2 years of HIPPY may just reflect general childhood development. See the 'Strengths and Limitations' section above for further discussion.

Finally, one evaluation asked HIPPY parents directly about whether HIPPY had improved their child's socio-emotional skills: 51% of parents reported that HIPPY had a very positive effect on their child's social and emotional development. In contrast, 31% of parents thought HIPPY had only a little impact, and 18% of parents indicated that the program had no impact (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, pp. 21–22). However, even this evidence is fraught: it is likely that parents would struggle to distinguish between socio-emotional improvements that were attributable to HIPPY, and those that would have occurred anyway.

The evidence on HIPPY's impact on children's social and emotional development is limited. Studies using a matched comparison group find no effects or conflicting results. And while there are clear improvements in HIPPY children's social and emotional development during their participation in HIPPY, these improvements may just reflect general childhood development rather than the impact of HIPPY.

Parents' outcomes

Parents and carers are critical actors in HIPPY – they are typically the individuals who decide to enrol in the program, and many of the activities provided by the program are given directly to parents (that is, home visits and group gatherings). HIPPY is a parenting program and so parents are direct beneficiaries of the program as well as a critical actor in improving outcomes for HIPPY children. Parents' engagement with the program and outcomes are critical to their children receiving benefits from HIPPY.

This section explores how HIPPY influences parents and carers, particularly in their role as educators. It covers their engagement in children's learning via:

- parents' knowledge of the learning process
- parents' behaviours (the type and frequency of educational activities and behaviours)
- parents' provision of a positive home-learning environment
- parents' confidence and parenting skills, and
- the parent/child relationship.

Table 5: Evidence on parents' outcomes

Outcome	Summary of available evidence	Evidence strength
Parents and carers are learning about how their child learns	The evidence that HIPPY Australia improves parents' understanding of how learning happens is suggestive. Survey results are consistently positive but are likely subject to selection bias. However, parent interviews provide evidence of a plausible mechanism and give additional detail that supports the survey results.	Suggestive
Improve parents' behaviours	The available evidence in relation to parental behaviours is consistent across different studies, data sources and time periods. The evidence is sufficient to establish a likely association and therefore it is suggestive that participating in HIPPY changes parents' behaviours, at least through to program completion.	Suggestive
Improved provision of a positive home-learning environment	There is limited evidence about HIPPY's impact on parents' provision of a positive home learning environment, based mainly on parent surveys. While parents reported that HIPPY had a positive impact, other some surveys showed only slight positive changes. And these surveys are likely subject to selection bias, meaning the results may not be representative of the broader HIPPY parent population.	Limited
Increasing parents' confidence and parenting skills	There is limited evidence from the available research on whether HIPPY builds parent's confidence and parenting skills. Although HIPPY may build some parents' confidence, this improved confidence does not necessarily translate into widespread changes in overall parenting approaches.	Limited
Strengthen the parent/child relationship	Qualitative evidence suggests that parents perceive some benefits of HIPPY to the parent child relationship. However, quantitative evidence indicates that absent HIPPY, parents already rate their parent-child relationship highly, which leaves little room for HIPPY to have large effects. Overall, there is limited evidence for this outcome.	Limited

Parents' knowledge of how learning happens

Evidence on the impact of HIPPY on parents' knowledge of how learning happens comes from 3 evaluations that report on interviews with parents, or analysis of parents' responses to surveys by HIPPY Australia or the Parenting Research Centre (PRC).

In more recent survey conducted by the Parenting Research Centre, a large majority of parent respondents indicated that HIPPY had given them 'more' or 'a lot more' knowledge about how their child likes to learn (Australian Centre for Evaluation, 2026b, p. 25). The proportion was very high (85%) among parents currently enrolled in HIPPY and higher still for parents who had graduated from HIPPY (95%). Although the survey was subject to non-response bias, the survey results were consistent with interview findings. Furthermore, interview participants described a plausible mechanism for how HIPPY improved their learning about how their child likes to learn (Australian Centre for Evaluation, 2026b, p. 25).

Interviews undertaken with parents in 2020, after one year of HIPPY Age 3, also indicated that many felt that HIPPY helped them understand more about child development and learning. This included, for example, the ability to structure age-appropriate activities for their child, and a recognition that learning occurs through play (Graham, et al., 2021, pp. 49–51).

After the first 5 weeks of HIPPY, most parents (75%) reported that they had learnt more about being their child's first teacher, and almost all (96%) said that that HIPPY taught them more about how their child learns and grows (ACIL Allen, 2018, p. 63). Parents from a culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander background endorsed these statements at even higher rates (ACIL Allen, 2018, pp. 64–65).[11]

The evidence that HIPPY Australia improves parents' understanding of how learning happens is suggestive. Survey results are consistently positive but are likely subject to selection bias. However, parent interviews provide evidence of a plausible mechanism and give additional detail that supports the survey results.

11 As discussed in footnote 10, these results are hard to interpret. While the high rates at week 5 are positive, they also seem surprisingly high at that early point in the program. Furthermore, the proportion remained mostly static at week 30 and graduation.

Parental behaviours

Parental behaviours refer to the *type and frequency* of activities and behaviours that the parent displays to support their child's learning. For example, reading to the child, interacting with the child, and using structured learning activities. This is distinct from the provision of a positive home-learning environment (discussed below), although the 2 are frequently conflated in the literature.

All 5 evaluations that considered *parental behaviour* found that HIPPY led to noticeable improvements. There was consistent evidence that HIPPY increased the frequency with which parents undertook structured learning activities at home during the program.

A recent evaluation compared teachers' responses when asked if parents were 'actively engaged with the school to support the child's learning': HIPPY parents were 5.8 percentage points more likely to receive the rating 'very true' when compared to the matched comparison group (Australian Centre for Evaluation, 2026b, p. 23). Results from the PRC's matching study also found statistically significant improvements in the frequency with which parents read to their children, play with them and engage in everyday teaching for HIPPY parents (Parenting Research Centre, 2025, p. 24). They found large increases in parents playing with children and small to moderate improvements in the other areas.

Several studies found that parents reported an increase in the type or frequency of educational activities. First, in a review of the HIPPY Age 3 pilot, parents reported a slight increase in the number of days they spent playing or reading with their child in the past week after one year of the program (Graham, et al., 2021, p. 140). In a second evaluation, HIPPY parents reported an increase in time spent on educational activities, such as reading and numeracy exercises (Connolly & Mallett, 2020, p. 44). Third, at the end of the program, HIPPY parents also self-reported increased rates of both in-home and out-of-home activities compared to a matched comparison cohort via the LSAC (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 33–35). Finally, a large majority of respondents to a recent parent survey indicated that HIPPY increased the frequency, duration and range of learning activities they undertook with their child (Australian Centre for Evaluation, 2026b, p. 25). Although these surveys may not be representative of the whole HIPPY parent population, these findings align closely with the program's design, which emphasises empowering parents as educators.

