July 2025

Stream 1 report (effectiveness and efficiency analysis)

Independent evaluation of the Home Interaction Program for Parents and Youngsters (HIPPY)

CURIJO

ips MANAGEMENT CONSULTANTS

Parenting Research Centre

Acknowledgement of Country

The Parenting Research Centre acknowledges and respects the diverse Aboriginal and Torres Strait Islander people of this country and the Elders of the past and present.

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About the Parenting Research Centre

The Parenting Research Centre (PRC) is an independent non-profit organisation that helps children thrive by advising on new and better ways to support families. For close to three decades, we have worked with governments and community agencies to design, adapt, implement, and evaluate parenting support and child welfare initiatives. We help governments and community organisations in the fields of early childhood education and care, health, education and welfare put the best evidence on parenting and family support into action.

Our work acknowledges the cultural, socio-economic and geographic diversity of people in Australia. We take great efforts to ensure our work is inclusive and accessible to the broad diversity of peoples to whom it is relevant, including children and young people, people with disabilities and people from diverse cultural backgrounds.

About Curijo

Curijo is an award-winning fully Aboriginal and female owned and led wealth-for-purpose consulting firm. In 2022 they won an 'Indigenous Evaluation Award' from the Australian Evaluation Society (AES). For almost a decade Curijo have provided high quality technical expertise across the policy spectrum, from design to implementation, through to evaluation, assurance and learning. Curijo provide these services to government, industry and community organisations. Curijo's experience spans multiple sectors including child and family, government, community development, education and corporate. Curijo's key disciplines include community development, child and family services, diversity and inclusion, organisational reform, adult education and well-being, assurance and Indigenous policy and program design and review. Curijo contribute to business capability through leadership, sharing their story, providing opportunities of employment with Curijo, and nurturing other leaders and businesses to establish and grow.

About IPS Management Consultants

IPS is an independent, certified, majority Indigenous-owned and woman-owned consultancy operating across Australia that offers innovative and focused services across various sectors. The core purpose of IPS is to create better futures and drive authentic outcomes for First Nations and mainstream communities. Through its work in First Nations advisory, research, policy and evaluation, organisational capability, business advisory and workforce solutions, IPS advances reconciliation and sustainable social and economic outcomes for all clients and stakeholders. As trusted partners, IPS works collaboratively to co-design tailored, evidence-based programs and frameworks that ensure return on investment and long-term financial inclusion and empowerment for all.

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Executive summary

Overview

This evaluation examined the Home Interaction Program for Parents and Youngsters (HIPPY) to assess its impact on parent and child outcomes, value for money, and comparability to similar early childhood programs. The evaluation focused on three key questions:

1. What client outcomes are associated with the HIPPY program?
2. To what extent does HIPPY represent value for money?
3. How does HIPPY compare to other similar Australian models in terms of outcomes and cost-effectiveness?

Methodology

We used a hybrid implementation-effectiveness mixed methods design, combining:

- a pre-post intervention group only design based on enrolment (pre) and graduation (post) survey items[1].
- a comparison of HIPPY participants at the time of graduation with a matched comparison group of non-participants (propensity score matching).
- identification of comparable program outcomes
- assessment of program cost data and consideration of potential cost of non-intervention

Pre-intervention measures are those collected at HIPPY enrolment, and post-intervention measures are collected at HIPPY graduation.

Key Findings

1. Client Outcomes

- HIPPY clients are parents or other family carers and children. Parent-reported outcomes are used in this evaluation. In total, in the three years for which we have data, 8,340 parents and 7,385 children enrolled in HIPPY.
- The sample used in outcomes analyses is the 1,984 parents and 2,190 children who enrolled in the program in 2022 for whom we had enrolment and/or graduation survey data. The sample sizes for the matched comparison analysis were further constrained by missing data and by the number of participants for whom we could find matches in the comparison data sets.
- The pre-post (enrolment to graduation) and matched comparison group analyses indicated HIPPY is associated with a range of positive outcomes for parents and children: in enhancing the home learning environment, improving indicators of early literacy, and strengthening the parent-child relationship and parents' sense of community connectedness. Pre-post analyses were repeated for two subgroups of HIPPY participants, First Nations families and culturally and linguistically diverse parents. All outcome measures showed significant improvement for both these groups.
- Effect sizes showed meaningful improvements, but were largest for those relating to community connection, confidence in finding support, and successfully finding support. Moderate effects were seen on home learning and early literacy outcomes, and the smallest effects were seen on parent-child relationship. This pattern was repeated for First Nations and culturally and linguistically diverse cohorts and is consistent with the range of outcomes targeted by HIPPY: those which are most amenable to immediate change showed larger

[1] Where possible, we refer to enrolment and graduation outcomes measures. At times, particularly in tables of findings, we use pre-post for brevity.

effects, and those which are more complexly determined showed smaller (but still reasonable) effects.

- While the evaluation did not include the new 3–4-year-old cohort, findings from the 4–5-year-old group suggest that HIPPY is achieving its intended medium-term outcomes.

2. Value for Money

- Estimated cost per family unit per year in 2022 was approximately **$6,086**, based on available funding data and enrolment figures.
- Compared to other programs, HIPPY delivers a broader and longer-term intervention at a moderate cost.
- Due to the absence of actual expenditure data, these estimates should be interpreted with caution.

3. Comparison with Other Programs

- HIPPY shares core features with other early childhood programs, including a focus on play-based learning, parental engagement, and universal access.
- Programs such as smalltalk, Playsteps, and Tuning Into Kids offer shorter-term support, while Head Start and Families as First Teachers provide more intensive, longer-term interventions.
- HIPPY compares favourably in terms of outcomes achieved, particularly in fostering parent-child learning interactions and supporting school readiness, and in costs.
- While some programs are less costly, others with strong evidence of effectiveness are significantly more expensive.

Limitations

- The evaluation was limited by changes in outcome measures over time and the exclusion of the 3–4-year-old cohort.
- Outcomes were evaluated using individual items, not validated scales
- Subgroup analyses were constrained by small sample sizes and data limitations.
- The absence of a true control group was partially addressed through propensity score matching analyses, though not all HIPPY participants could be matched.
- Value-for-money estimates were based on funding data rather than actual expenditures, limiting precision.
- Long-term outcomes could not be assessed within the current timeframe and available data.

Gaps and Future Directions

To strengthen the evidence base for HIPPY, future evaluations should consider:

- Evaluating impacts of the program for the 3–4-year-old cohorts.
- Collecting more extensive demographic data to enable identification of subgroups of interest
- Collecting data from matched non-HIPPY cohorts for stronger comparative analysis.
- Conducting a detailed cost analysis using actual expenditure data.
- Tracking long-term outcomes, for example, through administrative data linkage.
- Exploring program impacts on underrepresented subgroups.
- Incorporating participant voice and lived experience through qualitative methods.

Conclusion

HIPPY continues to demonstrate positive outcomes for families and children, particularly in supporting early learning and parental engagement. While further work is needed to assess long-term impacts and refine cost-effectiveness estimates, the program appears to offer a valuable and scalable model for early childhood intervention in Australia.

Background

Description of the HIPPY program and the delivery/funding context

HIPPY program logic and key outcomes

The Home Interaction Program for Parents and Youngsters (HIPPY) is a two-year, home-based parenting and early childhood learning program that supports parents and carers[2] as their child's first teacher. The program logic associated with HIPPY is provided in Figure 1. The primary focus of the program is on enhancing the quality of the parent-child relationship as well as increasing the quantity and quality of parents' interactions with their child. Other intended benefits for families are:

- increasing parents' knowledge of child development and the way children learn
- providing parents with opportunities to enjoy positive time with their children
- supporting parents to meet regularly and promoting a sense of inclusion and connectedness with their community
- increasing confidence in parenting.

HIPPY has many of the known "active ingredients" of effective early childhood parenting programs, including:

- the program is intensive
- it is conducted over a two-year period that traverses the child's transition to school
- it targets both the child and the parent/s
- it has a structured curriculum in which parents practice new skills within the home
- it is both home- and centre-based and makes linkages to other services the family may need (Barnett et al., 2012).

In Australia, HIPPY is funded by the Australian Government Department of Social Services (DSS) and delivered as national licensee by the Brotherhood of St Laurence (BSL) operating under the name 'HIPPY Australia'. HIPPY works with parents of preschool children in remote, regional and metropolitan communities who are experiencing disadvantage. HIPPY is delivered within selected disadvantaged communities across Australia, through partnerships (under a sub-license agreement) between HIPPY Australia and local not-for-profit organisations within those communities. HIPPY Australia currently partners with 66 community-based providers. Since 2018, HIPPY has been active in 100 communities across Australia, with half of these sites focused on supporting Aboriginal and Torres Strait Islander families.

To be eligible to participate in HIPPY, families must have a child aged three years in the calendar year of initial enrolment in the program and must live in a catchment area where HIPPY is delivered. Recently, the child age of entry to HIPPY was part of a reform to the delivery of HIPPY in Australia, whereby in 2022 eligibility for participation in HIPPY shifted from serving families of 4—5-year-olds to 3—4-year-olds, with a view to being delivered to families in the two years immediately prior to their entry into formal schooling. This reform applied to children enrolling in HIPPY from January 2023. In addition, from 2019, BSL has focused on recruitment of families into HIPPY in accordance with its Priority of Access Guidelines to ensure targeted recruitment of disadvantaged families most in need of the program (HIPPY, 2023).

Priority access criteria include:

- someone in the household has a Health Care Card
- the HIPPY child is Aboriginal and/or Torres Strait Islander

[2] Hereon the term 'parents' is used in place of 'parents and carers'. This incorporates any adult who is eligible for participation in the HIPPY program by virtue of their role as a primary caregiver to a child or children 3-5 years of age.

- the HIPPY child resides in out-of-home care
- the household has no income or receives a form of government support payment as their primary source of income
- single-parent families
- the child resides with a carer (i.e., other than a parent)
- the main language spoken at home is not English
- the child has a developmental delay or disability and can engage positively in HIPPY
- the parent or carer has a disability or long-term health condition.

HIPPY seeks to build parents' confidence and skills to foster a positive home learning environment that helps prepare children for school and strengthens the parent -child relationship. The program aims to deliver benefits across multiple timeframes—short, medium, and long term—for children, individual families, broader communities, and for parents who receive training and employment opportunities as HIPPY Tutors.

The HIPPY model is built around five essential features:

- A two-year home-based educational program
- Learning through role play
- Parents as Home Tutors
- Regular home visits plus group sessions
- "Everywhere Learning" – encouraging learning in everyday settings.

In Australia, the HIPPY curriculum includes structured learning activities aligned with the Early Years Learning Framework under the National Quality Agenda for Early Childhood Education and Care. In the first year, families receive 15 activity packs as well as storybooks, followed by 30 activity packs in the second year. These activities are designed to fit naturally into daily routines, with families spending about 10 to 15 minutes a day, five days a week, on educational tasks that build early literacy and numeracy skills.

Program logic - Home Interaction Program for Parents and Youngsters – Final

Objective/s: To build the confidence and skills of parents/carers of children in disadvantaged communities to create a positive home learning environment that assists children to prepare for school and strengthens 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 participation of vulnerable people in community life.

Inputs	Activities	Outputs	Short-term outcomes	Medium-term outcomes	Long-term outcomes
• 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 Authority • 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 enroll 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 evaluation **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 two 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 with and contributes to NIAA Indigenous polices	**Year one of HIPPY** **Children:** • Children learn new skills as they engage in HIPPY Activities **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 **Families - Communities** • Families feel connected with their local community including education settings and services • Families broaden their social connections and engagement opportunities **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	**Year two of HIPPY** **Children:** • Children have the skills, knowledge and confidence to actively participate in formal learning **Families - Parents/Carers** • Parents/carers are active and confident as their child's first teacher to prepare their child ready for school **Families - Communities** • Families feel confident in being able to access local services when required **Training and employment** • Tutors develop transferable skills and confidence toward future employment or further education	**After HIPPY** **Children:** • Children acquire skills and confidence that promote school readiness. Children are cognitively, socially and emotionally ready for school **Families - Parents/Carers** • Parent/carer and child relationships are strengthened **Families - Communities** • Parents/Carers contribute to a community that celebrates cultural diversity and impact • Parent/Carers have the confidence and skills to advocate for their child's education **Training and employment** • Tutors have the confidence to and knowledge of how best to continue their employment or study

Figure 1. HIPPY program logic (source: DSS Request for Quotation (April 2024))

Previous evaluations of HIPPY

The existing evidence supporting the value of HIPPY to parenting and child outcomes is extensive, both in Australia (ACIL Allen, 2018; Liddell, et al., 2011; Parenting Research Centre, 2021) and beyond (e.g., Bakeret al., 1999; BarHava-Monteith, Harre, & Field, 1999).

In a meta-analysis encompassing 26 studies across seven countries[3], Goldstein (2017) reported on papers that had evaluated the impact of the HIPPY program. The findings highlighted the program's role in equipping parents from disadvantaged backgrounds to actively support their preschool children's early learning and development. The analysis identified a moderate post-intervention effect size (Cohen's d = 0.54) on child outcomes, particularly in areas of language acquisition and child behaviour. While these gains were evident into the school years, they tended to decline over time, with the most enduring improvements observed in numeracy and language. Additional benefits included enhanced parental self-esteem, increased frequency of reading to children, and a reduction in reported instances of child maltreatment. However, the review also noted that some of these positive effects may not be sustained in the long term (Goldstein, 2017).

In a quasi-experimental study, Barnett et al. (2012) used propensity score matching to compare children participating in HIPPY with those in the Longitudinal Study of Australian Children (LSAC). The comparison focused on literacy, numeracy, socio-emotional development, language, and learning approach. Results showed that HIPPY parents were 1.8 times more likely than LSAC parents to rate their child's academic progress as superior to their peers (p<.05). By the study's conclusion, the initial disparities in early literacy and numeracy between HIPPY participants and national norms had been eliminated. Furthermore, HIPPY parents reported significantly enhanced peer relationship skills in their children and fewer concerns regarding speech and comprehension. The study also found a marked decrease in hostile parenting practices among HIPPY families. While no significant differences were observed in support from partners, grandparents, or neighbours, HIPPY parents reported increased support from extended family and friends, alongside notable improvements in parental self-efficacy.

Liddell et al. (2011) also compared HIPPY participants with LSAC data and found that parents reported a range of positive changes following program involvement. These included increased confidence in their children, recognition from educators of their children's skill development, and greater emotional regulation such as patience and calmness. Parents also reported using more constructive parenting strategies, including negotiation and reasoning, and demonstrated improved awareness of their children's learning strengths and challenges.

Gilley (2003) employed a mixed-methods approach, incorporating interviews, observations, and cross-sectional comparisons with other Australian studies. The study involved 26 children from 10 linguistic backgrounds, primarily Southeast Asian and Somalian. Following participation in HIPPY, these children achieved literacy, reading, and numeracy outcomes comparable to national averages, unlike their peers in the control group.

In a large-scale qualitative study, PRC (Graham et al., 2024) interviewed 102 parents and 10 Coordinators and Home Tutors involved in delivery of a newly created version of the HIPPY program aimed specifically at parents of three-year-olds across Australia. The study found that the program was associated with enhanced parent understanding of their children's interests, promoted meaningful parent-child interactions through play, and supported the creation of enriched home learning environments.

Despite these encouraging outcomes, the HIPPY program has consistently faced high attrition rates, with several studies reporting dropout rates between 30 and 50 per cent (Barnett et al., 2012; Gilley, 2003; ACIL Allen, 2018). These figures are broadly consistent with those seen in other home visiting initiatives (Gilley, 2003). The program's two-year duration may contribute to early withdrawal. Notably, Connolly and Mallett (2020) identified particularly high attrition among Aboriginal and Torres Strait Islander families in remote areas, suggesting that geographic isolation and cultural misalignment may be contributing factors.

[3] USA (14 studies), Australia (4 studies), Türkiye (3 studies), Israel (3 studies), Canada, The Netherlands, and New Zealand (1 study each).

The current evaluation of HIPPY provides an opportunity to understand the implementation of HIPPY across delivery sites spanning Australia, including examination of program implementation and impacts in light of the recent change in program focus from 4—5-year-olds to 3—4-year-olds.

Aims of this evaluation

Across two streams, this evaluation focuses on identifying who benefits from HIPPY (including different cultural and other priority groups), why it benefits them, and how it differs from other similar programs. The evaluation also explores how recent reforms to the HIPPY program (including transition from delivery to 4—5-year-olds to delivery to 3—4-year-olds) have been experienced by families and staff.

This evaluation is being conducted in two streams. Stream 1, an effectiveness/efficiency analysis of existing data, is reported in this document. Stream 2, an appropriateness/implementation evaluation, is in progress at time of writing and will be reported in late 2025.

Stream 1 evaluation questions—the current report

This report on the Stream 1 evaluation addresses the following evaluation questions:

1. What client outcomes are associated with the HIPPY program?
2. To what degree does HIPPY provide value for money?
3. How does the HIPPY model compare to other similar Australian models in terms of outcomes achieved and cost effectiveness?

Stream 2 evaluation questions—future report

The following questions will be addressed in a report due later in 2025.

4. Is HIPPY accessible and inclusive overall, and for the following cohorts
    a. First Nations people
    b. People who are from a culturally and linguistically diverse background
    c. People who identify as LGBTQIA+
    d. People with disability
5. Have the HIPPY program reforms announced in 2021-22 have been implemented as intended (including the transition to age 3 and 4 Cohorts)?

Stream 1 evaluation methodology

The current evaluation employs a hybrid implementation-effectiveness design using mixed methods to address evaluation questions. The Stream 1 evaluation methodology combines a pre-post intervention group only design with a matched comparison group comparison of post-intervention outcomes for HIPPY clients with outcomes for normative samples.