One caveat to these findings on parental behaviour is that these activities were measured during, or immediately after, the program completion. In effect, these activities may be considered as immediate program outputs—rather than program outcomes—since HIPPY explicitly encourages parents to engage in such activities. Existing studies did not assess whether these behavioural changes persist beyond program completion.

The available evidence in relation to parental behaviours is consistent across different studies, data sources and time periods. The evidence is sufficient to establish a likely association and therefore it is suggestive that participating in HIPPY changes parents' behaviours, at least through to program completion.

Provision of a positive home-learning environment

The home-learning environment refers to how the parent engages with their child. For example, whether the parent listens and respects the child's opinion, is sensitive to their needs during educational activities, encourages the child to persevere with difficult activities, and encourages the child to explore and ask questions.

Four evaluations reported on parent's use of positive learning techniques to create a *positive home-learning environment* however the evidence was limited.

A recent survey delivered by the PRC found that 93% of parent respondents believed HIPPY had a positive or very positive impact on the way they interact with their child during learning activities (Australian Centre for Evaluation, 2026b, pp. 26–27). The survey showed similar results for parents' supporting and encouraging behaviours. However, these results are unlikely to be representative of the broader HIPPY parent population. They reflect the views of parents who responded to the survey, who are likely to be the most enthusiastic and engaged HIPPY parents.

A separate evaluation reported slight pre-to-mid-program improvements in developmentally supportive parenting practices for one-third of parents, as assessed by coordinators using the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) tool. However, 2-thirds of parents did not demonstrate any pre-post changes on the PICCOLO measure, which includes parent's displays of affection, responsiveness, encouragement and teaching (Graham, et al., 2021, pp. 142–143).

Further, although many parents reported using techniques such as specific praise (57%) outside of HIPPY (ACIL Allen, 2018, pp. 32–33; see also Connolly & Mallett, 2020, pp. 45–46), other evidence indicates that parents' use of praise for appropriate behaviours was near the 'ceiling' of 100% prior to the program's commencement (Graham, et al., 2021, p. 46).

There is limited evidence about HIPPY's impact on parents' provision of a positive home-learning environment, based mainly on parent surveys. While parents reported that HIPPY had a positive impact, other some surveys showed only slight positive changes. And these surveys are likely subject to selection bias, meaning the results may not be representative of the broader HIPPY parent population.

Parents' confidence and parenting skills

Changes in parental confidence and parenting skills were assessed across 5 evaluations.

There is considerable evidence in relation to *parental confidence* however the findings are mixed.

A recent evaluation found parents consistently reported improved confidence across measures collected in BSL program data, a parent survey and interviews. The interviews provided clear examples to demonstrate how HIPPY had improved parents' confidence. Parents indicated that having learning materials prepared by a reputable organisation and practising teaching with the tutor both contributed to their confidence (Australian Centre for Evaluation, 2026b, p. 27).

In an earlier study, HIPPY parents were also more likely to give themselves a better rating as a parent, relative to a matched comparison group from the LSAC, (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 44–45). HIPPY parents also showed an increase in confidence as their child's first teacher between the beginning and the end of the program (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 45). However, parental ratings of confidence were already relatively high prior to participating in HIPPY, with 90% of parents rating themselves as confident or very confident being their child's first teacher. These reported effects also do not rule out natural improvements in parenting confidence, versus HIPPY-specific program effects.

By contrast, a study from 2021 on the HIPPY Age 3 program used the Me as a Parent Scale (MaaPS-SF) to assess parents' 'confidence and efficacy.' The scale constructs an overall score based on 4 self-assessed survey questions, each scored on a 5-point scale. Parents completed the survey before and after participating in HIPPY Age 3. The researchers found that 'confidence and efficacy' improved for 25% of parents, while 64% showed no material change and the score fell for 11% of parents (Graham, et al., 2021, pp. 147–148).

Finally, the HIPPY Longitudinal Study found that 65% of parents rated their confidence to provide activities to help their child learn as good or very good by the end of the program, up 9 percentage points from 56% at baseline. However, parents also showed decreases in self-efficacy in the second year of HIPPY: post-program, a higher proportion of parents reported not feeling good about themselves as a parent, not feeling they are doing the right thing as a parent, not being the best parent that they can, and not enjoying doing things with their children (Connolly & Mallett, 2020, pp. 39–41).[12] As pre/post comparisons, these changes may not be caused by the program: it is possible that parents simply find parenting harder as their children age.

Evidence on improvements in *broader parenting skills* was also mixed. While HIPPY parents reported a reduction in hostile parenting practices when compared with parents from a matched comparison group from the LSAC, there were no statistically significant improvements in other practices, such as warmth and consistency (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 32). A similar pattern was observed in a more recent evaluation, with a very small improvement (reduction) in hostility/parental irritability from pre-program to mid-program. Notably, reported hostility/irritability levels were higher than mean levels of parents with similarly aged children as captured by the LSAC, even after completing one year of HIPPY Age 3 (Graham, et al., 2021, p. 46).

There is limited evidence from the available research on whether HIPPY builds parent's confidence and parenting skills. Although HIPPY may build some parents' confidence, this improved confidence does not necessarily translate into widespread changes in overall parenting approaches.

12 Parents reported not feeling good about themselves as a parent: pre-program=10%; post-program=26%). Parents not feeling they are doing the right thing as a parent: pre-program=8%; post-program=26%). Parents not being the best parent that they can: pre-program=6%; post-program=25%). Parents not enjoying doing things with their children: pre-program=2%; post-program=25%.

Parent-child relationship

Many of the existing evaluations assess the state of the parent-child relationship via parent's behaviours, including provision of a positive home-learning environment and how the parent engages with their child. These points are discussed above, so this section focuses on other measures of the parent/child relationship that are not already captured. This outcome was considered in 4 evaluations.

There is conflicting evidence about parents' perceptions as to whether HIPPY has improved their relationship with their child. On the one hand, in qualitative data (predominantly interviews with parents), parents report that HIPPY did improve the relationship (see Graham et al., 2020; Liddell et al., 2009; Gilley, 2003). The reasons for the improved relationship vary—some parents reported that the relationship improved due to spending more time together, others reported that children respected their role as a teacher and parent more, and other parents reported an improved relationship due to improvements in the parent's communication abilities. However, this may be subject to various response biases if, for example, parents feel that they should report a positive benefit of HIPPY to the researcher.

On the other hand, quantitative data cited in 2 evaluations suggests that a majority of parents reported having a good relationship with their child *prior* to the program (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, p. 30), and there were only limited gains in the quality of the parent-child relationship as reported by parents (Graham, et al., 2021, p. 140).[13] The most recent research on this outcome asked parents, 'How would you describe your and your child's everyday relationship?' Responses ranged from 1=very challenging to 5=very connected. Non-HIPPY parents in a matched comparison group had a high mean score of 4.40 but HIPPY parents scored even higher at 4.63 (Parenting Research Centre, 2025, p. 25).

Qualitative evidence suggests that parents perceive some benefits of HIPPY to the parent-child relationship. However, quantitative evidence indicates that absent HIPPY, parents already rate their parent-child relationship highly, which leaves little room for HIPPY to have large effects. Overall, there is limited evidence for this outcome.

13 Survey responses that asked the parents about their relationship with their child prior to the program should be interpreted with caution. These surveys were undertaken by HIPPY tutors before they had established a relationship with the parent, so parents may have felt uncomfortable about acknowledging any difficulties in their parenting relationship to a stranger.

Family outcomes

Beyond tutor outcomes (which are discussed below), there is suggestive evidence that HIPPY positively influences a family's confidence to engage with their child's school and advocate for their child's education. Otherwise, there was limited evidence on broader impacts for families or the communities they are part of. This is largely because this outcome has not been the subject of evaluations. While some studies mentioned potential social inclusion benefits for families, there was no formal evaluation of HIPPY's effect on community engagement or cohesion. This lack of research leaves a possible gap in understanding the wider social benefits of the program for families.

This section covers outcomes for families participating in HIPPY beyond those outcomes specific to the *parent* participating in HIPPY, including families':

- confidence to advocate for (and engage with) their child's education at school,
- knowledge of and confidence in accessing local services,
- social connections, and
- contribution to their local community.

Table 6: Evidence on Family outcomes

Outcome	Summary of available evidence	Evidence strength
Builds family confidence and skills to advocate for their child's education	There is suggestive evidence that HIPPY positively influences a family's confidence to engage with their child's school and advocate for their child's education. One study finds a positive association using an objective measure (teacher reports of parental contacts) and a matched comparison group. 3 other studies have greater limitations but tend to point to a similar conclusion.	Suggestive
Support family connections with the local community and services, and increase their confidence in accessing these services	There is limited evidence on whether HIPPY improves families' confidence accessing local services, and on whether HIPPY improves knowledge of local services. HIPPY's impact on uptake of other services is not established.	Limited
Broaden family social connections	Evidence for HIPPY's impact on parents' and families' social inclusion was limited. The available evidence indicates that there may be a reported impact of participating in HIPPY on family's social connections, but that this is more pronounced for families attending the site group gatherings.	Limited
Contribute to an inclusive community that celebrates diversity and respect	There is limited evidence of a positive association between HIPPY participation and an improvement in how a family interacts with or perceives their community at large.	Limited

Confidence to advocate for child's education

A distinct longer-term outcome for HIPPY relates to parent's confidence and skills to advocate for their child's education. This includes how parents and families interact with the child's school and teachers. 4 evaluations reported on this outcome.

When considering *confidence to engage with their child's school*, one evaluation found that 99% of parents reported feeling somewhat or very confident to communicate with teachers and staff at their child's school at the conclusion of HIPPY. However, 89% of parents reported feeling confident to do so at the week 5 measurement (ACIL Allen, 2018, p. 67). This may mean that parents gained a benefit before week 5 of the program or that they already had relatively high confidence to speak to teachers or others involved in their child's education prior to joining HIPPY.[14] An early evaluation of HIPPY also found that parents believed that HIPPY positively influenced their ability to interact with their child's teacher although for some parents this was solely due to improved English skills (Gilley, 2003, p. 194).

There is some indicative evidence that HIPPY positively influences *the number of engagements a family has with the school*. Relative to a matched comparison group drawn from the LSAC, teachers reported that HIPPY parents had significantly more contact with the school and were more likely to be involved with the child's learning and development (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 29–30). This echoes earlier qualitative evidence that parents reported feeling positively involved in their child's education after the first year of HIPPY however it is unclear how much that had changed since the program's commencement (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, pp. 32–33).

The results from the 2011 study using LSAC data are the most reliable, because they use a matched comparison group and the data is based on teacher reports, a more objective measure. Parental self-report studies could suffer from a degree of response bias and 2 of the evaluations relied on before/after comparisons, which leaves open the question of how much parents' confidence might have improved regardless of HIPPY.

There is suggestive evidence that HIPPY positively influences a family's confidence to engage with their child's school and advocate for their child's education. One study finds a positive association using an objective measure (teacher reports of parental contacts) and a matched comparison group. 3 other studies have greater limitations but tend to point to a similar conclusion.

14 The data for this measure is presented in text in the report, but not in Table 3.11. Note that the ACE was unable to identify which specific question in the BSL data collection forms this measure refers to, as it is unclear how parents could report on confidence engaging with school staff prior to commencing school. The closest similar question parents were asked in the 2023 data collection is phrased: 'How comfortable do you feel speaking with teachers and other professionals about your child's development?', which is not explicitly about engagement with *school* teachers and staff, but with professionals more broadly.

Confidence accessing local services

HIPPY's theory of change posits that HIPPY provides parents with connections with local community services and increases their confidence in accessing these services. 4 evaluations assessed measures related to this outcome.

One evaluation suggested that HIPPY parents agreed they were more likely to *know where to find information about local services* compared to a matched LSAC comparison group and after controlling for baseline differences. However, there was no increase in parent's knowledge of local services over time, indicating that the result is sensitive to how the data were analysed (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 39).

Many parents (87%) agreed that HIPPY had *introduced them to useful groups or organisations in their community*. However, 80% of parents responded positively by week 5 for this outcome, and there were no baseline results (week 0) (ACIL Allen, 2018, pp. 67–68). These results may be subject to response bias but, taken at face value, they suggest that most referrals happened at the beginning of the program, with a modest increase thereafter.