We also conducted a scan of comparable programs delivered in Australia with the intention of identifying evidence relating to relevant parent and child outcomes and information relating to program costs.

On commencement of the evaluation, detailed planning was undertaken to ensure the approach to the evaluation was culturally informed and that stakeholder engagement was well considered.

Stakeholder engagement, communications and Cultural safety

This evaluation was guided by stakeholder engagement plans tailored to First Nations and non-First Nations participants and all evaluation work was undertaken within a Cultural Alignment Charter.

First Nations stakeholder engagement strategy

This strategy outlines the evaluation team's commitment to engaging with all participating peoples and communities in an authentic, respectful, meaningful, and Culturally responsive way. Its foundational principles are those of respect and recognition, self-determination, First Nations involvement, free and informed consent, Cultural safety, a holistic approach, focussing on strengths, and trauma-informed practice.

The First Nations stakeholder engagement strategy informed development of the evaluation protocol and engagement with HIPPY sites and stakeholders. It will continue to inform Stream 2 evaluation work.

Non-Indigenous stakeholder engagement strategy

The key principles of the First Nations strategy are also good practice for the other parent/carer groups that are of interest for this evaluation, and those principles also underlie the non-Indigenous stakeholder engagement strategy. The non-Indigenous stakeholder engagement strategy sets out the evaluation team's approach to working with BSL and sites across Stream 1 and 2 of the evaluation.

Cultural Alignment Charter

Under the leadership of IPS and Curijo, the evaluation team along with representatives from BSL and DSS participated in a Cultural Alignment workshop leading to a Cultural Alignment Charter that records the shared understanding and recognition of the importance of Cultural safety for the evaluation.

Data sources

The following data sources were drawn on for this report of the Stream 1 evaluation of HIPPY:

- HIPPY program data that is routinely collected through BSL's client management system, covering:
    - Participant characteristics
    - Participant outcomes
    - Session delivery data: home visits and information packs by client
    - funding data per site 2023 and 2024
- Comparable outcomes data from other large-scale datasets
- DSS HIPPY grant funding data (overall grant in six-monthly periods, July 2022—July 2024 plus 2022-23 supplement)
- Information about comparable programs collated through desktop review.

HIPPY program data

BSL provided HIPPY program data to the evaluation team under a formal data-sharing agreement. All data were deidentified prior to provision to the evaluation team at the PRC. Parents had previously consented to the collection of data by BSL and to the sharing of that data for the purpose of research and evaluation.

BSL provided the PRC with data from HIPPY participants collected at enrolment, at a midpoint during participants' involvement in the program, and at the point of participant graduation from the program (two years after enrolment). The outcomes data provided were measures of:

- parent confidence in supporting learning
- parent behaviours supporting learning
- the home learning environment
- child behaviour and child cognitive functioning
- child love of learning
- family learning and connection
- community involvement, and
- information about the use of HIPPY strategies.

In addition to the abovementioned outcomes data, deidentified child demographic information (gender, age, date of birth, cultural background, First Nations identification, regional classification, main language spoken at home, living situation, and parent concerns) and parent demographic information (gender, age group, cultural background, First Nations identification, main language spoken at home, educational attainment, employment and regional classification) were also provided.

BSL also provided data on the number and types of HIPPY packs delivered to parents and gatherings held.

As depicted in Table 1 below, children in the HIPPY 4—5-year-old Cohort (Cohort 1) commenced the program in 2022 and had enrolment, midpoint, and graduation data points available at the time of this evaluation. At the time of data transfer to the PRC (late 2024) children who commenced the HIPPY program as 3-year-olds in 2023 (Cohort 2) had enrolment and midpoint data only; while those first enrolled in 2024 (Cohort 3) only had complete enrolment data available for analysis. Thus, children who have participated in the 3—4-year-old version of HIPPY have not been included in outcomes analyses reported herein. While we do report some demographic descriptions of all three cohorts, the outcomes analyses focus on the 2022 cohort (Cohort 1), as this is the only cohort for whom we have enrolment, midpoint and graduation data.

Table 1. Data availability for the evaluation

	Enrolment	Midpoint	Graduation
Cohort 1 (4—5-year olds, commenced in 2022)	✓	✓	✓
Cohort 2 (3—4-year-olds, commenced in 2023)	✓	✓	×
Cohort 3 (3—4-year-olds, commenced in 2024)	✓	×	×

Comparable outcomes data

We sought to create a propensity score matched comparison sample from data sources with the same variables collected from families of Australian children aged 3-5 years. The following databases were identified as potentially suitable for creating the matched comparison cohort: the PRC's Parenting Today in Victoria Study (Waves 2016, 2019 and 2022), the Longitudinal Study of Indigenous Children (LSIC) and LSAC (Wave 3 data for the Baby Cohort, when they are aged 4—5 years and Wave 1 data for the K Cohort, when they were 4—5 years). Ultimately the timelines for analysis precluded use of the LSIC, as permissions to access this dataset were not immediately available.

Funding data

Session data (home visit and gathering occasions of service) and some other funding data was provided by BSL and overall program costs per year was provided by DSS.

Comparable programs

A desktop review of the literature and discussions with subject matter experts assisted in locating an initial list of programs that were comparable to HIPPY in approach, target group and intended outcomes. Snowball sampling, or citation chaining, was used to locate additional relevant programs.

Programs selected for comparison with HIPPY were identified based on key characteristics of the HIPPY model. These included the target age range of participating children, the program's dual focus on supporting both parents and children, and its delivery in home or community-based settings. To ensure relevance and rigour, only programs that had undergone evaluation were considered, with a preference for independently conducted assessments, although internal

evaluations were also included. The review encompassed both Australian and international programs.

Overview of analyses undertaken

Description of the planned comparisons

We had data for parents (*N*=8340) and children (*N*=7385) in the complete dataset provided (note there may have been data from more than one parent for each child). A limited range of descriptives of all parents and children who enrolled in HIPPY throughout 2022 to August 2024, across Cohorts 1 (enrolled in 2022), 2 (enrolled in 2023) and 3 (enrolled in 2024) is presented in Appendix C. For the body of this report we have provided descriptive findings only for the sample included in outcomes analyses; that is, Cohort 1 parents and children, as this is the only cohort for whom we have enrolment, midpoint and graduation data.

Child characteristics that are described include gender, age, date of birth, cultural background, First Nations identification, regional classification, main language spoken at home, living situation, and parent concerns. Parent characteristics described include gender, age group, cultural background, First Nations identification, main language spoken at home, educational attainment, employment and regional classification.

Following description of parent and child demographics, we present analyses of pre-intervention (enrolment) to post-intervention (graduation) change in outcomes scores for Cohort 1. Note that Cohort 1 is made up of children aged 4—5 years over the two years of HIPPY program participation. As graduation data was not available for children who have accessed the 3—4-year-old version of the program, we cannot draw specific conclusions about the impact of the reforms to HIPPY that saw the program change to being delivered to families of 3—4-year-olds.

Cohort 1 includes data for 2,190 children for whom there were valid responses at both the commencement and completion of the program. The dataset held data for 1,984 primary parents of these 2,190 children, noting that a proportion of children in the dataset had siblings who were also enrolled in the program at the same time (e.g., twins or triplets). For families where more than one parent or carer completed measures (i.e., where two or more parents/carers were involved in the program) we used only the responses of one parent per child so that each child is only represented once in the dataset for analysis. In cases where two parents completed the program, we chose to include the father as the primary parent, to capitalise on the fact that around 20 per cent of the HIPPY program adult participants were male. We chose the first entry per family in the dataset if two females were the parents.

We reviewed all available survey items and identified eight outcome measures that were asked at both the enrolment and graduation timepoints, to ensure meaningful comparison of change over time. Other survey items were excluded from pre-post comparison due to substantial changes in wording between the two timepoints, which in our view altered the construct being measured. Each of the eight selected items were ranked on a 5-point Likert scale, ranging from 1-5, with higher scores indicating a more desirable outcome for participants (for example, greater enjoyment in stories, greater comfort with using everyday activities to teach their child, greater parent-child connection, and greater community support).

To inform our choice of statistical tests, we examined the distribution of each selected outcome variable using the Kolmogorov–Smirnov test for normality, along with visual inspection of histograms and Q–Q plots. All variables demonstrated skewed distributions or violated assumptions of homogeneity of variance. Based on these findings, we selected non-parametric Wilcoxon signed-rank tests for all eight pairs of survey items collected from participants at enrolment and graduation. This approach allowed us to evaluate whether there were statistically significant differences in parent and child outcomes over the course of the HIPPY program. Given that we conducted tests across eight outcome items, we applied a Bonferroni correction to account for the increased risk of Type I error due to multiple comparisons.

The eight items that were used for pre to post analyses (comparing enrolment to graduation measures) were:

- Does your child enjoy listening to stories? (1=Not at all to 5=Very often)
- How comfortable are you with using an everyday activity (such as shopping or at the park) to teach your child? (1=Not at all to 5=Very much)
- How often do you use an everyday activity to teach your child something new? (1=Not at all to 5=Often)
- How would you describe your and your child's everyday relationship? (1=Very challenging to 5=Very connected)
- How supported do you feel by others in your community? (1=Not at all to 5=Very much)
- How often do you participate in activities or events in your local community? (1=Not at all to 5=Often)
- How confident do you feel about finding information about local services in your community when you need it? (1=Not at all to 5=Very much)
- Are you able to find information or help from others in your community? (1=Not at all to 5=Often)

Note that these are individual items and are not a validated scale. These measures relate to medium-term (graduation) outcomes[4] in the HIPPY program logic presented above, as follows:

Child enjoyment of stories → *Children have the skills, knowledge and confidence to actively participate in formal learning*

Parent comfort with teaching through everyday activities → *Parents/carers are active and confident as their child's first teacher to prepare their child for school*

Frequency of teaching through everyday activities → *Parents/carers are active and confident as their child's first teacher to prepare their child for school*

Parent-child relationship → *Parents/carers are active and confident as their child's first teacher to prepare their child for school*

Parent perception of community support → *Families feeling confident about being able to access local services when required*

Frequency of participation in community activities → *Families feeling confident about being able to access local services when required*

Confidence about finding information about local services → *Families feeling confident about being able to access local services when required*

Frequency of finding information about local services → *Families feeling confident about being able to access local services when required*

Description of PSM method

We used a between groups design to examine differences between HIPPY clients' outcome scores on graduation, and a matched comparison group of families with data on similar child and parent outcomes of interest.

The samples for analysis were drawn from HIPPY datafiles for children and parents engaged in HIPPY from the year 2022, who had graduation data by the end of the evaluation period (i.e., Cohort 1), and propensity score matched parents and children drawn from two data sources: the

[4] It is possible to map these outcomes onto program outputs and short-term outcomes, as well. However, in the logic model it is assumed that meeting more distal outcomes implies that proximal outcomes were also met.

LSAC (LSAC; B and K Cohorts, when children were aged 5-6 years old) and Parenting Today in Victoria survey data (2016, 2019 and 2022 Cohorts, for 5-6 year old children).

We used propensity score matching to match comparison group participants to intervention group participants based on key child and parent demographics (e.g., parent gender, child gender, First Nations status). We adopted a 'nearest neighbour matching' methodology (Ho et al., 2011) whereby a distance value is calculated using propensity score matching based on a logistic regression function predicting group membership (either treatment or comparison group) based on the matching variables. Use of a matched comparison design allows analyses to account for the fixed effects of group membership. Matching allows estimation of the effect of HIPPY by accounting for the covariates that may predict referral into the intervention. The advantage of propensity matching is its ability to reduce bias due to confounding variables as it forces the baseline characteristics of pairs to be as similar as possible, rather than relying on group-level statistical procedures that seek to 'control' for the influence of a specific covariate. This means that we can be more confident that any difference in outcomes between the treatment and comparison groups are due to the HIPPY intervention and not to other factors which might explain why they were referred to the program.

Steps followed for the matching procedure:

1. Using data provided to us from BSL regarding families engaged with HIPPY in 2022, plus data about 5-6 year olds children from the LSAC and Parenting Today in Victoria samples, we used the propensity matching procedure in SPSS (IBM Corp, 2016) to create a propensity model calculating the likelihood of a case belonging to the treatment or the comparison group, based on matching variables. One-to-multiple matching with replacement was used, so that each child in the intervention group could be matched with one or more children in the comparison group and vice versa. In this logistic regression, group (intervention /comparison) was the dependent variable and the covariates listed in Table 2 were the independent variables. These covariates were chosen as they were readily available in BSL, LSAC and Parenting Today in Victoria datasets, with minimal missing data and because they were conceived by the evaluators as variables which could potentially predict whether a referral was made for parents to participate in HIPPY (i.e. common indicators of vulnerability or disadvantage). For the matching of HIPPY intervention group participants with a matched pair, a caliper of 0.25 standard deviations of the propensity scores was set (as per Maclean et al., 2018).
2. The balance of the covariates was assessed before and after matching using χ^2 tests and analysis of variance (ANOVA) for continuous variables (see Appendix A). Prior to matching, the proportional distribution of covariates was unbalanced between the treatment and non-treatment cohorts with regards to all matching variables except child gender. Following matching the between-group differences disappeared for most variables, except parent gender and parent education level. After multiple attempts it was not possible to improve matching performance without losing large numbers of HIPPY cases (i.e., mothers, and parents with low educational attainment). In particular, matching was hampered by the limited number of fathers and the limited number of mothers with high levels of educational attainment in the potential pool of cases to draw from in the comparison cohort. Nevertheless, the comparison sample reflected a good match to HIPPY clients on all but two characteristics – parent gender and parent educational attainment. Thus, while not a perfect solution, the propensity scores generated were acceptable estimates of true propensity to be in the treatment or the comparison group, as the matching process successfully distributed most of the relevant covariates over the HIPPY and non-HIPPY groups (Ho et. al, 2007).
3. Following matching, we examined differences between the post-test scores on key outcomes for the HIPPY cohort with similar outcomes for the comparison cohort using between groups analysis of covariance (ANCOVA), controlling for the two covariates which the samples could not be reliably matched on – parent gender and parent educational

attainment. In addition, Quade's test was performed as a non-parametric equivalent to the ANCOVA to account for violations of assumptions of normality and homogeneity of variance for the outcomes variables.

The four outcomes examined because they were sufficiently similar, in the evaluation team's judgement, to be considered common items in HIPPY and at least one of the comparison datasets (Parenting Today in Victoria and/or LSAC) were:

- Parent Reads to Child (Question: During the past week, how many days did you read or share stories with your child?) (in both Parenting Today in Victoria and LSAC)
- Parent Plays with Child (Question: On how many days last week did you play with your child?) (in both Parenting Today in Victoria and LSAC)
- Frequency of Everyday Teaching Activity (Question: How often do you use an everyday activity to teach your child something new?) (in both Parenting Today in Victoria and LSAC)
- Parent-Child Relationship (Question: How would you describe your and your child's everyday relationship?) (in LSAC only; treated as missing data for between-groups analyses)

Table 2. Covariates used to match HIPPY and comparison cases in propensity matching procedure

Child gender
Parent gender
Parent First Nations status
Parent report of main language spoken at home (English or other)
Parent educational attainment
Remoteness classification

Stream 1 findings

In this section we present the findings from Stream 1 of this evaluation, organised by the three evaluation questions.

Evaluation question 1. What client outcomes are associated with the HIPPY program?

Characteristics of parents and children

Parent and child enrolment stayed relatively constant over the three years for which we have enrolment data (8,340 parents and 7,385 children in total, Table 3 and Table 4). Other characteristics of the full sample are provided in Appendix C. In the remainder of this section, we report characteristics only of the 2022 cohort (Cohort 1) population that we had survey data for (enrolment (pre), graduation (post) or both). The sample used in outcomes analyses comes from the 1,984 parents and 2,190 children who enrolled in the program in 2022 for whom we had enrolment and/or graduation survey data. We described the demographics of this sample to better understand the cohort of parents and children that enrolled in HIPPY in 2022. The sample used for the pre-post analyses were limited to the number of completed responses for each item (only responses where there was both pre and post data were used and that differed for each item - the

paired N for each item is listed in tables 14-16). The sample sizes for the matched comparison analysis was further constrained by the number of participants for whom we could find matches in the comparison data sets.

Table 3. Count of parents enrolled in HIPPY 2022-2024

Year enrolled	All parents enrolled (*N*=8,340)	Percent (%) of total enrolments 2022-24	Parents who completed enrolment and/or graduations surveys (*N*=1,984)
2022	2,611	31.3	1,984*
2023	2,878	34.5	N/A
2024	2,851	34.2	N/A

*There were a total of 2,611 parents enrolled in the 2022 cohort. The n=1,984 represents 1 parent per child that we had outcomes for from this cohort.

Table 4. Frequency of children enrolled in HIPPY 2022-2024

Year enrolled	All children enrolled (*N*=7,385)	Percentage (%) of total enrolments 2022-24	Children for whom we had enrolment and/or graduation survey data (*N*=2,190)
2022	2,218	30.0	2,190
2023	2,628	35.6	N/A
2024	2,539	34.4	N/A

Parent characteristics

Of the 1,984 parents of Cohort 1 children (2,190) children for whom we had data, the largest group were from major cities (39.4%, see Figure 2). A substantial number of families lived in inner (32.7%) or outer (20.0%) regional areas, while fewer were located in remote or very remote locations (5.1% and 2.9%) respectively. This is an appropriate program reach, with over-representation from under-serviced remote areas (recent figures from the Australian Institute of Health and Welfare (AIHW, 2025) cites the national population as 73% major cities, 25% in inner and outer regional combined, and 1.9% in remote and very remote areas (AIHW, 2025)).

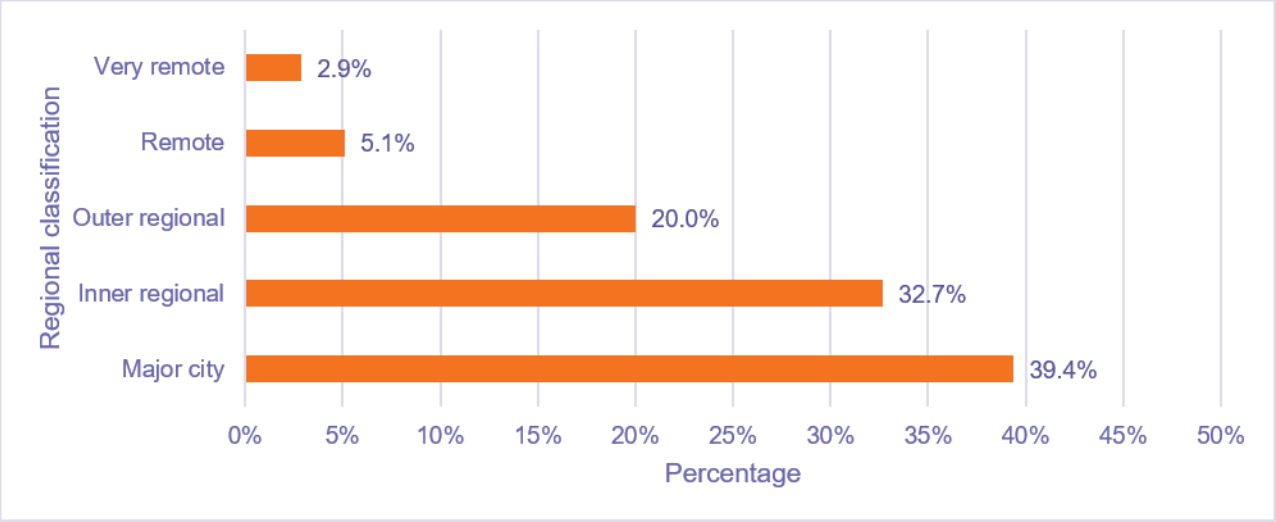


Figure 2. Location of Cohort 1 parents enrolled in HIPPY in 2022 (N=1984)

Even though we chose inclusion of fathers in our sample for analysis where there were two parents from a single family who had participated in a HIPPY program, our sample still had a larger proportion of parent participants identified as female (65.4%, see Table 5).

The largest proportion of the parents were aged between 36-40 years (29.6%; see Figure 3). A substantial proportion of parents were aged 31-35 years, 41-45 years and 25-30 years (24.1%, 18.2% and 15% respectively). Few parents were aged below 24 years (1.8%) or over 46 years (11.3%).

Table 5. Gender of Cohort 1 parents enrolled in HIPPY in 2022

Gender	Frequency (*N*=1,984)	Percentage %
Female	1298	65.4
Male	678	34.2
Other	1	0.1
Not stated	7	0.4

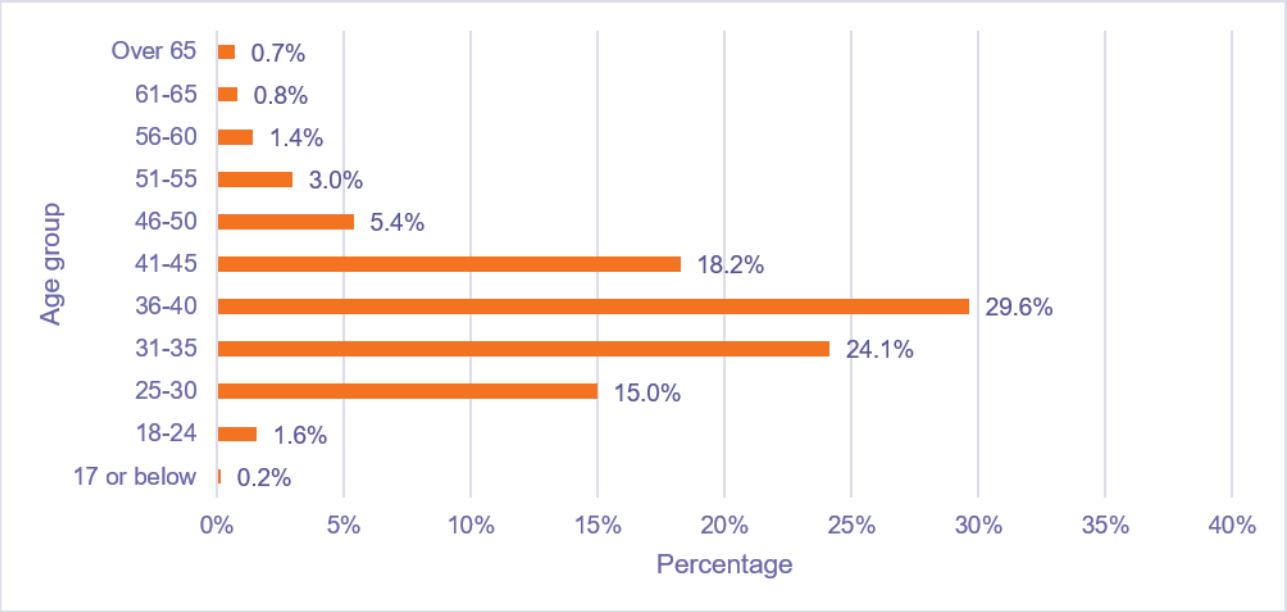


Figure 3. Age of Cohort 1 parents enrolled in HIPPY in 2022 (N=1984)

The majority of the parent sample did not identify as Aboriginal or Torres Strait Islander (78.5%, see Table 6). Just over 18% identified as Aboriginal, while just under 1% identified as Torres Strait Islander and again just under 1% identified as both Aboriginal and Torres Strait Islander. This is considerably higher than the proportion of Australians identifying as Aboriginal or Torres Strait Islander in the 2021 Census (3.2%, Australian Bureau of Statistics (2022)).

More than a third of parents identified their cultural background as Australian (see Table 7). A small proportion of parents were of Indian (4.4%), Pakistani (2.9%), Chinese (3%) or Vietnamese (1.8%) background. Almost two-thirds of the parents had English as the main language spoken at home (62.6%, see Table 8) and just over a quarter spoke a language other than English as their main language at home (26.6%).

Table 6. Aboriginal and Torres Strait Islander identification of Cohort 1 parents enrolled in HIPPY in 2022

First Nations	Frequency (*N*=1984)	Percentage %
Aboriginal	359	18.1
Torres Strait Islander	13	0.7
Both Aboriginal & Torres Strait Islander	17	0.9
None of the above	1558	78.5
Not stated	37	1.9

Table 7. Frequently reported cultural background of Cohort 1 parents enrolled in HIPPY in 2022

Cultural background (Top 6 reported)	Frequency (*N*=1984)	Percentage %
Australian	731	36.8
Aboriginal	325	16.4

Indian	88	4.4
Pakistani	57	2.9
Chinese	59	3
Vietnamese	36	1.8
Not stated	123	6.2

Table 8. Main language spoken by Cohort 1 parents enrolled in HIPPY in 2022

Main Language Spoken	Frequency (*N*=1984)	Percentage %
English	1241	62.6
Language other than English (LOTE)	528	26.6
Top 5 languages:		
Urdu	55	2.8
Aboriginal English	40	2.0
Arabic	34	1.7
Vietnamese	30	1.5
Nepali	24	1.2
Not stated/missing data	215	10.9

The highest educational attainment of over a third of the parents was a vocational trade qualification, certificate or diploma (36.4%, see Figure 4). A quarter held a degree or higher degree. About 20% had completed up to Year 11 and 13.8% had completed up to Year 12.

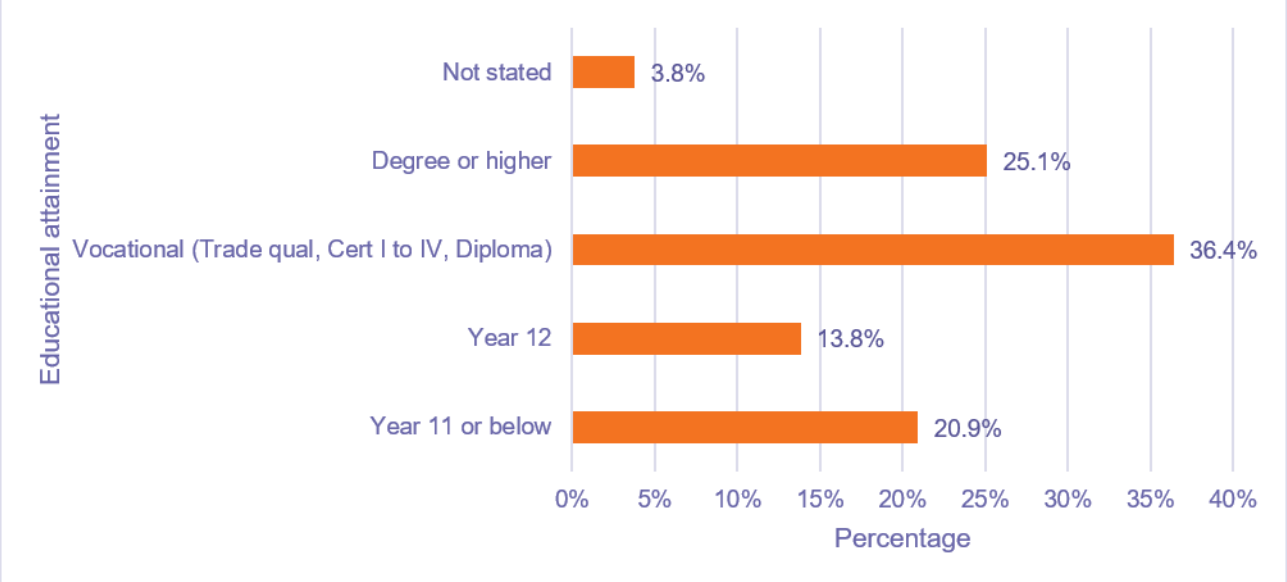


Figure 4. Educational attainment of Cohort 1 parents enrolled in HIPPY in 2022 (N=1984)

The largest proportion of parents in the sample were not employed (39.3%, see Figure 5), while just under 30% were employed full-time and just over 20% were employed part-time. It is worth noting that the proportion of parents employed full- or part-time is likely to be a result of the decisions we made to preference fathers over mothers for inclusion in the sample for analysis, in cases whether data for a mother and father were provided for the family unit.

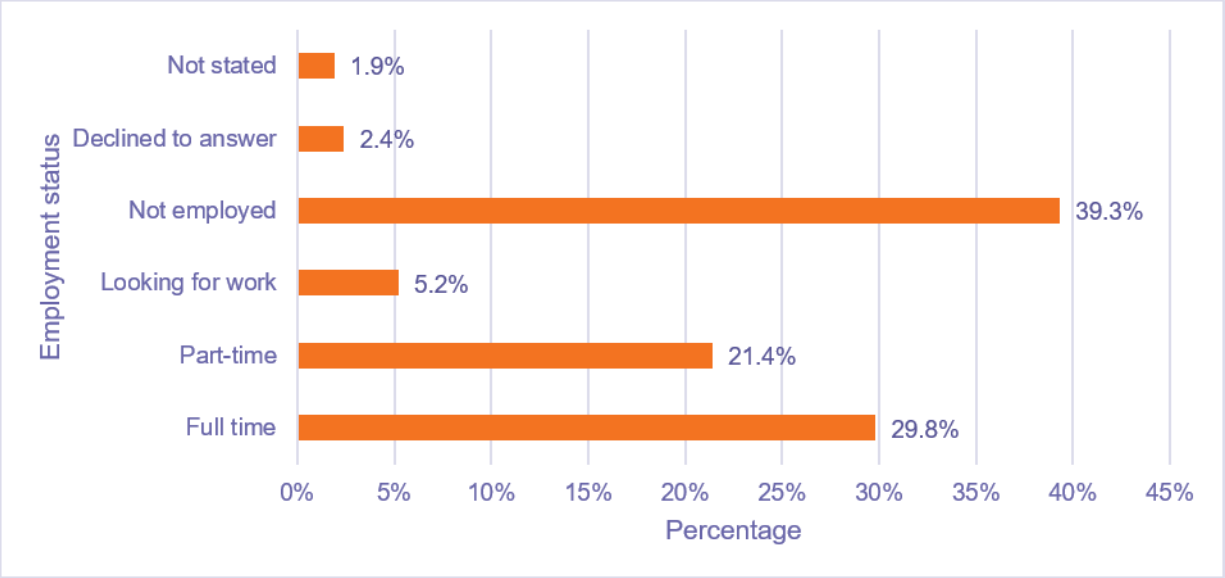


Figure 5. Employment status of Cohort 1 parents enrolled in HIPPY in 2022 (N=1984)

Child characteristics

Of the 2,190 children completing HIPPY, 38.7% lived in major cities. Just over 50% of children lived in regional locations, either inner regional (33.2%) or outer regional (20.3%). Five% resided in remote and 2.6% in very remote areas (see Figure 6).

The proportion of female and male children was similar (see

Table 9). The children were predominantly born in 2017 and 2018 (55.8% and 42.8% respectively, see Table 10).

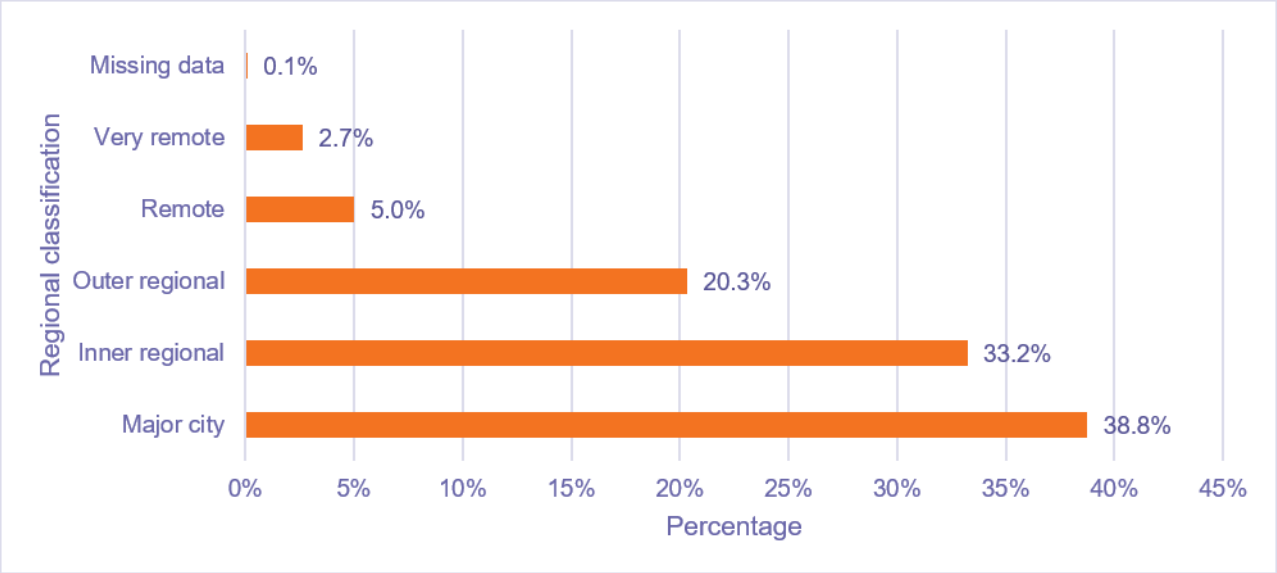


Figure 6. Location of residence of Cohort 1 children enrolled in HIPPY in 2022 (N=2188)

Table 9. Gender of Cohort 1 children enrolled in HIPPY in 2022

Gender	Frequency (*N*=2190)	Percentage %
Female	1060	48.4
Male	1108	50.6
Other	3	0.1
Not stated/missing data	19	0.9

Table 10. Birth year of Cohort 1 children enrolled in HIPPY in 2022

Birth year	Frequency (*N*=2190)	Percentage %
2016	21	1
2017	1221	55.8
2018	937	42.8
2019	9	0.4
Missing data	2	0.1

Most of the children (73.4%) who had completed a HIPPY program did not identify as Aboriginal and/or Torres Strait Islander. Slightly less than a quarter (23.1%) identified as Aboriginal. Only1.3% of the children identified as both Aboriginal and Torres Strait Islander while just below 1% identified as Torres Strait Islander (see Table 11).

Just over a third of the children (35%) were of Australian cultural background. A small percentage of the children (4.5%) were from Indian background, followed by Pakistani (3%), Chinese (2.9%) and Vietnamese (2%) background (see Table 12).

A large proportion of the children (71.4%) spoke English as the main language at home and just below one-third had a language other than English as their predominant language at home. Most common other languages spoken at home included Urdu (2.7%), Aboriginal English (2.6%) and Arabic (1.7%; see Table 13).

Table 11. Aboriginal and Torres Strait Islander identification of Cohort 1 children enrolled in HIPPY in 2022

First Nations	Frequency (*N*=2190)	Percentage %
Aboriginal	505	23.1
Torres Strait Islander	19	0.9
Both Aboriginal & Torres Strait Islander	29	1.3
None of the above	1606	73.4
Not stated	31	1.4

Table 12. Frequently reported cultural background of Cohort 1 children enrolled in HIPPY in 2022

Cultural background (Top 6 reported)	Frequency (*N*=2190)	Percentage %
Australian	765	34.9
Aboriginal	441	20.1
Indian	99	4.5
Pakistani	66	3
Chinese	64	2.9
Vietnamese	43	2
Not stated/missing data	114	5.2

Table 13. Main language spoken by Cohort 1 children enrolled in HIPPY in 2022

Main Language Spoken	Frequency (*N*=2190)	Percentage %
English	1564	71.4
LOTE	623	28.5
Top 5 languages:		
Urdu	60	2.7
Aboriginal English	58	2.6

Arabic	38	1.7
Vietnamese	34	1.6
Mandarin	36	1.6
Not stated/Missing	3	0.1

A similar proportion of the children lived in homes that were either owned by their family (36.8%) or privately rented (37%). Around 17% of the children lived in public/community rental. A small percentage of the children resided in supported accommodation (1.6%) and caravan parks (0.1%). Approximately 4% of the children lived in other types of accommodation (see Figure 7).