Another evaluation used a pre/post analysis with survey data from parents who had graduated from HIPPY. Parents were asked the question 'How confident do you feel about finding information about local services in your community when you need it?' Responses could range from 1=Not at all to 5=Very much. Before commencing the mean response of parents who ultimately graduated from HIPPY was 3.89, after graduation it was 4.38 (Parenting Research Centre, 2025, p. 25).[15]

There is limited evidence on whether HIPPY improves families' confidence accessing local services, and on whether HIPPY improves knowledge of local services. HIPPY's impact on uptake of other services is not established.

15 Another study reported on which other DSS programs were used by HIPPY families however it did not attempt to establish whether usage of these other programs had been influenced by HIPPY. Financial Crisis and Material Aid, Communities for Children, and Children and Parent Support Services were the top DSS programs used by HIPPY families (Australian Centre for Evaluation, 2026a, p. 17).

Family social connections

Family social connections relates to the connections that HIPPY families make with other families and individuals in their local communities (in contrast to connections with local services, as highlighted in the previous section). This includes: the social connections families report having with other families and their community, the family's sense of community, and the frequency of contact families have with others. 3 evaluations reported on measures related to this outcome.

ACIL Allen (2018) highlighted that at both weeks 5 and 30, about half of parents reported making social connections through HIPPY. However, this dropped to 21% by graduation (ACIL Allen, 2018, pp. 67–68); this drop may be understandable as parents had already made social connections through HIPPY prior to the program's end. Another evaluation also found no statistically significant difference between HIPPY and a matched comparison group of LSAC parents in their contact with friends, family, or neighbours (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 40).

Similarly, the Sense of Community Index remained largely unchanged after one year of HIPPY, with parent's scores at baseline and one year of HIPPY relatively stable (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, p. 40). This suggests that, in contrast to the ACIL Allen finding, HIPPY did not substantially alter parents' broader sense of belonging over the first year.[16]

In contrast, in interviews, a small number of parents reported increased involvement in community activities, such as local events and volunteer work (Liddell, Barnett, Hughes, & Diallo-Roost, 2009). It is plausible that these limited reported changes in social connection were driven by parent's overall levels of participation in HIPPY: parents who attended HIPPY group meetings were more likely to report having built a support network through HIPPY, while those who could not participate in group activities were less likely to develop new relationships (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, p. 39). However, there is no evidence provided for this hypothesis.

In a recent study, the Parenting Research Centre found sizeable and statistically significant improvements on the survey questions 'How supported do you feel by others in your local community?' and 'How often do you participate in activities or events in your local community?' from enrolment in HIPPY to graduation 2 years later. Both questions were measured on a 5-point scale. For the first question, the mean response improved from 3.79 to 4.33 and for the second it improved from 3.02 to 3.75 (Parenting Research Centre, 2025, p. 25). However, the pre to post comparison may not have a causal interpretation as the authors explain (Parenting Research Centre, 2025, p. 42).

Evidence for HIPPY's impact on parents' and families' social inclusion was limited. The available evidence indicates that there may be a reported impact of participating in HIPPY on family's social connections, but that this is more pronounced for families attending the site group gatherings.

16 Although the Sense of Community Index measures a construct broader than social connections to others in their community, multiple items in the scale capture this element (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, pp. 39–40)

Contributions to the local community

One of HIPPY's longer-term outcomes specified in the program logic relates to a family's contribution to the local community, and specifically to a community that celebrates cultural diversity and respect. This outcome has explicitly been distinguished from the previous 2 in that it considers how families interact with and perceive their local community, rather than their use of local services and connections with other families. 4 evaluations report on measures relating to this outcome although, similarly to other family outcomes, they did not do so in detail.

Following 12 months of HIPPY, 35% of parents who were asked about their *level of involvement with local community activities since doing HIPPY* indicated that their involvement had increased a lot or a little. However, it is unclear whether this increase can be attributed to HIPPY or would have occurred regardless. And in contrast, 64% of families stated that their involvement with community activities had neither increased nor decreased since doing HIPPY (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, pp. 41–42).

At the end of the program, HIPPY parents had higher ratings of *neighbourhood belonging* than a matched comparison group from the LSAC (Liddell, Barnett, Diallo Roost, & McEachran, 2011, p. 48). However, these ratings of neighbourhood belonging included a parent's rating of other outcomes such as knowledge of local services, so the evidence on contributions to the local community was mixed with other outcomes that are addressed under separate headings above.

Two evaluations assessed parent's level of *perceived support from others in the community*, finding a small increase in how supported parents feel (Graham, et al., 2021, p. 139; Parenting Research Centre, 2025, p. 25). However, it is notable that this outcome relates to how the family *receives* contributions from the local community, rather than *making* contributions to the local community.

There is limited evidence of a positive association between HIPPY participation and an improvement in how a family interacts with or perceives their community at large.

Tutors' outcomes

The available research on tutor outcomes is sparse, with qualitative interviews from a small number of papers and descriptive analyses conducted by the ACE and PRC providing the primary insights on short-term outcomes for HIPPY tutors. Critically, no work has systematically examined the long-term outcomes for HIPPY tutors, likely due to the limited sample size and difficulty isolating the effects of HIPPY on such outcomes.

This section covers key tutor outcomes as specified in HIPPY's program logic:

- participation in regular training and other professional development opportunities
- Confidence and skills in early childhood delivery, and
- transferable skills, confidence and knowledge for future employment.

Table 7: Evidence on tutors' outcomes

Outcome	Summary of available evidence	Evidence strength
Access to and participate in regular training and professional development opportunities	There is no evidence in the published evaluation literature on the extent to which HIPPY tutors participate in regular training and professional development as part of their employment. Therefore, ACE did not provide an evidence categorisation for this outcome. HIPPY program administrative data shows that almost one third of tutors undertake formal training or study externally while working as a tutor.	Not categorised
Develop confidence and knowledge and skills in early childhood service delivery	There is limited evidence on the impact of working as a HIPPY tutor on building tutors' confidence and skills in early childhood delivery. While there is some evidence from HIPPY tutors about the perceived benefits of working as a tutor, some potential downsides have also been reported. Whether the benefits are worth these potential downsides has not been established.	Limited
Develop transferrable skills, confidence and knowledge for future employment	There is suggestive evidence that working as a HIPPY tutor improved tutors' perceptions of employability and intentions to pursue future employment or studies.	Suggestive

Access to and participation in regular training and professional development

Although provision of tutor training is a part of the HIPPY model, there is no evidence in the existing published evaluations on the frequency of training *tutors* are offered and participate in during their employment in HIPPY.

One evaluation reported that some tutors had enrolled in further education in the childcare, early childhood education and community services and development sectors due to their experience in HIPPY (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, p. 55). Although this training was not provided as a part of HIPPY, it does demonstrate that some tutors use their experiences in HIPPY as a platform for further education. Further, ACIL Allen reported that 35% of *parents* surveyed by BSL participated in some form of training or education during their participation in HIPPY (ACIL Allen, 2018, p. 69). In a more recent analysis by the ACE, this number was 30% (Australian Centre for Evaluation, 2026a, p. 20). The most common areas of study were education and training, community services and development, and administration and office support. These findings suggest some level of access to training and/or professional development, but they only refer to education and training that tutors undertake outside of their employment with HIPPY.

When reviewing a draft of this report, HIPPY Australia advised that the relevant program data shows that tutors do participate in workplace training and professional development.

There is no evidence in the published evaluation literature on the extent to which HIPPY tutors participate in regular training and professional development as part of their employment. Therefore, ACE did not provide an evidence categorisation for this outcome. However, HIPPY program administrative data shows that almost one-third of tutors undertake formal training or study externally while working as a tutor.

Confidence and skills in early childhood delivery

Evidence on the impact of HIPPY on tutors' skills and confidence in early childhood delivery comes from 3 evaluations.

Two evaluations reported qualitative findings that tutors felt they had gained skills from HIPPY, including communication, teamwork and problem-solving skills (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, p. 56), alongside confidence and self-confidence in a work situation (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 50–52). More recently, findings have emerged that suggest the majority of HIPPY tutors surveyed for the HIPPY tutors study agree or strongly agree that they have developed useful skills for future employment and have improved their confidence (Connolly & Chaitowitz, 2020, pp. 27–28).

However, some quantitative findings were much less encouraging. When considering employability skills, Liddell et al (2011) reported significant decreases in tutors' self-reported employability on several metrics (p. 53). This decrease in perceived employability occurred alongside a decrease in tutors' self-reported self-efficacy and self-esteem, and a significant increase in tutors' psychological distress. Although the paper includes a hypothesis for these changes, the quality of the evidence is limited. Together, these mixed results suggest that while some tutors benefited professionally, others may have experienced increased stress or uncertainty.

There is limited evidence on the impact of working as a HIPPY tutor on building tutors' confidence and skills in early childhood delivery. While there is some evidence from HIPPY tutors about the perceived benefits of working as a tutor, some potential downsides have also been reported. Whether the benefits are worth these potential downsides has not been established.

Transferable skills and confidence for future employment

A key intended outcome for HIPPY tutors is the development of transferrable skills and enhanced confidence for their future employment. 5 evaluations reported on this outcome.

In one study, 17 out of 21 tutors interviewed felt that they would be successful or very successful in finding a job. Quotes from the interviews showed that some tutors attributed this to their work for HIPPY (Liddell, Barnett, Diallo Roost, & McEachran, 2011, pp. 50–52). Another report found that 88% of tutors believed that the skills they gained through HIPPY would be useful if they looked for other work (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, p. 55).

A third evaluation reported that 76% of tutors 'agreed' or 'strongly agreed' that being involved in HIPPY gave them the confidence to start or continue with further study (ACIL Allen, 2018, p. 69). In the same evaluation, an analysis of consultations with HIPPY coordinators suggested that tutors also develop broad employability skills relevant for community and health organisations, and not just limited to the early childhood sector (ACIL Allen, 2018, p. 70).

A survey of tutors found that 65% tutors intended to find paid employment post-HIPPY (Connolly & Chaitowitz, 2020, pp. 28–30). Finally, exit surveys conducted by HIPPY Australia showed that 74% of tutors were looking for or had found another job after leaving their role as a tutor. Of these, 39% had found another job in the HIPPY provider organisation (Australian Centre for Evaluation, 2026a, p. 25). This suggests that HIPPY provider organisations are creating pathways and career opportunities for at least some HIPPY tutors.

There is suggestive evidence that working as a HIPPY tutor improved tutors' perceptions of employability and intentions to pursue future employment or studies.

5. HIPPY efficiency and cost-effectiveness

This section examines the efficiency and cost-effectiveness of HIPPY. Efficiency, in this context, refers to the optimal use of resources to achieve the desired outcomes of the program. It encompasses the processes and practices that ensure the program is delivered in a timely and resource-efficient manner. Cost-effectiveness encompasses the economic value of the program by comparing the costs incurred to the benefits (impacts) achieved. This analysis helps in understanding whether the financial investments in HIPPY yield substantial returns in terms of educational and social outcomes for the participants.

HIPPY's cost effectiveness

Several evaluations attempted to assess whether HIPPY delivers economic benefits relative to its costs. Liddell et al. (2011) estimated a benefit-cost ratio of 2.53:1, while ACIL Allen Consulting (2018) reported a ratio of 2.58:1, suggesting that every dollar invested in HIPPY generates more than 2 dollars in societal benefits. However, the ACE believes that these estimates of the benefit-cost ratio are unreliable for 2 key reasons, with further information available in Appendix B.

Most importantly, the estimates of *financial benefits* (that is, the impact estimates) of HIPPY were drawn from international early childhood interventions, such as the Perry Preschool Project and the Chicago Child-Parent Centre Program. This is because the long-term benefits (impacts) for HIPPY in Australia have not yet been quantified adequately, as described in Section 4. These international programs differ significantly from HIPPY in their structure and intensity.

For example, the Perry Preschool Project included a daily 2-hour preschool program, and the Chicago Child-Parent Centre Program included a half-day preschool program for children, 5 days per week. These are substantially more time-intensive and resource-intensive: they operate daily, versus HIPPY's model of weekly or fortnightly activities, and they require greater investment in delivery expertise due to their preschool-provider model requiring early childhood educators, versus HIPPY's parent-provider model. Given the large differences between these programs, it is therefore likely that their long-term impacts differ substantially from HIPPY's.

As a result of these discrepancies, the cost-benefit ratios calculated by earlier evaluations of HIPPY Australia cannot be relied upon.

The recent evaluation by the Parenting Research Centre does not quantify the value of HIPPY's benefits and therefore does not allow for a full cost-benefit analysis. However, the report does include some analysis of HIPPY's costs. The authors find that HIPPY costs $6,086 per family per year or $499 per service occasion (Parenting Research Centre, 2025, p. 39). They note that there are similar programs that are cheaper and less intensive as well as programs with a strong evidence base that are more expensive.

The existing evidence on the cost-benefit of HIPPY is inconclusive. This is because the benefits of HIPPY in Australia are yet to be systematically established, so any attempt to put a monetary value on them (as is the case when assessing cost-effectiveness) is unlikely to be accurate and should be interpreted with caution.