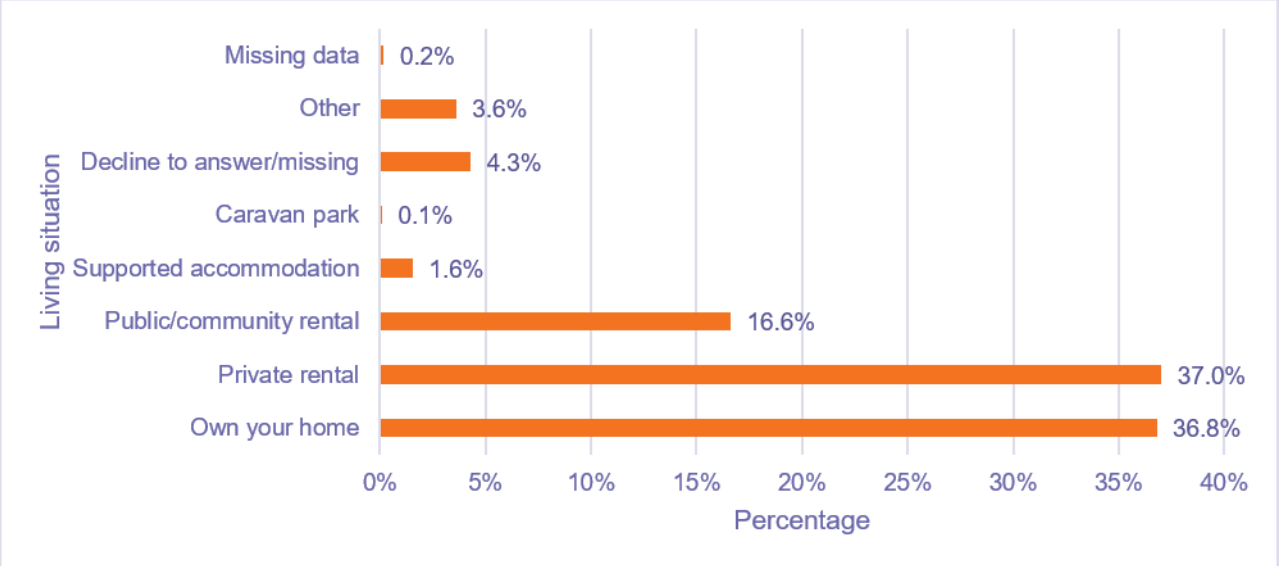


Figure 7. Parent-reported living situation of Cohort 1 children enrolled in HIPPY in 2022 (N=2190)

When asked if they had any concerns about their child's development, over 50% of parents reported having no concerns. Just over a third indicated being concerned a little about their child's development. Few parents (6.8%) reported having a lot of concerns regarding their child's development (see Figure 8).

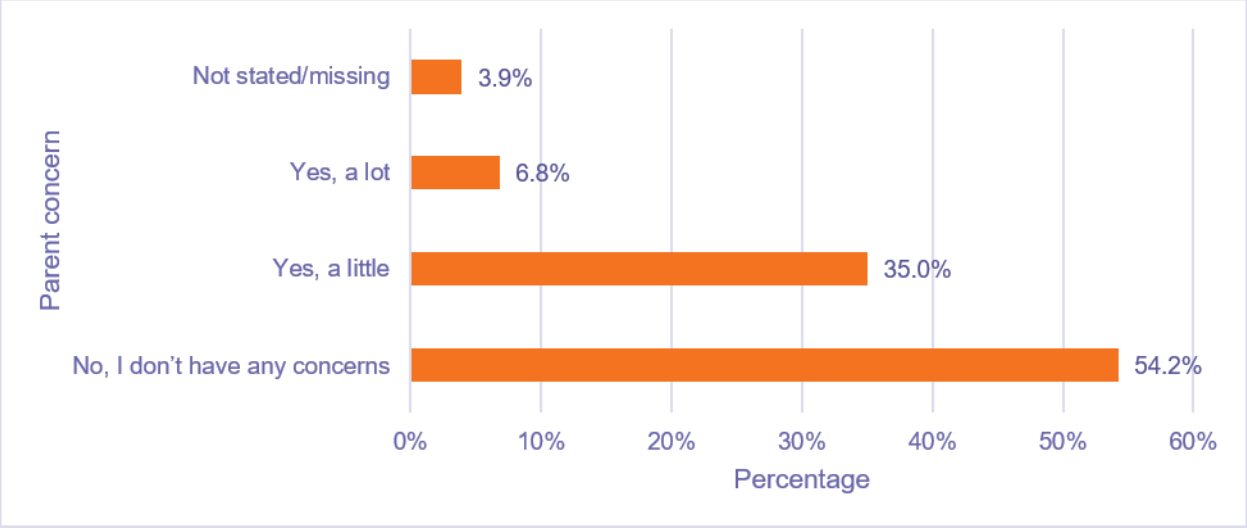


Figure 8. Extent of parent concern about child development for Cohort 1 children enrolled in HIPPY in 2022 (N=2190)

Program outcomes

Enrolment-graduation outcomes for all parents who completed enrolment and/or graduation HIPPY surveys

Outcomes data at enrolment and graduation were compared for Cohort 1 parents (*N*=1,984) and children (*N*=2190).

First, we tested the normality of the distribution of outcomes data scores using the Kolmogorov-Smirnov test. The results indicated a significant deviation from normality for all items, at enrolment and graduation reporting, leading us to reject the null hypothesis ($p < .001$). Therefore, we proceeded with non-parametric tests for subsequent analyses of pre-post differences.

To evaluate whether participation in the HIPPY program was associated with meaningful changes in key outcomes over time, we conducted Wilcoxon signed-rank tests for eight survey items collected from participants at both enrolment (Time 1) and graduation (Time 3). The survey items used Likert-type response scales with 5 response options. For each test, we report the Z-statistic and *p*-value to assess whether there was a statistically significant change over time.

Given that we conducted tests across eight outcome items, we were conservative and applied a Bonferroni correction to account for the increased risk of Type I error due to multiple comparisons. Specifically, we adjusted the standard significance threshold ($p < .05$) by dividing it by the number of comparisons (8), resulting in a critical *p*-value of $p < .00625$.

Results from the Wilcoxon singed-rank tests are presented in Table 14. Overall, the findings suggested statistically significant improvements on all key outcomes following participation in the HIPPY program. We estimated effect sizes using the calculation suggested by, among others, Pallant (2007) for non-parametric tests.[5]

Parents rated their children as enjoying listening to stories more following participation in HIPPY and felt more comfortable with using an everyday activity such as shopping or being at the park to teach their child something new. There was also a statistically significant improvement in parents' assessment of their relationship with their child, feeling a greater connection to their child following participation in the program.

Parents reported participating more in activities and events by the end of their participation in HIPPY and reported feeling significantly more supported by others in their community. Parents felt more confident about finding information about local services in their community and were more likely to report actually seeking information and help in their community at the close of their HIPPY participation.

As well as being statistically significant, these effects ranged from small-moderate to moderate-large, as shown in Table 15. The largest effects were seen in outcomes relating to parent connection to community, confidence in finding help in their community, and instances of actually seeking help in their community. These are the kinds of outcomes where we would expect to see a program like HIPPY have an immediate effect. The next largest effects were seen in outcomes relating to parent support of learning and early literacy; again, this makes sense in terms of the many factors determining such outcomes, of which HIPPY is likely to be able to affect only some. Finally, the smallest (although still meaningful) effect size was seen for what is arguably the most complex outcome of the eight evaluated here, that of the parent-child relationship.

[5] *r*=*Z*/sqrt(total paired differences)

Table 14. Enrolment to graduation scores for Cohort 1 families enrolled in HIPPY in 2022 and graduated in 2024

Items	Paired *n*	Time 1 (enrolment) *M* (*SD*)	Time 3 (graduation) *M* (*SD*)	*z*	*p*	*Effect size*[a]
Does your child enjoy listening to stories?	1,261	4.11 (0.96)	4.46 (0.74)	-11.44	< .001	0.32
How comfortable are you with using an everyday activity (such as shopping or at the park) to teach your child?	1,268	4.31 (0.88)	4.64 (0.59)	-11.82	< .001	0.33
How often do you use an everyday activity to teach your child something new?	1,267	3.76 (0.91)	4.28 (0.75)	-16.99	< .001	0.48
How would you describe your and your child's everyday relationship?	1,267	4.37 (0.92)	4.62 (0.63)	-9.13	< .001	0.26
How supported do you feel by others in your community?	1,257	3.79 (1.00)	4.33 (0.70)	-15.95	< .001	0.45
How often do you participate in activities or events in your local community?	1,259	3.02 (1.09)	3.75 (0.97)	-17.54	< .001	0.49
How confident do you feel about finding information about local services in your community when you need it?	1,268	3.89 (0.98)	4.38 (0.67)	-16.16	< .001	0.45
Are you able to find information or help from others in your community	1,250	3.58 (0.97)	4.12 (0.81)	-16.85	< .001	0.48

a.: Pallant (2007) suggests using criteria of 0.1 = small effect, 0.3 = medium effect, and 0.5 = large effect when interpreting effect sizes

Enrolment-graduation outcomes for First Nations families

We conducted the same enrolment to graduation analyses as described above, focusing specifically on families who identified as Aboriginal and/or Torres Strait Islander. To be as inclusive as possible, we defined First Nations families as those in which either the parent, the child, or both were identified as Aboriginal, Torres Strait Islander, or both. Based on this inclusive criterion, the sample included 389 parents and 553 children, representing a total of 563 families.

Similar to the results for all parents, the findings for First Nations families suggested statistically significant improvements on all eight key outcomes following participation in the HIPPY program. Results from the Wilcoxon singed-rank tests of differences enrolment to graduation are presented in Table 15. A similar pattern of effect sizes was apparent, with smaller improvements on parent-child relationship, small-moderate improvements in child enjoyment of listening to stories, and moderate-large improvements on other outcomes (other early learning outcomes and community connection, support, and confidence measures).

Table 15. Enrolment to graduation scores for First Nations Cohort 1 families enrolled in HIPPY in 2022 and graduated in 2024

Items	Paired *n*	Time 1 (enrolment) *M* (*SD*)	Time 3 (graduation) *M* (*SD*)	*Z*	*p*	*Effect size*
Does your child enjoy listening to stories?	264	3.98 (0.98)	4.41 (0.77)	-5.87	< .001	0.36
How comfortable are you with using an everyday activity (such as shopping or at the park) to teach your child?	270	4.24 (0.90)	4.67 (0.51)	-6.85	< .001	0.42
How often do you use an everyday activity to teach your child something new?	271	3.77 (0.90)	4.37 (0.73)	-8.18	< .001	0.50
How would you describe your and your child's everyday relationship?	268	4.36 (0.94)	4.61 (0.68)	-3.36	< .001	0.21
How supported do you feel by others in your community?	267	3.79 (0.93)	4.31 (0.73)	-7.05	< .001	0.43
How often do you participate in activities or events in your local community?	266	3.08 (1.09)	3.83 (1.00)	-7.28	< .001	0.45
How confident do you feel about finding information about local services in your community when you need it?	271	3.96 (0.93)	4.43 (0.63)	-7.03	< .001	0.43
Are you able to find information or help from others in your community	265	3.71 (0.92)	4.23 (0.79)	-6.80	< .001	0.42

Enrolment-graduation outcomes for culturally and linguistically diverse families

We also conducted the enrolment to graduation analyses focusing specifically on culturally and linguistically diverse families. This included 528 families where the parent indicated that they speak a main language other than English at home.

Results suggested statistically significant improvements on all eight key outcomes following participation in the HIPPY program for culturally and linguistically diverse families. Results from the Wilcoxon singed-rank tests of pre-to-post differences are presented in Table 16. Once again, there was a similar pattern of effect sizes across outcomes from parent-child relationship showing moderate effects on community connection and support showing moderate to moderate-large effects—community participation and confidence effects were largest of all for this participant group, with large effect sizes.

Table 16. Enrolment to graduation scores for culturally and linguistically diverse Cohort 1 families enrolled in HIPPY in 2022 and graduated in 2024

Items	Paired *n*	Time 1 (enrolment) *M* (*SD*)	Time 3 (graduation) *M* (*SD*)	*z*	*p*	*Effect size*
Does your child enjoy listening to stories?	318	3.93 (0.98)	4.37 (0.77)	-6.70	< .001	0.38
How comfortable are you with using an everyday activity (such as shopping or at the park) to teach your child?	318	4.14 (0.98)	4.56 (0.60)	-6.13	< .001	0.34
How often do you use an everyday activity to teach your child something new?	316	3.54 (0.89)	4.09 (0.75)	-8.34	< .001	0.47
How would you describe your and your child's everyday relationship?	319	4.35 (0.92)	4.64 (0.58)	-5.09	< .001	0.28
How supported do you feel by others in your community?	317	3.74 (1.08)	4.36 (0.69)	-8.39	< .001	0.47
How often do you participate in activities or events in your local community?	317	2.84 (1.02)	3.69 (0.98)	-10.00	< .001	0.56
How confident do you feel about finding information about local services in your community when you need it?	317	3.71 (1.08)	4.31 (0.72)	-9.02	< .001	0.51
Are you able to find information or help from others in your community	312	3.34 (1.01)	4.00 (0.86)	-9.38	< .001	0.53

To illustrate how outcomes changed from enrolment to graduation for HIPPY families, Figure 9 to Figure 16 compare changes for each of the eight outcomes across First Nations families, culturally and linguistically diverse families, and all families. Note that in Figures 9-16, 'CALD Families' represents culturally and linguistically diverse families.

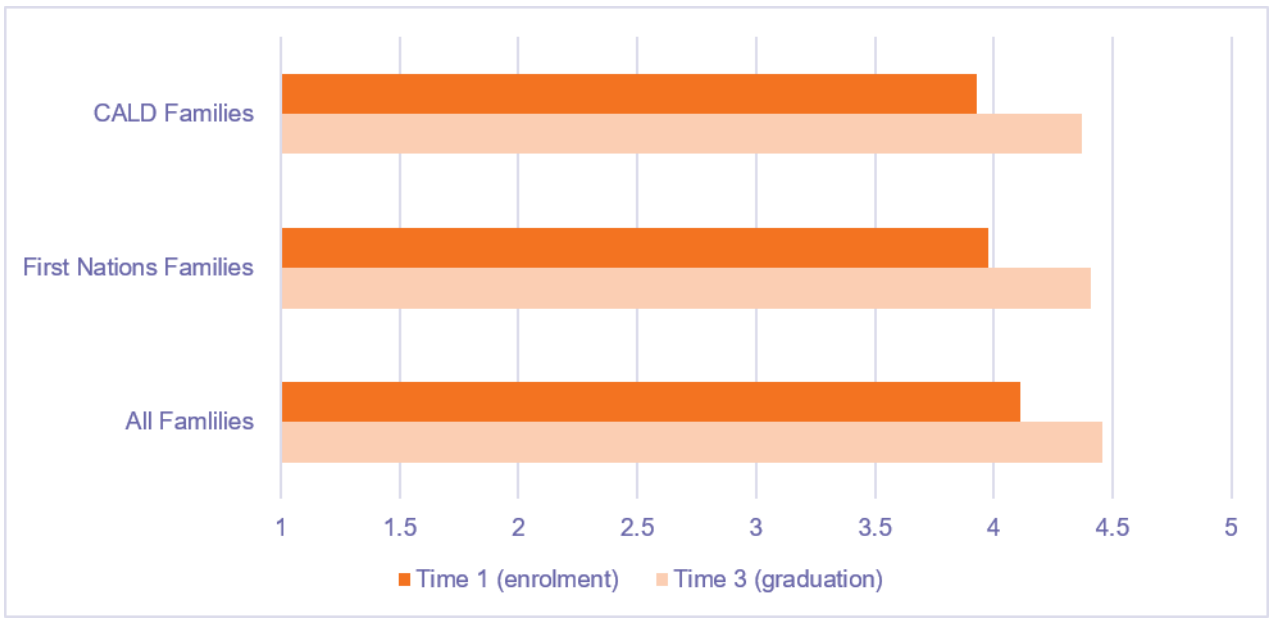


Figure 9. Comparison of enrolment to graduation scores for Cohort 1 families for the item "Does your child enjoy listening to stories?"

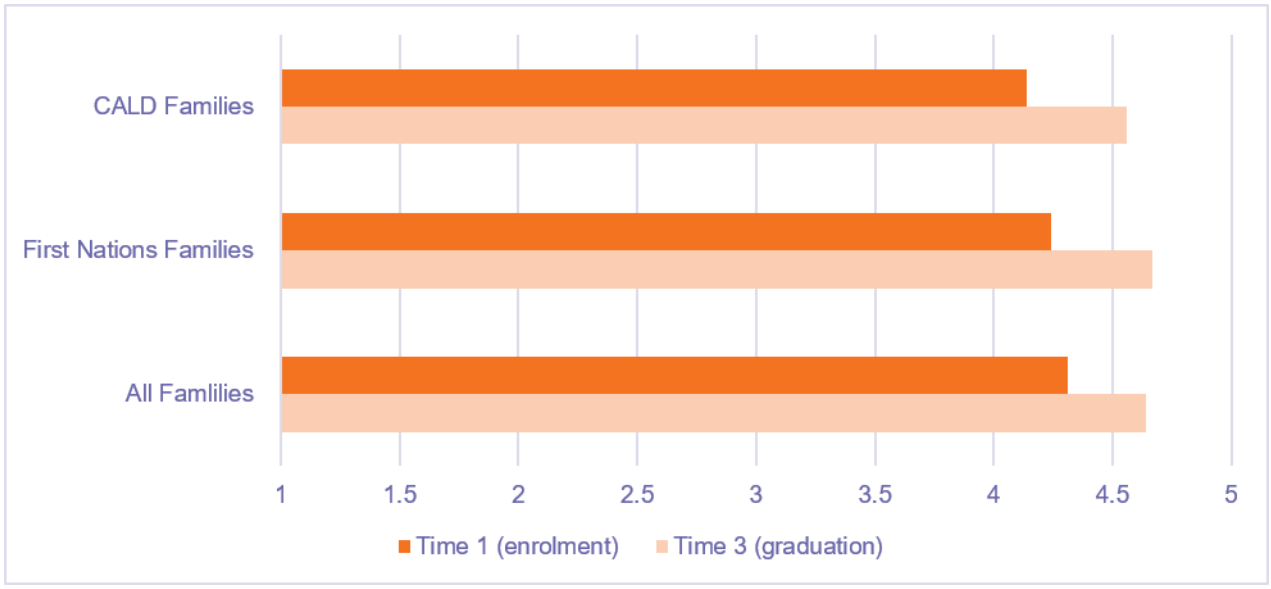


Figure 10. Comparison of enrolment to graduation scores for Cohort 1 families for the item "How comfortable are you with using an everyday activity (such as shopping or at the park) to teach your child?"

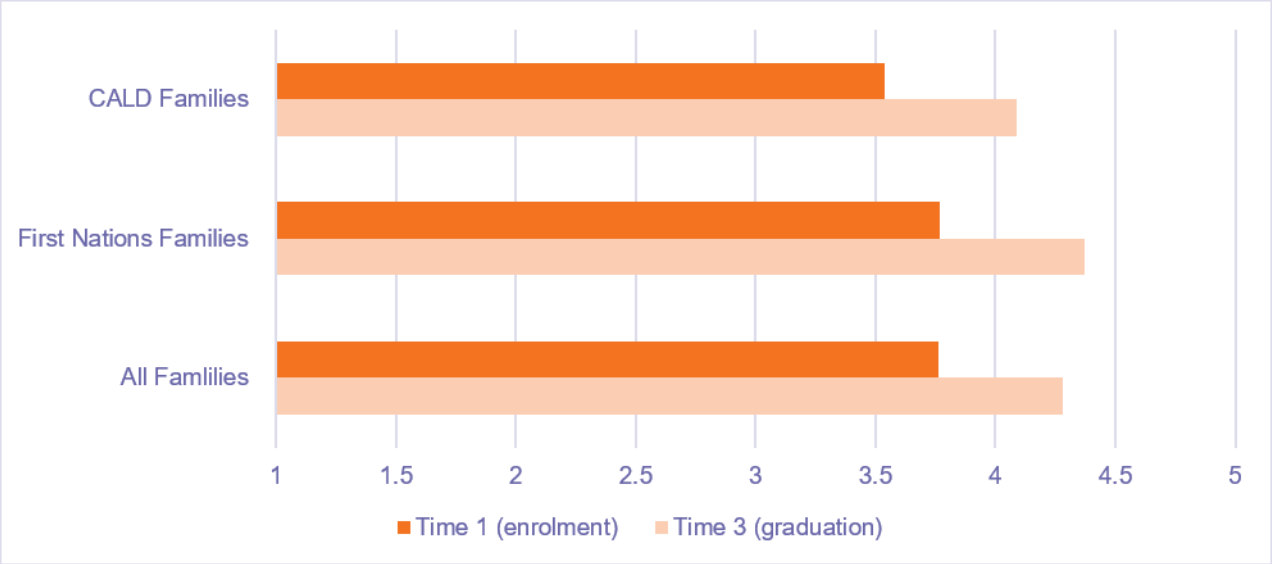


Figure 11. Comparison of enrolment to graduation scores for Cohort 1 families for the item "How often do you use an everyday activity to teach your child something new?"

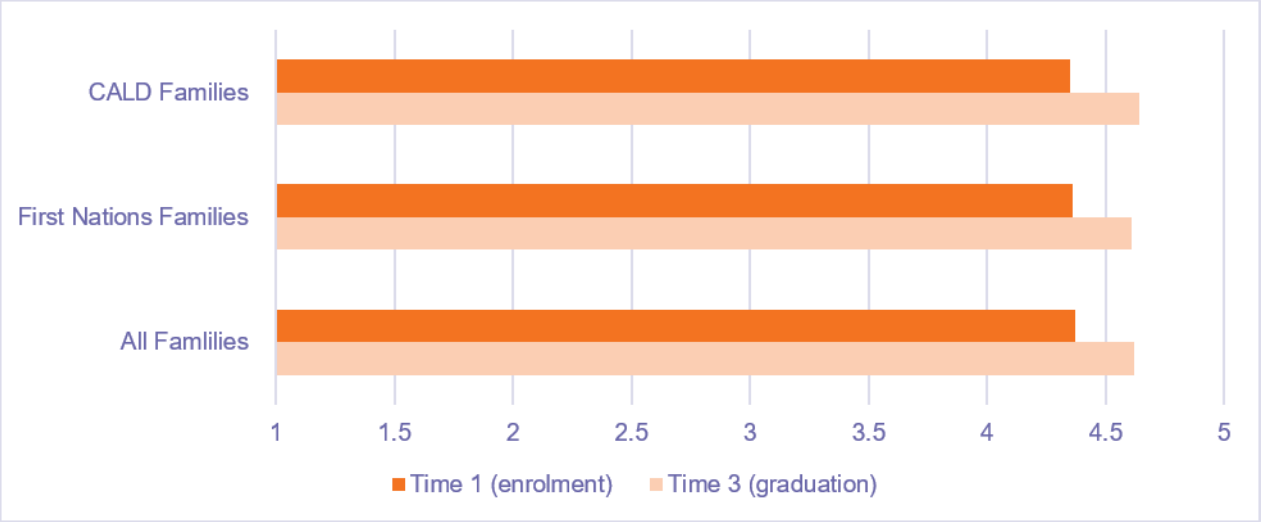


Figure 12. Comparison of enrolment to graduation scores for Cohort 1 families for the item "How would you describe your and your child's everyday relationship?"

Change in score for "does your child enjoy listening to stories" from enrolment to graduation. Small improvements for culturally and linguistically diverse families, for First Nations families, and for all

families across Cohort 1.

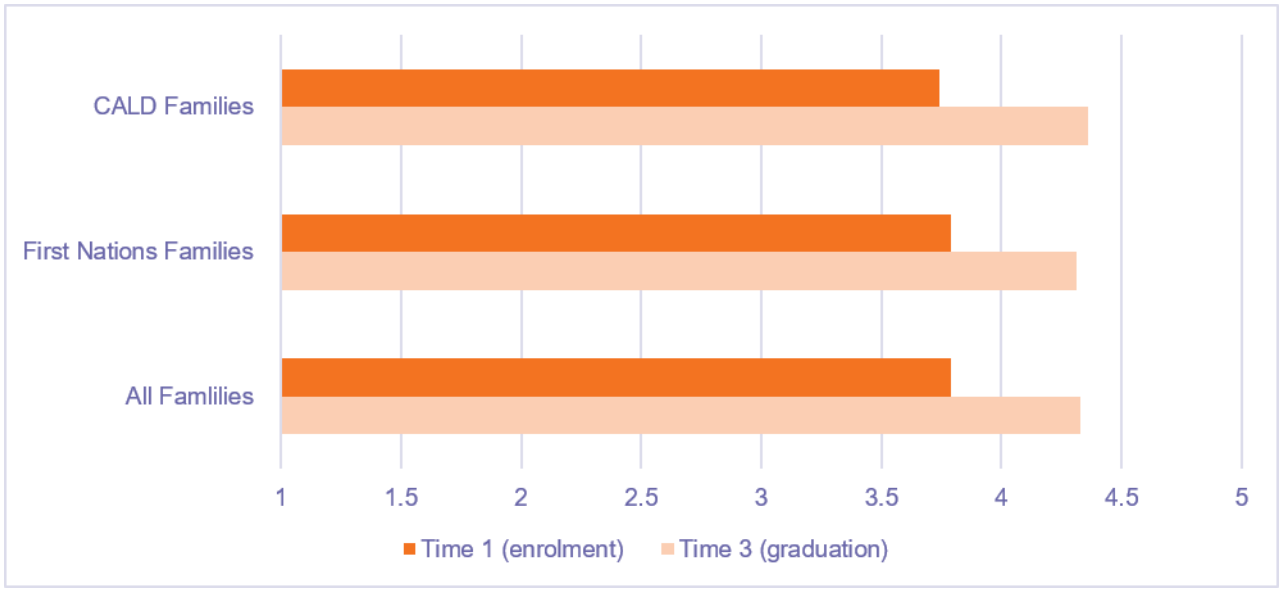


Figure 13. Comparison of enrolment to graduation scores for Cohort 1 families for the item "How supported do you feel by others in your community?"

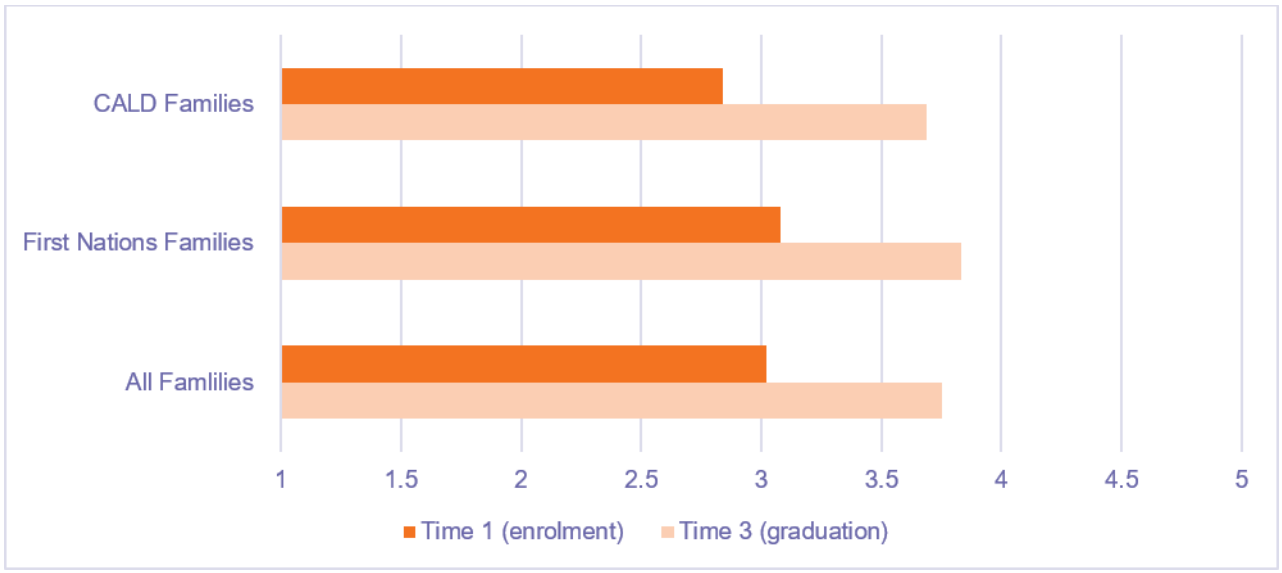


Figure 14. Comparison of enrolment to graduation scores for Cohort 1 families for the item "How often do you participate in activities or events in your local community?"

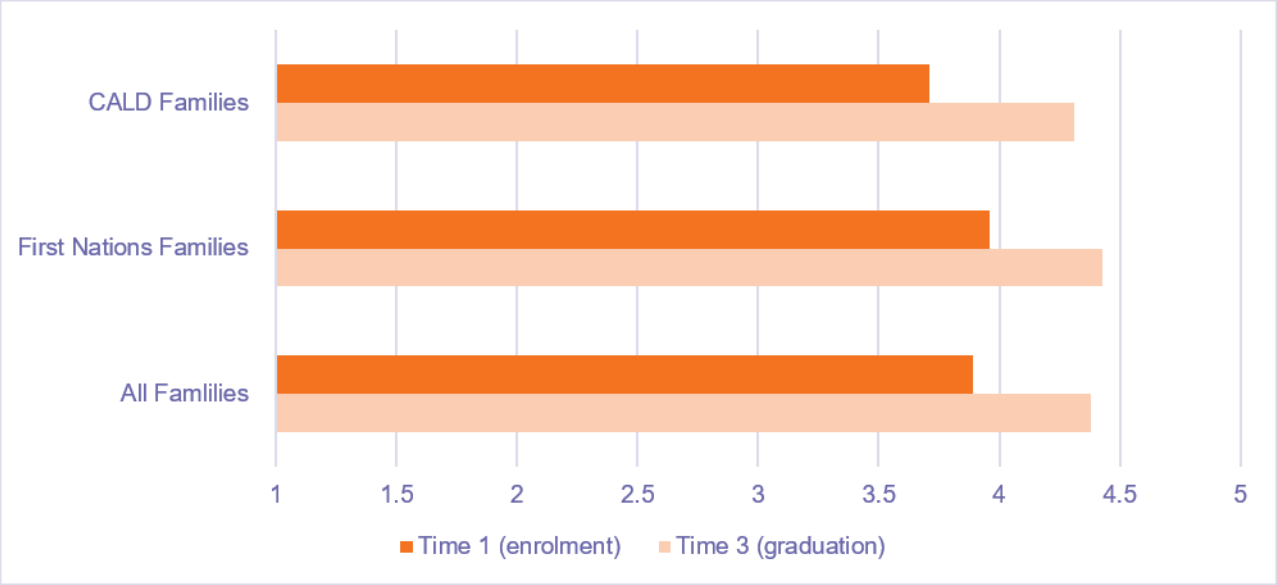


Figure 15. Comparison of enrolment to graduation scores for Cohort 1 families for the item "How confident do you feel about finding information about your local services in your community when you need it?"

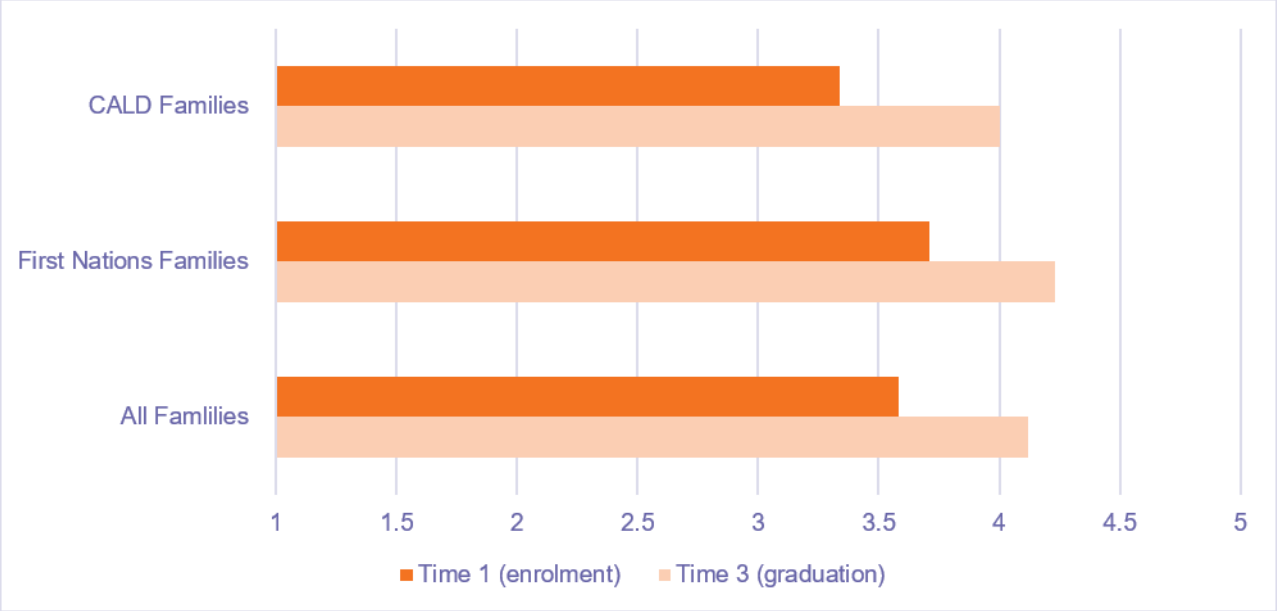


Figure 16. Comparison of enrolment to graduation scores for Cohort 1 families for the item "Are you able to find information on or help from others in your community?"

Summary of pre-post outcomes comparisons

We compared parent self-reported responses on enrolment and at graduation on eight key parent and child outcomes:

- Child enjoyment of listening to stories
- Parent comfort with using everyday activities to teach the child
- Frequency of using everyday activities to teach the child
- Parent-child relationship
- Parent perception of support from community
- Parent participation in community activities
- Parent confidence in finding information about local services
- Parent ability to find information and help from their community

Parents reported statistically significant improvements on all eight outcome measures. When we repeated this analysis for First Nations families and culturally and linguistically diverse families, we found that these two subgroups of HIPPY participants also reported significant improvements across all eight outcomes. The effect sizes for all outcomes suggest that these changes represent meaningful as well as statistically significant improvements for families, on important medium-term outcomes detailed in the HIPPY program logic.