References

ACIL Allen. (2017). *HIPPY Program Logic and Theory of Change.* Department of Social Services.

ACIL Allen. (2018). *Evaluation of the Home Interaction Program for Parents and Youngsters.* ACIL Allen Consulting.

AIHW. (2022). *Australia's children: The transition to primary school.* Australian Institute of Health and Welfare. Retrieved from https://www.aihw.gov.au/reports/children-youth/australias-children/contents/education/transition-primary-school

Akhlagh, S., Mehana, M., & Knaus, M. (2024). Supporting Refugees Participating in the Home Interaction Program for Parents and Youngsters in Regional Australia. *Journal of Ethnic and Cultural Studies, 11*(4), 210–227.

Australian Bureau of Statistics. (2025, March 27). *Australia's Population by Country of Birth*. Retrieved from https://www.abs.gov.au/statistics/people/population/australias-population-country-birth/latest-release

Australian Bureau of Statistics. (2025, March 27). *Estimates of Aboriginal and Torres Strait Islander Australians*. Retrieved from https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release

Australian Centre for Evaluation. (2026a). *Home Interaction Program for Parents and Youngsters (HIPPY) Descriptive Analysis Report.*

Australian Centre for Evaluation. (2026b). *An impact evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY).*

Baker, A., Piotrkowski, C., & Brooks-Gunn, J. (1999). The Home Instruction Program for Preschool Youngsters. *Future of Children, 9*(1), 116–133.

Connolly, J., & Chaitowitz, R. (2020). *Transforming employment aspirations: Results of the HIPPY Tutors Study.* Brotherhood of St Laurence.

Connolly, J., & Mallett, S. (2020). *Changing children's trajectories: Results of the HIPPY Longitudinal Study.* Brotherhood of St Laurence.

Department of Education. (2024). *Australian Early Development Census National Report 2024.*

Department of Social Services. (2023). *Home Interaction Program for Parents and Youngsters: Operational Guidelines 2022–2027.*

Diallo Roost, F., McColl Jones, N., Allan, M., & Dommers, E. (2014). *Recruiting and Retaining families in HIPPY.* Brotherhood of St Laurence.

Foundations: What Works Centre for Children & Families. (2019). *Guidebook Intervention Information Sheet: Home Instruction for Parents of Preschool Youngsters (Hippy).*

Gilley, T. (2003). *Early days, much promise: An evaluation of the Home Instruction Porgram for Preschool Youngsters.* Brotherhood of St Laurence.

Goldfeld, S., Price, A., Bryson, H., Bruce, T., Mensah, F., Orsini, F., . . . Kemp, L. (2017). 'right@home': a randomised controlled trial of sustained nurse home visiting from pregnancy to child age 2 years, versus usual care, to improve parent care, parent responsivity and the home learning environment at 2 years. *BMJ Open*.

Goldstein, K. (2017). *Five Decades of HIPPY Research: A Preliminary Global Meta-Analysis and Review of Significant Outcomes.* Fitzroy: Brotherhood of St Laurence.

Graham, A., Wade, C., Matthews, J., Forbes, F., Almendingen, A., Abikar, A., . . . Clayton, O. (2021). *HIPPY Age 3 Developmental Evaluation: Final Report.* Parenting Research Centre.

HIPPY Australia. (2024). *HIPPY Operations Guide (Working Copy).*

HIPPY International. (2025, April 3). *HIPPY International*. Retrieved from HIPPY Worldwide: https://hippy-international.org/worldwide/

Kellard, K., & Paddon, H. (2016). *Indigenous Participation in Early Childhood Education and Care – Qualitative Case Studies.* Social Research Centre.

Liddell, M., Barnett, T., Diallo Roost, F., & McEachran, J. (2011). *Investing in our Future: An evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters.* Brotherhood of St Laurence.

Liddell, M., Barnett, T., Hughes, J., & Diallo-Roost, F. (2009). *The home learning environment and readiness for school: A 12 month evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY) in Victoria and Tasmania.* Fitzroy: Brotherhood of St Laurence.

NSW Department of Communities and Justice. (2026, March 24). *The Evidence Portal*. Retrieved from https://evidenceportal.dcj.nsw.gov.au/about-the-portal/understanding-the-strength-of-evidence-rating.html

Olds, D. (2006). The nurse-family partnership: An evidence-based preventive intervention. *Infant Mental Health Journal, 27*(1), 5–25.

Parenting Research Centre. (2025). *Stream 1 Report (effectiveness and efficiency). Independent evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY).* Melbourne, Australia.

Parenting Research Centre, IPS Management Consultants and Curijo. (2026). *Stream 2 Report (appropriateness and implementation). Independent evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY).* Melbourne, Australia.

Prior, M., Bavin, E., & Ong, B. (2010). Predictors of school readiness in five-to-six-year-old children from and Australian longitudinal community sample. *Educational Psychology, 31*(1), 3–16.

Smart, D., Sanson, A., Baxter, J., Edwards, B., & Hayes, A. (2008). *Home-to-school transitions for financially disadvantaged children.* Sydney: The Smith Family. Retrieved from https://www.thesmithfamily.com.au/-/media/files/research/reports/home-school-summary-2008.pdf

Thrive by Five. (2025, March 3). *Childcare costs preventing women from re-entering the workforce, new data shows*. Retrieved from https://thrivebyfive.org.au/news/childcare-costs-preventing-women-from-re-entering-the-workforce-new-data-shows/