Propensity matched comparison group outcomes

BSL provided data for 1,975 parents who had been engaged into HIPPY in 2022 who had graduation data by the end of the evaluation period (as at August 2024) and who also had complete data across all six of the demographic variables used to perform the propensity score matching. As for the pre-post analyses described earlier, we used data from only one parent per child for the matched comparison group analyses. In cases where two parents completed the program we chose fathers to capitalise on the roughly 20 per cent of program participants being male. We chose the first entry per family in the dataset if two females were the parents. We chose not to include cases identified as 'Parent 3', which we were informed could be older siblings of the child or a remote relation.

To avoid data repetition complications associated with retention in analyses of multiple children assigned to a single parent (e.g., in the case of twins or triplets) we did not include the 54 children who were the second or third child listed per family in the dataset.

We had access to 125 parents of 5–6-year-olds from a comparison sample available through the Parenting Today in Victoria sample (over three waves of data collection: 2016, 2019 and 2022), and 9,369 5–6-year-old children and parents through LSAC. Of these, 1,162 HIPPY cases could be matched to 845 comparison group cases based on available demographic data and propensity scores, which became the sample for matched comparison. Of these HIPPY and comparison group cases, missing data across the four outcomes variables reduced the sample size in between-groups analysis for each outcome variable.

An omnibus analysis of covariance revealed a significant between-group difference across all four outcomes, $F(4,1444) = .704$, $p<.001$, $\eta^2 = .296$.

Table 1717 reports the mean scores for each individual outcome variable and associated ANCOVA test of between-groups differences. In each case, HIPPY clients showed graduation scores statistically significantly ($p<.001$) higher than the comparison group. HIPPY children tended to have a higher frequency of being read to and played with by a parent. HIPPY parents tended to use everyday activities to teach something new to their child more frequently than other parents. And HIPPY parents rated their everyday relationship with their child more favourably than non-HIPPY parents.

As the assumptions of normality and homogeneity were violated across all outcomes variables (Shapiro Wilkes all $p<.001$ and Levene tests all $p<.001$) we also ran Quade's nonparametric analysis of covariance tests to examine group differences in the four outcomes variables while controlling for covariates. The analyses revealed statistically significant effects in line with the parametric tests (all $p<.001$).

Table 17. Outcomes for matched HIPPY and comparison cases and associated tests of between-groups ANCOVA

	Matched HIPPY cases		Matched comparison cases			
Outcome variable	***N***	***M*(*SD*)**	***N***	***M*(*SD*)**	**Test of between-groups effects**	**η^2**
Parent reads to child	697	2.49 (.715)	844	2.16 (.945)	$F(1,1541) = 56.439$, $p<.001$	.035[a]
Parent plays with child	696	2.55 (.659)	790	1.53 (1.030)	$F(1,1486) = 485.780$, $p<.001$	.247
Frequency of everyday teaching activities	700	2.31 (.719)	792	1.92 (1.016)	$F(1,1492) = 65.118$, $p<.001$	.042
Parent-child relationship	701	4.63 (.639)	667	4.40 (.657)	$F(1,1367) = 46.240$, $p<.001$	.033

[a] Partial eta squared (η^2) values are considered to be small when around 0.01, medium around 0.06, and large around 0.13 (Cohen, 1988).

Summary of propensity score matching findings

We compared HIPPY clients' outcome scores on graduation with a matched comparison group of families drawn from other Australian data sources, using propensity score matching to ensure similar samples. The four outcomes we were able to match between HIPPY and at least one comparison dataset were:

- Parent reads to child
- Parent plays with child
- Frequency of everyday teaching activity
- Parent-child relationship

HIPPY families demonstrated better outcomes on all four outcome measures than the propensity score matched comparison group.

Findings relating to Question 1: What client outcomes are associated with the HIPPY program?

The evaluation findings indicate that participation in the HIPPY program was associated with statistically significant improvements across a range of key outcomes for both children and their parents. These results suggest that the program is supporting its core aims of enhancing early childhood learning, strengthening parent-child relationships, and increasing parental engagement in their children's development and community life.

One of the most notable outcomes was the increase in children's enjoyment of listening to stories. The significant improvement from enrolment to graduation suggests that the program successfully fosters early literacy engagement, a foundational skill for school readiness and long-term educational success.

Parents also reported feeling more confident and proactive in using everyday situations—such as shopping or visiting the park—as opportunities for informal learning. This shift reflects a core principle of the HIPPY model: empowering parents to become active facilitators of their child's learning in natural, daily contexts. The increased frequency of using these everyday moments for teaching further reinforces the program's impact on embedding learning into family routines.

Improvements in the quality of the parent-child relationship were also observed. Parents were more likely to describe their relationship with their child in positive terms following program participation, indicating a strengthened emotional connection and improved communication. This outcome aligns

with broader evidence linking strong parent-child relationships to better social and emotional development in children.

Beyond the home, the program appears to have had a positive influence on parents' sense of community connectedness. Participants reported feeling more supported by others in their community and were more likely to engage in local activities and events. These findings suggest that HIPPY not only supports individual families but also contributes to building stronger, more connected communities.

Finally, the program significantly enhanced parents' confidence in accessing local services and supports. Parents were more likely to report knowing where to find information and help when needed, which is a critical factor in promoting family resilience and wellbeing.

These positive outcomes were also observed for two client groups for whom we were able to conduct subgroup analyses: First Nations families and culturally and linguistically diverse families. The HIPPY experience of these groups, as well as those of two other groups of interest (people living with a disability and people who identify as LGBTQIA+) will be further investigated in our Stream 2 evaluation.

Taken together, these findings provide evidence that the HIPPY program is achieving meaningful outcomes in areas central to its intentions. The statistically significant improvements across multiple domains underscore the program's value as a holistic, community-based approach to early childhood development and family support.

Evaluation questions 2 and 3: value for money and comparison with similar models on outcomes achieved and cost effectiveness

- To what degree does HIPPY provide value for money?
- How does the HIPPY model compare to other similar Australian models in terms of outcomes achieved and cost effectiveness?

We combine these two evaluation questions in this section, because in our view an assessment of HIPPY's overall value-for-money can only be made in relation to considerations of HIPPY costs, the costs of comparable programs, and the costs of not intervening.

Program costs

Drawing on data provided by DSS and BSL this section outlines the funding allocated for the delivery of HIPPY across Australia between 2022 and 2024. The analysis considers how this funding supports key program activities, including home visits and group gatherings. Additionally, the funding is examined on a per-child and per-family basis to provide insights into the distribution and potential efficiency of resource allocation.

The total funding available for HIPPY each year, as set out in the Activity Base Agreement between DSS and BSL, is shown in Table 18 below.

Table 18. HIPPY funding by financial year

Financial Year	Activity Base Agreement Value (Ex GST)
2022-2023	$32,939,502.04
2023-2024	$33,450,820.27
2024-2025	$31,435,000.00

BSL provided site payment data relating to HIPPY service provision (subject to commercial-in-confidence considerations). This data is limited, but shows that HIPPY sites receive block funding plus enhancement funding and Tutor funding over 6-month periods, as shown in Table 19 below.

Table 19. Base and enhanced site funding for HIPPY 2023- 2024

Reporting period	Block funding		Enhancement funding		Tutor training funding	
	Amount ($)	# sites	Amount ($)	# sites	Amount ($)	# sites
Jan-Jun 2023	116,984.83	99	15,000.00	97	12,000.00	94
Jul- Dec 2023	121,079.29	97	--	--	--	--
2023 Supplement	23,105.02	98	--	--	--	--
Jan-Jun 2024	121,079.00	99	28,000.00[a]	98	--	--
Jul-Dec 2024	155,000.00[b]	99				
Performance payments 2024[c]	5,000.00 10,000.00	42 22	--	--	--	--

[a] This amount included Tutor training funding. The two amounts were combined in the data provided.
[b] As at time of data provision, December 5 2024.
[c] We have not been advised of the basis of this payment.

We are not able to comment on reasons why a small number of sites did not receive enhancement or Tutor training funding but are aware that changes of provider and other issues may affect the operations within HIPPY sites.

Program delivery

We received data from BSL regarding the numbers of home visits, group meetings and gatherings (combined) and HIPPY packs received for each participant.

In the data provided (excluding some dates recorded pre-2021), there were 121,984 individual occasions of service, of which 7,089 (5.8%) were listed as being gatherings or group sessions and 114,895 (94.2%) were listed as home visits.

Figure 17 below shows the home visits and gatherings recorded for the period January 2022-December 2023. This figure suggests that the overall proportion of home visits to gatherings remains constant over 2022. We note that group meetings and gatherings may not have been recorded correctly for 2023 in the data we received, as we know from consultation with BSL that meetings and gatherings did occur in that year. The lower number of home visits was due to running two 15-week programs (age 3 and age 5) over the transition to the new model.

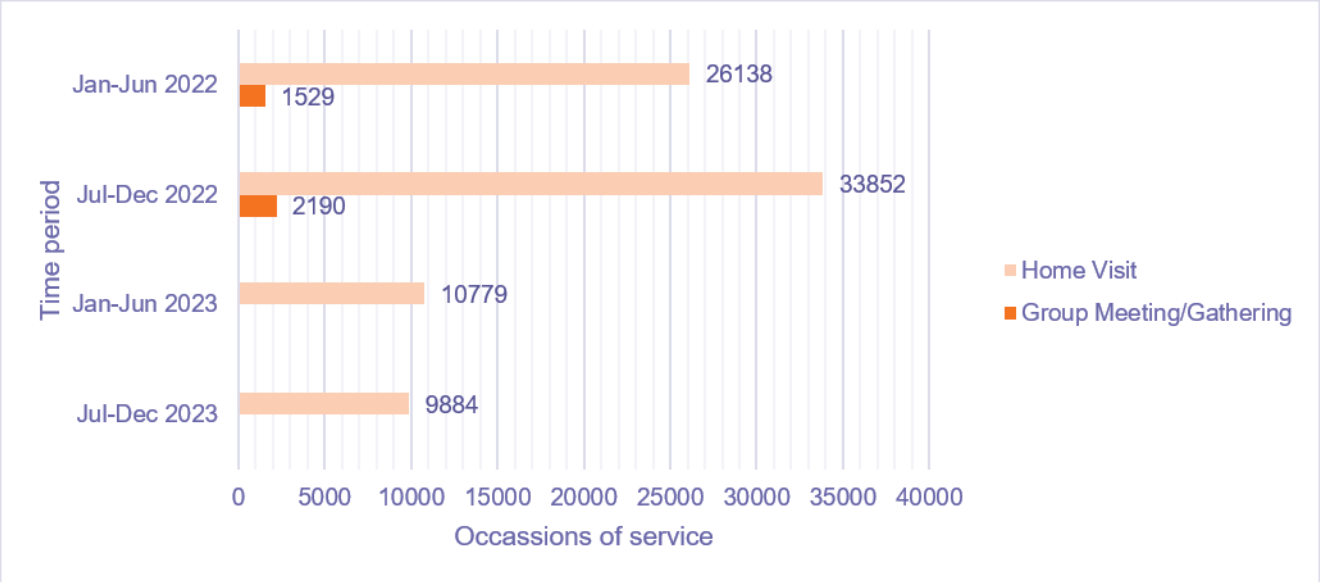


Figure 17. HIPPY service delivery 2022-2023

Note that occasions of service may be defined differently by different service providers and may not correspond one-to-one with home visits and group meetings—they may include the administrative steps necessary to set them up. Further insights into service delivery processes are anticipated from Stream 2 work.

It is difficult to arrive at a cost for individual home visits and gatherings based on the data provided, which outlines block funding amounts and occasions of service. It was not possible for BSL to provide us with actual expenditures for groups due to a range of factors including commercial-in-confidence considerations but also because of the diverse circumstances of individual groups and HIPPY providers. We therefore suggest the following calculations are considered as a rough indication only.

In 2022 (the year for which we have the most complete information and which also corresponds to the year of enrolment for our outcomes comparisons) there were 63,709 occasions of service for 2,611 parents who enrolled in the program that year. Data provided by DSS lists half-yearly payments made to BSL in July and November 2022 of $15,314,500 (GST exclusive) each and a further supplement for 2022-23 of $2,310,502. Attributing half of this supplement to the 2022 service delivery year, the total funding is $31,784,251. This equates to a rough cost of $499 per occasion of service and $12,173 per family unit. It should be noted, however, that enrolment is annual and programs overlap so that funding also covers parents from the previous year. Assuming roughly constant enrolments each year (as per Table 3. Count of parents enrolled in HIPPY 2022-2024Table 3), the cost per family unit per year can be halved to $6,086[6].

The cost-per service and cost-per family figures presented should be interpreted with caution. HIPPY's annual DSS funding covers overlapping two-year program cohorts but costs associated with national infrastructure, training, curriculum development and network supports aren't reflected in this funding figure according to advice from BSL. As a result, the final figure is likely to underestimate cost efficiency.

[6] Note there may be site-specific costs related to activity packs, transport, hosting gatherings, etc, which are not reflected here. We anticipate that Stream 2 findings will shed further light on this.

Comparison with relevant models

To see how HIPPY outcomes compare to outcomes for families engaging with similar programs, we searched for evaluations of other Australian programs and examined their findings and, where available, their costs. Below we compare HIPPY to these similar models.

The programs identified, reviewed and selected for comparability to HIPPY had wide variation in relation to their scope, intended audience, implementation stage, delivery mechanisms, duration, outcomes and benefits. Direct comparison of programs was not possible due to the specificity of each program and the nuances of the different communities and contexts in which those programs were developed and delivered. However, important similarities and differences could be identified.

We identified five programs which we judged to have similar aims to those of HIPPY: smalltalk (Hackworth et al., 2017), Playsteps (Matthews & Hamilton, 2010), Head Start (Bailey et al., 2021); Families as First Teachers (Northern Territory Department of Early Education and Training, 2025), and Tuning Into Kids (Havinghurst et al., 2013). Details of the programs we included, key references, and extracted information on outcomes and costs are presented in Appendix B. Three programs (smalltalk, Playsteps and Tuning Into Kids) provide support over much shorter periods than that provided by HIPPY and the other two (Head Start and Families as First Teachers) provide support over timeframes similar to HIPPY. In the synthesis that follows, we consider the shorter- and longer-term programs separately.

All programs included in this comparison against HIPPY are:

- universal, rather than targeted
- focussed on children and family support
- aimed at improving parent and/or child outcomes through play and learning
- targeted the home learning environment and/or the parent-child relationship
  Australian, however, in the case of Head Start the US program has been chosen as it was deemed to be the most similar to HIPPY in terms of model.

Short-term supports

The smalltalk intervention provides evidence-based parenting strategies for enhancing the home learning environment and improving the quality of parent-child interactions for children from birth to school age. Smalltalk is designed to be delivered to families identified as likely to benefit from extra support, including those experiencing socioeconomic disadvantage or vulnerability. Smalltalk is delivered via facilitated supported playgroup sessions, with additional in-home coaching offered to some parents who require more intensive supports. The smalltalk program is typically delivered over 6 or 10 weeks.

Playsteps is a play-based program that seeks to help parents strengthen their relationship and interactions with their child while building support networks and learning practical parenting skills. It is delivered as a 9-week group program.

Tuning Into Kids is slightly less relevant as a comparison with HIPPY as it is designed for families with children aged 3 to 10 years old. Tuning Into Kids focuses on the development of emotional competence in parents and children and preventing child behaviour problems. It is delivered in 6 weekly sessions.

Longer-term supports

Head Start programs (originating in the US but also available in Australia) support child growth from birth to age 5 years and are intended to support child school readiness.

The Families as First Teachers program has operated throughout the Northern Territory and parts of Queensland to deliver early learning and family support to young children from birth to age 4 years and their families. The program has three core elements: quality child-centred early learning, parent capacity building, and community engagement.

Key outcomes from the comparison programs

The benefits reported in programs comparable to HIPPY include:

- Improved parent verbal responsiveness

- Greater use of descriptive language
- Improved language development
- Improved parent-child interactions
- Increased fostering of child cognitive development
- Improved parent management of depression
- Increased parent ability to recognise and respond to child emotion
- Improved child emotion knowledge
- Improved overall development
- Increased use of gesture and language by the parent during interactions with children.

While not all of these are directly relevant to HIPPY, they do relate to aspects of school readiness and parent-child connections, which are core to the objectives of the HIPPY model.

Comparable program costs

We were not able to locate funding information for most of the comparison programs. We were able to locate cost information for one of the programs identified as being comparable to HIPPY. Specifically, costs associated with the delivery of smalltalk were reported to have been $966 per group (in 2017 dollars) for the 6-week standard (group delivery) program and $1333 (in 2017 dollars) for the 10-week standard program. The more intensive version of smalltalk, which involves the addition of in-home coaching sessions, was reported to cost around 10 per cent more.

In a separate evaluation of HIPPY, ACIL Allen (2018) compared HIPPY costs with the costs to deliver similar internationally available programs. That evaluation noted that while some early childhood and parenting program models—such as Families and Schools Together (FAST) and Parents as First Teachers (PAFT)—reported lower per-child costs than HIPPY, other models with strong evidence of effectiveness, including Head Start and the Chicago Child-Parent Center, were associated with substantially higher costs per child ($13,078 for Head Start and $14,056 for the Chicago Child Parent Center, using 2017 dollars). The ACIL Allen (2018) evaluation of HIPPY as delivered to Australian families in 2014 estimated costs per child of AU $11,113 (2017 dollars across all delivery sites, regardless of stage of implementation) per child over the two-year program. That study's analysis of financial data for calendar years 2014 and 2015 showed that delivery of HIPPY cost less per child at mature sites as compared to newly established sites. Newly established sites typically had lower enrolments and thus the fixed costs were spread over fewer enrolments.

Comparison to HIPPY findings

From the pre-post comparisons reported in this evaluation, it appears that completion of the HIPPY program was associated with modest but statistically significant improvements in all eight parent-reported measures that we were able to analysis for pre-post change:

- Enjoyment of literacy activities (story listening)
- Comfort with using everyday activities to teach the child
- Frequency of using everyday activities to teach the child
- Quality of relationship to child
- Feelings of support from community
- Frequency of participation in community
- Confidence in finding information about local services
- Ability to find information and help from the community

From the matched comparison group analyses reported in this evaluation, families where parents completed HIPPY showed improvement on a range of parent-reported measures compared to a similar cohort of families where parents did not complete HIPPY:

- Children being read to by a parent
- Children being played with by a parent
- Parents using everyday activities to teach new things to their child
- Parents described the relationship between parents and children more positively

HIPPY, therefore, does impact similar parent and child learning and school readiness outcomes to the other programs described above, and in addition, positively influences parents' perceptions of

support and connectedness. From the studies we identified about HIPPY-comparable programs, HIPPY effectively targets *more outcomes relating to the home learning environment*, as might be expected from a program of greater duration than comparable programs.

We were not able to make cost comparisons with other programs, other than noting that smalltalk has a program cost of approximately $900 (standard group-based version) to $1300 (groups plus individual coaching) per child (based on 2017 dollars) for a much shorter period of intervention than HIPPY. The smalltalk plus coaching version of the program is the more comparable mode to HIPPY, as they both involve home visiting. Similar to HIPPY the smalltalk plus coaching version of the program showed improvement in parents' confidence in fostering children's language, with associated enhancements to the interactions between parents and children.

Cost of non-intervention

The value of any program can also be considered in terms of the cost of *not* providing that program. While in the absence of a control group this has not been measured for the current evaluation of HIPPY, we know enough from the literature cited below to suggest that the cost of not providing support to families, such as is available through HIPPY, may have both a social impact for families and communities and a fiscal impact for Australian society.

In the Australian context, we have some evidence of the long-term impact of enriching the home environment for both educational and broader outcomes. Unpublished findings from an 11-year follow-up of smalltalk (Nicholson, 2025) show that children whose parents participated in smalltalk plus (the version of smalltalk that provides home-based coaching sessions) performed better than children who attended regular playgroups as measured by their NAPLAN (standardized national assessment) grammar and punctuation results at age 13, and performed above the average across all children of the same age. As smalltalk is provided for economically disadvantaged parents, this is an example of a coaching program which targets the home learning environment having positive effects long after the program is completed.

Teager et al. (2019) highlight the critical importance of early support for families and children, citing an established evidence-base attesting that investment in early intervention can prevent concerns altogether or reduce the likelihood of concerns getting worse. Intervening early can also equip families with skills to provide them with better opportunities. Teager et al. (2019) found that the cost of intervening later, was at the time of their analyses, $15.2bn per year to the Australian economy, or $1,912 per child or young person. This cost was calculated based on costs associated with services children and young people may interact with if families are not supported and concerns develop or escalate, including out-of-home care and other child protection services, mental health services, youth crime and justice, youth unemployment, mental and physical health, and family violence.

High quality early education can produce long-term benefits for academic achievement, social and emotional and adjustment, economic productivity, and responsible citizenship (Center on the Developing Child at Harvard University, 2007). While this evidence relates to early education centres, the current implementation of HIPPY serves children before they may have access to centre-based education. Reducing the disparities in what children know and can do when they enter formal education can reduce subsequent disparities in academic achievement and economic independence (National Research Council and Institute of Medicine, 2000).

Findings relating to Questions 2 and 3: cost, comparability, and value-for-money

Site-level funding data indicates that HIPPY sites received a combination of block, enhancement, and Tutor training payments, though not all sites received each type of funding. Variability in site payments may reflect operational differences, including provider changes and local implementation factors.

Based on available funding data, we estimate a cost of approximately $499 per service occasion and $12,173 per enrolled parent. Adjusting for overlapping enrolments across years, a more conservative estimate suggests a cost of around $6,086 per HIPPY family. This value aligns with a previous assessment of the costs associated with HIPPY (Acil Allen, 2018).

Due to limitations in expenditure data and the diversity of site contexts, these figures should be interpreted as indicative rather than definitive. Nonetheless, they provide a useful reference point for understanding the scale and structure of investment in HIPPY service delivery.

The programs reviewed for comparison with HIPPY varied widely in their scope, delivery models, target populations, and duration, making direct comparisons challenging. However, all selected programs shared key characteristics: they were universal in approach, focused on supporting children and families, and aimed to improve outcomes through play-based learning and parent engagement. While most were Australian programs, the U.S.-based Head Start was included due to its structural similarity to HIPPY.

Shorter-term programs such as smalltalk, Playsteps, and Tuning Into Kids primarily targeted the home learning environment and parent-child relationships. In contrast, Head Start and Families as First Teachers offered longer-term, more comprehensive support. Despite differences in duration and intensity, many of these programs reported similar benefits to HIPPY, including improved parent-child interactions, enhanced language development, and increased parental responsiveness.

Cost comparisons were limited due to a lack of publicly available data. However, smalltalk was reported to cost between $966 and $1,333 per child (2017 dollars), depending on program length and intensity. This is significantly lower than HIPPY's estimated cost per child but reflects the shorter duration and narrower scope of smalltalk. Notably, the more intensive version of smalltalk, which includes home coaching, is more comparable to HIPPY in both delivery method and outcomes.

Furthermore, ACIL Allen's (2018) previous evaluation of the HIPPY program in Australia concluded that while some program models (e.g. Families and Schools Together and Parents as First Teachers) had overall lower costs per child than HIPPY, some program models with strong evidence of effectiveness (e.g., Head Start and the Chicago Child Parent Centre) had much higher costs for child. These comparisons underscore the importance of considering both cost and evidence of impact when assessing the value of early intervention programs like HIPPY.

Despite the uncertainties regarding the true value for money of HIPPY, there are several indicators that suggest HIPPY offers value beyond its financial inputs. The program has a strong national footprint, with wide geographic coverage and a focus on reaching disadvantaged communities. The model of delivering HIPPY at scale across 100 locations, including by Aboriginal Community Controlled Organisations and locally connected agencies, is likely to be a cost-efficient mode of program dissemination. Drawing on local strengths and wisdom, and building capacity in the local workforce adds further value to the community. In particular, skilling up parents to become Tutors in the program ensures social capital is built through the program. Furthermore, HIPPY delivery in Australia is an example of place-based, context-sensitive delivery (Parliament of Australia, 2019). By anchoring delivery in local agencies, HIPPY Australia has ensured the program is founded on strong community linkages and responsiveness to local needs. Importantly, HIPPY is also an evidence-based program, with a growing body of research demonstrating its effectiveness in improving school readiness and strengthening parenting capabilities. Thus, given evidence of positive parent and child outcomes associated with HIPPY, paired with these indicators of likely value beyond financial inputs, HIPPY is likely to represent good value for money. Nonetheless, these matters will be explored further in the forthcoming Stream 2 report from the current evaluation, which will examine the implementation of HIPPY in Australia in greater depth.

Finally, in assessing value for money, it is also important to consider the broader societal and economic benefits of early intervention. Previous research has shown that HIPPY contributes to improved child development outcomes and enhances parental confidence and skills. The potential long-term costs of not intervening—such as reduced educational attainment, lower workforce participation, and increased reliance on social services—must also be taken into account.

The Productivity Commission (2024) emphasises that value for money extends beyond financial considerations. Non-financial factors such as the quality and fitness for purpose of services, provider experience, adaptability, environmental sustainability, and whole-of-life costs are all relevant. Applying this broader lens, HIPPY's community-based, adaptable, and evidence-informed model positions it as a program with strong potential to deliver long-term value to Australian families and society.

The cost of not providing support to families, such as is available through HIPPY, has potential social impact for families and communities and a fiscal impact for Australian society. The fiscal impact stems costs associated with services children and young people may interact with if families are not supported and concerns develop or escalate, including out-of-home care and other child protection services, mental health services, youth crime and justice, youth unemployment, mental and physical health, and family violence.

Contextualisation and interpretation of findings

This evaluation set out to examine three key questions: (1) What client outcomes are associated with participation in the HIPPY program? (2) To what extent does HIPPY represent value for money? and (3) How does the HIPPY model compare to other similar Australian programs in terms of outcomes achieved and cost-effectiveness?

The sample of HIPPY participants used in outcomes analyses involved a total of 1,984 parents and 2,190 children. In many respects, the sample used for the analysis of pre- and post-program outcomes reflects the intended target group for the HIPPY program.

Specifically, while more than a third of parents and children identified their cultural background as Australian, close to one fifth of the parent sample identified as Aboriginal and/or Torres Strait Islander, and a quarter of the children were Aboriginal and/or Torres Strait Islander. Around one in six participants were from an Indian, Pakistani, Chinese or Vietnamese background, and while most parents and children had English as the main language spoken at home, just over a quarter of parents said they spoke a language other than English as their main language at home.

In relation to their living arrangements, most children in the sample lived in a home either owned or rented by their family, although one in five of the children lived in public or community rental housing or other forms of accommodation. Of the 2,190 children who completed the HIPPY program, nearly two in five lived in major cities. Just over half resided in regional areas, including 20 per cent in outer regional locations. This distribution demonstrates that the program has achieved reach consistent with the expectations of the funder, including over-representation from traditionally under-serviced remote areas.

Approximately half of the children were male and half were female. When asked about concerns regarding their child's development, around 40 per cent of parents reported having some concerns. This indicates that the program is likely to be engaging with families of children who may have developmental vulnerabilities, including those with disabilities.

Nonetheless, the sample included only a small proportion (less than 2 per cent) of young parents under the age of 24. While 40 per cent of parents in the sample were not employed, the overall educational attainment of the parent sample was higher than anticipated. Over one-third of parents reported their highest level of education as a vocational trade qualification, certificate, or diploma, and one-quarter held a degree or higher qualification. This may be partially explained by the oversampling of fathers in the analysis.

The deliberate inclusion of fathers in cases where data were available from both parents was intended to capitalise on the relatively high participation of fathers in the program. This is a significant finding, as previous research has consistently shown that fathers have low rates of engagement with face-to-face parenting programs (Fabiano, 2007; Flippin & Crais, 2011; Sanders et al., 2010; Stahlschmidt et al., 2013). Data from the 2016 Parenting Today in Victoria survey indicated that only 9 per cent of fathers of children aged 0–18 years had attended a parenting group, aside from those offered to first-time parents through the universally available Maternal and Child Health Service.

Our own research on the prevalence of fathers' help seeking (from Parenting Today in Victoria survey data collected in 2016; Wade et al., 2023) suggest that only 9 per cent of fathers of 0–18-year-olds said they had attended a parenting group other those offered to first time parents within the universally available Maternal and Child Health Service. These findings suggest that the HIPPY program is perceived as an acceptable and accessible parenting program for men. Further exploration of this topic will be included in the forthcoming report on Stream 2 of the evaluation, which will examine factors associated with program implementation.

How these findings relate to previous research

The findings from this evaluation are broadly consistent with prior research on the HIPPY program, reinforcing its effectiveness in supporting early childhood development and strengthening family engagement in learning. As in earlier studies, the current results demonstrate statistically significant improvements in both child and parent outcomes following program participation.

For instance, the present evaluation aligns with conclusions from Goldstein's (2017) meta-analysis of 26 studies across seven countries, which also found HIPPY to be associated with increases in children's enjoyment of listening to stories—an indicator of early literacy engagement. Similarly, the improvements in parent-child relationships and increased use of everyday activities for learning detected in the current evaluation also reflect Goldstein's (2017) findings regarding HIPPY's success in fostering positive behavioural and relational outcomes.

Moreover, the observed increase in community participation and perceived social support among parents echoes Barnett et al.'s (2012) findings of improved parental self-efficacy and expanded informal support networks after participation in HIPPY.

Liddell et al. (2011) highlighted parents' increased emotional regulation and use of constructive parenting strategies following HIPPY involvement. These outcomes are mirrored in the current evaluation's findings, particularly in the reported improvements in parent-child relationships.

Gilley's (2003) study, which focused on culturally and linguistically diverse families, found that children in the HIPPY program achieved literacy and numeracy outcomes comparable to national averages. While the current evaluation did not include direct academic assessments, the increased engagement in story listening and learning through play suggests that similar foundational skills are being supported.

The qualitative findings from Graham et al. (2024) also resonate with the current results. Their study of the HIPPY program for three-year-olds found that parents gained a deeper understanding of their children's interests and developed enriched home learning environments—outcomes that are reflected in the increased use of everyday activities for learning and improved parent-child interactions reported here.

In summary, the current evaluation reinforces the evidence base supporting HIPPY's effectiveness. The alignment with previous research strengthens confidence in the program's core design and its capacity to deliver meaningful outcomes for families.

Interpreting Change: Limitations and Insights from Comparative Analysis

While the pre- to post-intervention (enrolment to graduation) findings presented in this evaluation indicate meaningful and statistically significant improvements across several key outcomes, it is important to acknowledge the limitations inherent in intervention-group-only analyses. Without a comparison group, it is difficult to determine the extent to which observed changes are attributable to the HIPPY program itself, rather than to natural developmental progression over time. For example, the increase in children's enjoyment of listening to stories may reflect a typical developmental trend, as children aged 5–6 years may naturally show greater interest in storytelling than children aged 4 years.

To address this limitation, a complementary analysis was conducted using propensity score matching to compare HIPPY participants with a matched cohort of families who did not take part in the program. This approach helps isolate the potential impact of the program by controlling for family background characteristics, thereby strengthening the inference that HIPPY is likely to be a key explanation for improvements in child and parent outcomes. Nonetheless, this complementary

analysis does not eliminate the possibility that there are unobserved differences between the HIPPY and comparison group that could account for the differences in outcomes.

The matched comparison group analysis revealed statistically significant differences on four key outcomes aligned with HIPPY's objectives. Compared to their matched peers, children whose parents had participated in HIPPY were more likely to be read to regularly, and their parents reported playing with them more frequently. Additionally, parents who have participated in HIPPY were more likely to use everyday activities as learning opportunities and described their relationship with their child in more positive terms than parents in the comparison group.

These findings lend weight to the interpretation that the improvements observed in the intervention group are not solely the result of children's maturation or external factors, but are likely influenced by participation in the HIPPY program. The alignment between the pre-post changes and the comparative matched comparison group results strengthens the overall evidence base, suggesting that HIPPY contributes meaningfully to enhancing early learning experiences, parent-child relationships, and parental engagement in everyday teaching practices.

Determining Value: insights and limitations of value for money findings

While the current evaluation provides an overview of the funding allocated to deliver the HIPPY program across Australia, it is important to acknowledge that there may be additional costs associated with program delivery that are not captured within formal funding agreements. These may include in-kind contributions such as unpaid staff time, volunteer support, or the use of community facilities, which can significantly influence the true cost of implementation.

Programs were compared based on information reported about parent and child outcomes, as well as economic/cost outcomes, where available. Economic evaluations of the selected programs were harder to locate, however, findings from a previous evaluation of HIPPY have also been considered in regard to costs of comparable programs (i.e., ACIL Allen, 2018).

To address this gap in our understanding of additional costs, novel data collection is currently underway as part of the Stream 2 component of the current evaluation. Specifically, in-depth qualitative interviews and focus groups with HIPPY providers and participating parents are being conducted to better understand the full range of resources required to deliver the program effectively. This includes capturing information about in-kind contributions and other non-financial inputs that are not reflected in standard funding data.

Site costs may be a fairer way to assess value for money for the HIPPY delivery model. Each site would have initial establishment costs which are likely to be similar, regardless of numbers of parents enrolled. And even despite the costs associated with activity packs for parents, travel costs and other incidentals, the costs for additional parent participants over a minimum group size are likely to be small compared with the cost of establishing a group initially. When considering value-for-money, it may be relevant to consider minimum enrolment for viability and think about costs by site rather than by client or session. These costs might be able to be determined from the current round of service provision contracts. It may also be beneficial to assess program costs based on acquittals that reflect actual expenditure, rather than relying solely on the funding amounts allocated. This would provide a more accurate picture of the financial resources required to implement HIPPY and support a more robust assessment of value for money.

Given these limitations, it is currently difficult to draw definitive conclusions about whether HIPPY represents value for money. Additional data—particularly on actual and in-kind costs—will be essential to inform this analysis. However, preliminary comparisons can be made by examining the cost of HIPPY delivery on a per-session or per-child basis, and benchmarking these against similar early childhood and parenting programs.

Limitations

Several limitations should be considered when interpreting the findings of this evaluation:

- **Scope of Outcome Comparisons**: Planned comparisons across program outcomes were constrained by changes in item wording over time, limiting the ability to assess all intended outcomes consistently. Additionally, the cohort for which enrolment and graduation data

were available did not include participants from the newly introduced 3–4-year-old program, due to the timing of data collection. Outcomes were measured using single items, not validated scales.

- **Subgroup Analysis Constraints**: The program data did not allow for reliable identification of participants in two subgroups of interest: LGBTQI+ families and families affected by disability.
- **Lack of a True Comparison Group**: This evaluation was commissioned as a pre-post comparison design, using available outcomes data. No comparison group was available, and without such a comparison group it is not possible to attribute observed improvements solely to the HIPPY program (and not, for example, to expected developmental progression or to other factors). Although a matched comparison group was constructed using propensity score matching to address the absence of a control group for the evaluation, not all HIPPY participants could be matched. As a result, the matched sample may not fully represent the broader HIPPY population, and outcomes for unmatched participants may differ. Furthermore, the single-point in time nature of the analyses and the potential for unobserved differences between the HIPPY and comparison groups precludes elimination of other explanations for between-group differences.
- **Value-for-Money Assessment Limitations**: The costs analyses for the current evaluation relied on funding data provided through formal agreements between DSS and BSL. However, actual expenditure data (i.e., financial acquittals) were not available at the time of reporting. This limits the precision of value-for-money estimates. Additional cost data, including contributions beyond DSS funding, will be collected as part of the forthcoming Stream 2 evaluation.
- **Long-Term Outcomes Not Yet Observable**: While the evaluation identified positive on-graduation outcomes aligned with HIPPY's objectives, longer-term impacts—such as sustained improvements in school readiness, parental engagement in children's schooling, and educational attainment—could not be assessed within the current timeframe and with the data available. However, the observed outcomes are consistent with the HIPPY program logic and with the broader evidence-base about early intervention impacts, which posits that using everyday activities to support learning fosters long-term developmental benefits for children and strengthens family functioning.