Appendix A: Glossary of key terms

Term	Definition
ANOVA	Analysis of Variance (ANOVA) is a statistical test used to compare the means of 2 or more groups to see if there are significant differences in outcomes. It helps determine whether observed variations are likely due to chance or actual group differences.
Ceiling effect	A ceiling effect occurs when a measurement tool cannot capture higher levels of performance because many participants score at or near the maximum. This limits the ability to detect differences or improvements.
Demand characteristics	Demand characteristics are cues in a study that may lead participants to guess its purpose and change their behaviour. This can bias results by influencing participants' responses away from natural behaviour.
False positive / false negative results	A false positive occurs when a test incorrectly indicates the presence of an effect, while a false negative occurs when it fails to detect an effect that is truly there. Both errors reduce the accuracy of research findings.
Fidelity	Fidelity refers to how closely a program or intervention is delivered as intended. High fidelity increases confidence that outcomes are due to the program rather than variations in delivery.
Meta-analysis	Meta-analysis is a statistical method that combines the results of multiple studies to identify overall trends and effects. It increases the power and reliability of conclusions by pooling data.
Multiple regression	Multiple regression is a statistical technique that predicts the value of a dependent variable using 2 or more independent variables. It helps assess the relative influence of different factors on an outcome.
Program logic	A Program logic is a structured framework that outlines how a program's activities are expected to lead to intended outcomes. It links inputs, activities, outputs, and outcomes in a clear sequence.
Response bias	Response bias occurs when participants' answers do not accurately reflect their true characteristics, experiences, or beliefs and when this is a systematic effect on participants. Response bias occurs at the data collection stage. It is an overarching term that incorporates social desirability bias, which occurs when participants try to give an answer that they think the researcher or data collector will like.
Selection bias	Selection bias occurs when the participants or data included in a study are not representative of the target population. This can lead to inaccurate or misleading conclusions. It is an overarching term that includes non-response bias, attrition bias and sampling bias.
Social desirability bias	Social desirability bias happens when participants give responses they believe are more socially acceptable rather than their true thoughts or behaviours. It often leads to underreporting of undesirable behaviours or overreporting of desirable behaviours.
Statistical significance	Statistical significance indicates that the results of a study are unlikely to have occurred by chance, based on a chosen threshold (for example, $p < 0.05$). It suggests the findings are meaningful in a statistical sense. However, a result that is statistically significant may not be meaningful in practice (which we refer to as practical significance).
t-test	A t-test is a statistical test used to compare the means of 2 groups. It helps determine whether the observed difference between groups is likely due to chance.

Appendix B: Summary of impact evaluation methodological limitations

This section outlines the methodological approaches used in evaluating HIPPY's effectiveness, including data sources, study design, and sample characteristics. It highlights the strengths of using multiple data collection methods while also addressing key limitations of the literature reviewed for this synthesis. This section focuses on the challenge in establishing *causal* relationships between HIPPY and its intended outcomes. The section also discusses how different studies defined and measured outcomes, variations in comparison groups, and the extent to which findings from individual studies can be generalised.

Challenges in establishing cause-effect findings

The impact evaluations of HIPPY employed a mix of quantitative and qualitative methods, with varying levels of rigour. The most rigorous study used propensity score matching (PSM) to create a control group with data from the Longitudinal Survey of Australian Children (LSAC), conducted in 2004–2006 (Liddell et al., 2011). However, despite the rigour of the approach, there are still some shortcomings of this study which mean it is difficult to make direct causal attributions between HIPPY and a particular outcome (see Appendix B for further information).

Other evaluations relied on comparisons with Australian norms, pre- to post-program comparisons, and tracking changes in participants without a control group – these make it challenging to isolate program effects (ACIL Allen, 2018) (Connolly & Mallett, 2020). Pre-post changes in outcomes are unlikely to be reliable in this case, and should not be used to make causal inferences, due to the potential for other changes to have occurred during the intervening period (for example, child development independent of HIPPY, or the parent gaining more parenting experience, again independent of HIPPY).

This synthesis also included a meta-analysis by Goldstein (2017), which examines HIPPY outcomes across multiple international studies, rather than focusing solely on Australian data. There are some serious shortcomings of this meta-analysis: it relied on data published online at hippyresearch.org (which no longer exists but was presumably maintained by HIPPY International) and did not include unpublished studies. In addition, the authors explicitly state that they excluded statistically insignificant findings from the meta-analysis (Goldstein, 2017, p. 8), and the data collection questionnaire explicitly asks about *positive* findings (Goldstein, 2017, p.47, p.55). This methodology raises concerns with selection bias (that is, only some studies on HIPPY were included in the meta-analysis), and publication bias (that is, only studies showing specific findings were highlighted). For this reason, the ACE's judgement is that the meta-analysis is not a reliable source and so we do not rely on it for this synthesis, and only briefly summarise the findings in the Impact Evaluation Summaries report.

Although almost all evaluations included surveys or interviews with parents/tutors/coordinators, these sources do not form a credible basis for inferences of causality. This is because the self-reported nature of these interviews may introduce bias, as participants might overstate program benefits or underreport challenges. Thus, the ACE's judgement is that single findings based solely on self-reported outcomes should not be relied upon to provide a high degree of confidence in the findings. However, an exception to this is where multiple evaluations, using multiple sources of information (including self-reported outcomes), report findings on similar outcomes in the same direction.

The studies reviewed in this report do not provide a credible basis for causal inference. As a result, all findings and reported impacts should be interpreted with caution, as they do not establish direct cause-and-effect relationships, and at most may only reflect associations between HIPPY and the stated outcomes.

Data sources and quality

HIPPY evaluations in Australia relied on a diversity of data sources, including parent surveys, child assessments, teacher feedback, and administrative data, with the HIPPY Longitudinal Survey (HLS) being the most comprehensive dataset (Connolly & Mallett, 2020). This is a strength of the research, as the data from the existing evaluations does not come entirely from parental self-report.

A key strength across evaluations was the consistent use of validated measures – in particular, the *Who Am I?* cognitive test (Liddell, 2011; Liddell, 2009; Gilley, 2002; Connolly & Mallett, 2020) and the Strengths and Difficulties Questionnaire (Connolly & Mallett, 2020; Liddell et al., 2011; Liddell et al., 2009). The validated tools made findings more comparable and replicable while aligning with HIPPY's long-term goal of improving cognitive, social, and emotional outcomes, as outlined in the program logic.

However, there are some shortcomings of the data quality and methodological rigour. Although one study indicated an intention to undertake future data matching, to allow for AEDC and NAPLAN data to be used to assess long-term educational outcomes (Connolly & Mallett, 2020, p. 26), this has not yet been reported. Thus, no published study has investigated outcomes in the longer term. Some studies also had gaps in comparison groups for certain outcomes; for example, cognitive outcomes (via the Who Am I?) were not available for the comparison group in one evaluation (Liddell, Barnett, Diallo Roost, & McEachran, 2011). These data issues mean that the comparability of the studies to one another is limited.

Finally, the cost-benefit analysis data is based almost entirely on international or non-HIPPY specific data. This means that the cost-benefit ratio reported by these evaluations is inaccurate, as it does not reflect the benefits of HIPPY in Australia, which are yet to be rigorously and systematically established.

Using the same validated measures across multiple studies improves the comparability and replicability. If different studies using the same tools produce similar results, this may still converge to an understanding of the true impact of HIPPY, even without direct causal evidence.

However, the data are still limited to short-term outcomes, and existing evaluations do not address any longer-term outcomes as a result of participation in HIPPY.