Gaps in findings and recommended next steps

While this evaluation provides valuable insights into the implementation and outcomes of HIPPY, several important questions remain unanswered. Addressing these gaps will strengthen the evidence base for the program and support ongoing refinement and investment decisions. Some of these gaps will be addressed in a future report from the current evaluation, which will focus on questions about the implementation of the HIPPY program and impact of reforms made in recent years; and in a pending impact evaluation being led by the Australian Centre for Evaluation, Australian Government Department of the Treasury.

Key gaps in knowledge about HIPPY and remaining areas for consideration include:

- **Evaluation of the 3–4-Year-Old Cohort**: Due to the timing of data provision to the evaluators, this evaluation did not include outcome data for the newly introduced 3–4-year-old cohort. Future analyses should examine this group specifically to assess whether the program's impacts are consistent across age groups and to inform understanding about age-specific reforms.
- **Exploration of Program Fidelity and Adaptation**: While this evaluation focused on outcomes, future work will explore how variations in program delivery (e.g., frequency of home visits, Tutor training quality, or local adaptations) influence effectiveness. This will support continuous improvement and help identify best practices across diverse settings.
- **Participant Voice and Lived Experience**: Incorporating qualitative data from families—particularly those from underrepresented or vulnerable groups—will provide richer insights into how HIPPY is experienced and where improvements could be made. This is a key

aspect of Stream 2 of the current evaluation, whereby data collected from program participants and providers will be collected via interviews, focus groups, and brief surveys.

- **Use of Matched Comparison Cohorts**: The absence of a true control group limits the strength of causal inferences. Future evaluations could benefit from incorporating data from matched locations where HIPPY is not delivered, allowing for more robust comparisons of outcomes across similar community contexts.
- **Detailed Cost Analysis**: While indicative funding information was provided, a more comprehensive analysis of actual program expenditures—including contributions beyond DSS funding—was not feasible within the scope of this evaluation. Given the sensitivity of financial data, such analysis may be best undertaken internally by DSS in collaboration with BSL.
- **Evaluation of Underrepresented Subgroups**: The current data structure did not support detailed analysis of outcomes for key subgroups such as LGBTQI+ families and families affected by disability. Future data collection efforts should consider how to better capture and protect information about these populations to enable more inclusive and equity-focused evaluation.
- **Sensitivity in Subgroup Comparisons**: While subgroup analyses (e.g., Indigenous vs non-Indigenous participants) may offer valuable insights, they must be approached with caution due to small sample sizes and the potential for misinterpretation or harm. Co-designed approaches with communities may help ensure culturally safe and meaningful analysis.
- **Long-Term Follow-Up of Children**: The current evaluation relied primarily on parent-reported outcomes and existing available data collected by BSL. Currently data collection does not routinely include longitudinal follow-up of HIPPY families (e.g., after school entry) Longer-term follow-up using direct measures of child development and educational progress would provide stronger evidence of sustained impact. If feasible, identifying HIPPY graduates in early primary school and comparing their outcomes with matched peers whose families did not participate in HIPPY would offer valuable insights into the program's enduring effects. Linking HIPPY participation data with administrative datasets (e.g., school readiness assessments, NAPLAN results, or early childhood education records) could enable more robust, objective measurement of long-term outcomes and reduce reliance on parent-reported data.

These areas represent key opportunities for future research and evaluation, and would contribute to a more comprehensive understanding of HIPPY's effectiveness, efficiency, and long-term value.

Concluding statement

Findings from the evaluation indicate that HIPPY is associated with a range of positive outcomes for parents and children, particularly in areas related to the home learning environment, parent-child interactions, and school readiness. While limitations in data availability and design preclude definitive causal conclusions, the use of matched comparison groups and pre-post analyses provides indicative evidence of program impact. Cost estimates suggest that HIPPY delivers these outcomes at a moderate cost relative to both shorter-term Australian programs and more intensive international models. Although detailed expenditure data were not available, the program appears to offer reasonable value for money given its scope and duration. Comparisons with similar programs further support the relevance and effectiveness of HIPPY, while also highlighting opportunities for refinement and future research.

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Appendix A: propensity score matching tables

Table A1. Pre- and post-matching comparison of matching variables used in propensity score matching

		Before matching (*N* HIPPY = 1,975 *N* Comparison = 9,494)		After matching (*N* Intervention Sample = 1,162 *N* Comparison = 845)	
	Group	Value	*p* value[a]	Value	*p* value[a]
Parent lives in a major city (*N*, %)	HIPPY	794, 40%	<.001	537, 46%	.662
	Comparison	5044, 53%		382, 45%	
Parent is male (*N*, %)	HIPPY	671, 34%	<.001	375, 32%	<.001
	Comparison	293, 3%		192, 22%	
Parent is First Nations (*N*, %)	HIPPY	378, 19%	<.001	87, 7%	.627
	Comparison	244, 3%		77, 9%	
Main language spoken at home is not English (*N*, %)	HIPPY	524, 27%	<.001	302, 26%	.887
	Comparison	1347, 14%		222, 26%	
Parent education attainment is Year 12 or above (*N*, %)	HIPPY	1491, 75%	<.001	1012, 87%	.084
	Comparison	6590, 69%		789, 93%	<.001
Child is male (*N*, %)	HIPPY	1013, 51%	<.001	628, 54%	.820
	Comparison	4856, 51%		461, 55%	

[a] *p* values based on Pearson chi square difference test.

Appendix B: programs comparable to HIPPY

Table B1. Descriptions of programs identified as comparable to HIPPY

Program	Authors	Jurisdiction	Key outcomes	Program impact	Cost
smalltalk	Hackworth, Nicholson, et al. (2013) Hackworth, Berthelsen, et al (2017) Nicolson (2025)	Victoria, AUS	**Parent**: Primary outcomes were parent verbal responsivity and home learning activities. For parents of toddlers participants receiving the smalltalk group only (not smalltalk plus coaching) showed improvement compared to a comparison program for parent verbal responsivity. For parents of infants, several initial differences favouring smalltalk plus coaching were evident at 12 weeks, but not maintained to 32 weeks. For parents of **toddlers**, differences in outcomes favoured the smalltalk plus coaching model, which were evident at 12 weeks and maintained to 32 weeks.	Participants in the smalltalk group-only trial showed improvement compared to the standard program for parent verbal responsivity (effect size (ES[a]) = 0.16; 95% CI[b] 0.01, 0.36) and home learning activities (ES = 0.17; 95% CI 0.01, 0.38) but smalltalk plus coaching did not. Parents allocated to smalltalk plus coaching showed greater improvement in use of descriptive language (ES = 0.46; 95% CI 0.03, 0.89) and maintaining their child's interest (ES = 0.55; 95% CI 0.14, 0.96) compared to standard smalltalk.	Costs per participant varied by mode of deliver and platform (e.g. group only, or group plus coaching). Per participant costs of running standard groups were $966 for the 6-week program and $1,333 for the 10 week program (2017 dollars). In comparison, the cost of providing parent groups and playgroups with smalltalk content was 6% to 7% higher per participant than standard groups. smalltalk plus programs included up to six in-home coaching sessions for each participant, and incurred a 69% to 89% higher per-

Program	Authors	Jurisdiction	Key outcomes	Program impact	Cost
					participant cost compared to the standard model.
Playsteps	Matthews & Hamilton (2010) Matthews Pourliakis (2012)	Victoria, AUS	**Parent:** For participants who completed measures across five time points, the evaluation found they had maintained statistically significant positive changes in how they tuned in and interacted with their children, in how they fostered cognitive development and how they managed their own depression. Improvements also noted for parents' sense of competence and wellbeing at the fourth follow-up (week 36).	The program was associated with positive changes for parents in their interactions with children, management of psychological distress and their own wellbeing and self-efficacy.	Information not available
Head Start	Bailey, et al. (2021) Puma et al. (2005)	US (but also implemented in Aus)	**Child (short to medium term outcomes):** Puma et al (2005) found that access to Head Start has a positive impact on preschool experiences of participating children and on school readiness. Longer-term benefits ameliorated somewhat. The gains made during children's time in Head Start and up to age 4 years weakened by the end of the first year of school with only a few statistically significant differences in outcomes overall. For some subgroups of children (e.g., children of parents with mild	The study by Puma et al (2005) was designed to separately examine two cohorts of children, newly entering 3- and 4-year-olds. This design reflects the hypothesis that different program impacts may be associated with different age of entry into Head Start. To estimate the impact of the program, Bailey et al (2021) compared adult outcomes for Head Start-	While cost information is available for US delivery of the program, we located no cost information for the delivery of Head Start in Australia.

Program	Authors	Jurisdiction	Key outcomes	Program impact	Cost
			depressive symptoms, dual language learners, and children with lower cognitive skills) showed more favourable longer-term benefits, including maintenance of gains made in cognitive, social-emotional, or health domains in the first year of formal schooling. **Child (Longer-term benefits)**: Children who participated in Head Start were 3% more likely to finish high school, 9% more likely to enrol in college, and 39% more likely to finish college than their peers. Head Start decreased the likelihood of adult poverty for participants by 23% and decreased the likelihood of dependence on public assistance by 27% and Head Start participants were 5% more likely to be employed when assessed as adults.	eligible children (i.e., who were aged <5 years) with cohorts of children who were ineligible for Head Start (i.e., aged 6+ years) when the program was made available at county level from 1965 to 1980.	
Families as First Teachers	Page, et al. (2019) Page, et al. (2022) Gapany, et al. (2021)	Northern Territory (Aus)	**Child:** Page et al (2019) reported using assessments of the child's development using the Brigance Early Childhood Screen II measure. Results suggested improvements with intervention in children's language and early learning. Greater exposure to Conversational Reading and Learning Games predicted better	Page et al (2019) evaluated two aspects of the Abecedarian Approach Australia (3*a*) which are delivered within the Families as First Teachers program. These two aspects of 3a are Conversational Reading and Learning Games. The program was successful in improving language and	Information not available

Program	Authors	Jurisdiction	Key outcomes	Program impact	Cost
			language development as well as overall child development scores. Page et al (2022) examined young Aboriginal children's language and learning outcomes. Gapany et al (2021) examined how the approach fostered a First Nations identity in the young children. **Parent:** Page et al (2022) examined parents' mastery of the use of 'Conversational Reading' which is a shared reading strategy. Gapany et al (2021) report on how the program enhanced mothers' ability to embed gesture, sign language, First Nations language conventions, kinship and clan concepts, and dance into their daily interactions with children.	developmental outcomes for young Aboriginal children living in remote communities. Page et al (2022) examined outcomes within 32 parent-child dyads attending Families as First Teachers playgroups in two remote Northern Territory communities in 2015–2017. Results indicated associations between parents' mastery of the skills increased as a function of program dosage and that higher levels of parent-child participation in the program and the parents' mastery of strategies were associated with children's language and learning outcomes. Gapany et al (2021) concluded that strategies employed in the program supported mothers to embed the different techniques into their interactions with their children. The approach but the mothers' sense of personal agency in relation to their children's learning	

Program	Authors	Jurisdiction	Key outcomes	Program impact	Cost
				and fostered strong identities in the children.	
Tuning Into Kids	Havighurst et al. (2013) Mastromanno et al (2021)	Australian program available nationally	**Parent:** Havighurst et al. (2013) found that despite significant overall changes over time across the four parent outcomes, the only statistically significant difference between the intervention and the waitlist control group was for empathy. Parents in the intervention group used more emotion labels in their interactions with children. Mastromanno et al (2021) reported greater improvements in emotion socialisation practices for parents participating in the program compared to waitlist-controls. **Child:** Havighurst et al. (2013) found that on average, children whose parents had attended the program performed significantly better on an emotion knowledge task at a 6 month follow-up compared to children in the waitlist control group. While not statistically significant, there was a trend for parents in the intervention condition to report greater improvement in child behaviour problems (i.e., a reduced number of problems) than the waitlist control group. Children in both the	The studies have reported that parents in the intervention group reported significantly lower emotion dismissing (p<.01, ES = .16), higher emotion coaching (p<.001, ES =.28), greater empathy (p<.001, ES = .26) and more emotion exploration (p<.05, ES =.10) compared to parents in the waitlist group. The researchers also found the program impacted children's emotion knowledge (p<.05, ES = .13) and compared with waitlist parents, parents in the intervention condition reported significantly lower child behaviour intensity (p<.01, ES = .16).	Information not available

Program	Authors	Jurisdiction	Key outcomes	Program impact	Cost
			intervention and waitlist groups showed improved emotion regulation, reduced emotional dismissiveness and child behaviour problems at 3 and 9 months after baseline. Mastromanno et al (2021) found that children of parents in the intervention group reported more clinically significant improvement in externalising child behaviour problems and decreased anxiety, compared to controls.		

[a] ES = Effect Size

[b] CI = Confidence Interval

Appendix C: parent and child characteristics

Parent characteristics – all parents who enrolled from 2022-2024

Parent area of residence

Regional classification	Frequency (*N*=8,340)	Percent %
Major city	3297	39.5
Inner regional	2616	31.4
Outer regional	1790	21.5
Remote	412	4.9
Very remote	225	2.7

Parent gender

Gender	Frequency (*N*=8340)	Percent %
Female	6578	78.9
Male	1698	20.4
Other	9	0.1
Not stated	56	0.7

Parent age

Age group	Frequency (*N*=8340)	Percent %
17 or below	5	0.1
18-24	295	3.5
25-30	1550	18.6
31-35	2322	27.8
36-40	2328	27.9
41-45	1206	14.5
46-50	306	3.7
51-55	145	1.7
56-60	70	0.8
61-65	61	0.7

Over 65	52	0.6

Parent First Nations identification

First Nations	Frequency (*N*=8340)	Percent %
Aboriginal	1419	17
Torres Strait Islander	61	0.7
Both Aboriginal and Torres Strait Islander	80	1
None of the above	6528	78.3
Not stated/missing data	252	3

Parent cultural and linguistic background

Cultural background (Top 6 reported)	Frequency (*N*=8340)	Percent %
Australian	2940	35.3
Aboriginal	1221	14.6
Indian	356	4.3
Pakistani	293	3.5
Chinese	229	2.7
Vietnamese	174	2.1
Not stated	597	7.2

Language spoken in the home

Main Language Spoken	Frequency (*N*=8340)	Percent %
English	5402	64.8
LOTE	2559	30.7
Top 5 languages:		
Urdu	287	3.4
Aboriginal English	162	1.9
Arabic	143	1.7
Vietnamese	125	1.5
Nepali	118	1.4
Not stated/Missing data	379	4.6

Parent educational attainment

Educational attainment	Frequency (*N*=8340)	Percent %
Year 11 or below	1559	18.7
Year 12	1137	13.6
Vocational (Trade qual, Cert I to IV, Diploma)	2825	33.9
Degree or higher	2440	29.3
Not stated	379	4.5

Parent employment status

Employment status	Frequency (*N*=8340)	Percent %
Full time	1834	22
Part-time	2193	26.3
Looking for work	453	5.4
Not employed	3544	42.5
Declined to answer	151	1.8
Not stated/missing	165	2

Child characteristics – all children who enrolled in HIPPY from 2022-2024

Child area of residence

Regional classification	Frequency (*N*=7385)	Percent %
Major city	2872	38.9
Inner regional	2327	31.5
Outer regional	1598	21.6
Remote	371	5
Very remote	217	2.9

Child gender

Gender	Frequency (*N*=7385)	Percent %
Female	3596	48.7
Male	3747	50.7
Other	6	0.1

Not stated	36	0.5

Child year of birth

Birth year	Frequency (*N*=7385)	Percent %
2014	1	0.0
2016	21	0.3
2017	1242	16.8
2018	977	13.2
2019	1568	21.2
2020	2472	33.5
2021	1104	14.9

Child First Nations identification

First Nations	Frequency (*N*=7385)	Percent %
Aboriginal	1770	24
Torres Strait Islander	58	0.8
Both Aboriginal and Torres Strait Islander	127	1.7
None of the above	5298	71.7
Not stated	132	1.8

Child cultural background

Cultural background (Top 6 reported)	Frequency (*N*=7385)	Percent %
Australian	2510	34
Aboriginal	1490	20.2
Indian	296	4
Pakistani	262	3.5
Chinese	183	2.5
Vietnamese	157	2.1
Not stated	470	6.4

Child language spoken in the home

Main Language Spoken	Frequency (*N*=7385)	Percent %

English	5244	71
LOTE Top 5 languages:	2109	28.6
Urdu	241	3.3
Aboriginal English	182	2.5
Arabic	121	1.6
Vietnamese	107	1.4
Mandarin	107	1.4
Not stated	32	0.4

Child living situation

Living situation	Frequency (*N*=7385)	Percent %
Own your home	2762	37.4
Private rental	2575	34.9
Public/community rental	1370	18.6
Supported accommodation	92	1.2
Caravan park	15	0.2
Decline to answer	240	3.2
Other	320	4.3
Missing data	11	0.2

Child developmental concerns

Parent concerns about child development	Frequency (*N*=7385)	Percent %
No, I don’t have any concerns	4230	57.3
Yes, a little	2578	34.9
Yes, a lot	422	5.7
Not stated/Missing data	157	2.1