All cost-benefit analyses for HIPPY in Australia are based on international evidence, and do not necessarily accurately reflect the benefits that HIPPY is providing to participants in Australia.

Multiple comparisons within studies

The reviewed evaluations used a diversity of measures to index children's and parent's outcomes. While this allows for a broad assessment of HIPPY, it also increases the likelihood of finding 'statistically significant' results by chance (that is, a 'false positive' result) and allows researchers the opportunity to choose which findings to emphasise, or not. Notably, some studies emphasised significant results without putting the same focus on non-significant or negative findings (for example, see Liddell et al., 2011), raising concerns about selective reporting, and that the reported outcomes may not fully reflect HIPPY's actual impact on outcomes. Further, none of the Australian HIPPY evaluations applied statistical corrections to account for this issue, which is considered good practice in the literature.

Evaluation sample sizes, representativeness and attrition

Sample sizes and representativeness varied widely. Recent studies using administrative data had the largest sample sizes. The Parenting Research centre had more than 1,200 families in their matched sample (Parenting Research Centre, 2025, pp. 24–25). The ACE had more than 1,600 HIPPY children in our study sample and administrative data on over 100,000 children from which to construct a control group(Australian Centre for Evaluation, 2026b, p. 16). Smaller studies had fewer than 50 participants (Gilley, 2003). ACIL Allen (2018) had a large sample size due to its use of administrative data – however, rather than analysing raw data, it appeared to rely on aggregated results supplied by BSL, which limits its depth.

Further, some studies excluded key populations—for instance, Liddell et al. (2009) focused only on Tasmania and Victoria, while Liddell et al. (2011) did not include Victoria. In addition, Indigenous communities were often underrepresented, which limits the insights on program effectiveness for this group. For example, one evaluation excluded parent-child interview data from Alice Springs (Liddell, Barnett, Diallo Roost, & McEachran, 2011), and another did not include newly established HIPPY sites, most of which were Indigenous-focused sites (Connolly & Mallett, 2020).

The published evaluations also have relatively low participation rates, and high attrition rates – this raises the concern that selection bias plays a role in the outcomes observed (that is, the families who did not find HIPPY valuable either dropped out of HIPPY, and/or the evaluation). For example, an early study only interviewed 48% of families enrolled in the program (Liddell, Barnett, Hughes, & Diallo-Roost, 2009, p. vi); the HIPPY Longitudinal Study captured only 12.5% of HIPPY enrolments at the end of the 2 year program, and 22% of the families originally included in the evaluation did not complete the end of program data collection (Connolly & Mallett, 2020, pp. 27–28). Less than half of HIPPY children in another evaluation finished the 2-year program (Gilley, 2003).

Families who chose not to participate in the evaluation, who dropped out of the evaluation, or who failed to complete the 2-year program are likely to have different characteristics to those who completed the evaluation/program. This is likely to lead to bias in the findings.

Appendix C: HIPPY Program Logic

Objective

To build the confidence and skills of parents/carers of children in disadvantaged communities to create a positive home learning environment that assists children prepare for school and strengthen the parent/carer child relationship.

Needs statement

There is a link between disadvantage and poverty that can impact a child's learning and subsequent life outcomes, including low educational outcomes that perpetuate intergenerational poverty. Early years learning aims to improve the wellbeing of children and young people, to enhance family and community functioning, and increase the participation of vulnerable people in community life.

Table 8: HIPPY program logic – inputs, activities and outputs

Inputs	Activities	Outputs
• **Commonwealth funding.** • **Partnerships:** – DSS and Brotherhood of St Laurence (BSL) – BSL HIPPY Australia and HIPPY International – BSL & local HIPPY Provider – Local HIPPY Provider & parents/carers and community – National Indigenous Australians Agency • **HIPPY curriculum, guidance and promotional materials.** • **HIPPY site infrastructure (in-kind contribution).** • **Partnerships & collaboration between:** – HIPPY local workforce including Home Tutors – Local Advisors on Indigenous Early Childhood – Network of community-based support services	• **HIPPY Australia:** – Support local HIPPY providers to establish and sustain the capacity and capability required to deliver HIPPY – Provide resources to support recruitment, retention and engagement of families – Data collection, quality assessment, continual improvement and reporting • **HIPPY Research** – Building capacity of Aboriginal Community Controlled Organisations – HIPPY providers: – Recruit and enrol eligible families – Support and development of parents/carers of participating families – Deliver HIPPY to families – Establish Community Networks, Employment Pathways and Community of Practice – Recruit and train home tutors • **DSS:** – Contract management – HIPPY independent eval • **NIAA:** – Indigenous advice and linkages	• Selected communities established and supported to deliver HIPPY • Parents/carers engage in educational activities in the home and in their community • Children participate in activities that support development across multiple developmental domains • Target Families participate in HIPPY over 2 years • Families are made aware of local events and services • HIPPY parents/carers realise the opportunity to work as HIPPY Tutors • Tutors have access to regular training and professional development opportunities • Service providers, including ACCOs, attend national learning event / receive coaching, participate in Community of Practice • Reports on program delivery: • Age 3 Transition Strategy • National Recruitment and Retention Strategy • HIPPY independent evaluation • HIPPY aligns and contributes to NIAA Indigenous policies

Table 9: HIPPY program logic - outcomes

Area	Short-term outcomes Year one of HIPPY	Medium-term outcomes Year 2 of HIPPY	Long-term outcomes After HIPPY
Children	• Children learn new skills as they engage in HIPPY Activities	• Children have the skills, knowledge and confidence to actively participate in formal learning	• Children acquire skills and confidence that promote school readiness. Children are cognitively, socially and emotionally ready for school
Families – Parents / Carers	• Parents/carers are learning about their child's learning style and engage in educational activities in the home • Parents provide a positive home learning environment that supports children's learning	• Parents/carers are active and confident as their child's first teacher to prepare their child ready for school	• Strengthens the parent/carer and child relationships
Families – Communities	• Families feel connected with their local community including education settings and services • Families broaden their social connections and engagement opportunities	• Families feeling confident in being able to access local services when required	• Contribute to a community that celebrates cultural diversity and respect • Parents/Carers have the confidence and skills to advocate for their child's education
Training and Employment	• Tutors participate in regular training and professional development opportunities • Tutors develop confidence, knowledge and skills in Early Childhood and Parenting service delivery	• Tutors develop transferrable skills and confidence toward future employment or further education	• Tutors have the confidence to and knowledge on how best to continue their employment or study