

# KEEP THEM SAFE OUTCOMES EVALUATION

FINAL REPORT – ANNEX G  
NSW DEPARTMENT OF PREMIER AND CABINET

JUNE 2014

## REPORT ON CLIENTS' INTERVIEWS



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#### Ethics and police clearance

The Outcomes Evaluation has received human research ethics clearance from the University of New South Wales Ethics Committee. Researchers involved in this project have obtained appropriate clearances (police checks) which are required to work with sensitive datasets.

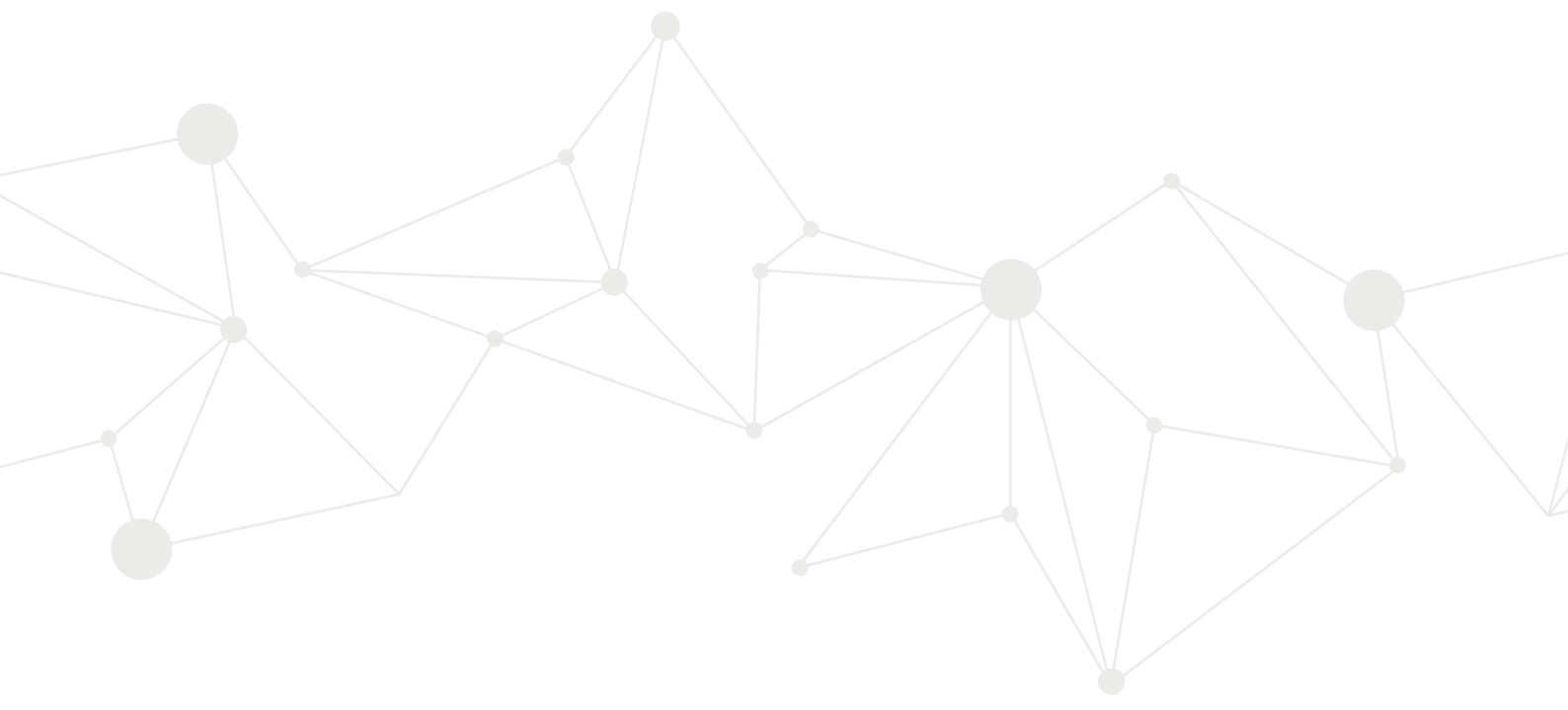


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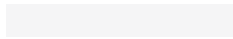
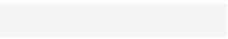


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# 1 Executive summary



The NSW Government has made a substantial investment towards protecting children from harm through its \$750 million Keep Them Safe child protection initiative. Keep Them Safe (hereafter KTS) was introduced in 2009 as the NSW government's response to the Special Commission of Inquiry into Child Protection Services in NSW undertaken by Justice Wood (Wood Inquiry). A detailed description of KTS is provided in Section 2.1 of the Outcomes Evaluation Final Report.

This is one of eleven evaluation reports that make up the KTS outcomes evaluation. The evaluation involved nine separate yet complementary methodologies that were designed to address eight evaluation questions and to analyse the various sources of data available to the evaluation team. A detailed description of the evaluation is provided in the KTS Outcomes Evaluation Final Report.

Keep Them Safe Outcomes Evaluation: Final report

- Annex A. KTS Indicators
- Annex B. Unit record Analysis
- Annex C. Economic Evaluation
- Annex D. Professional Perspectives
- Annex E. Spatial Analysis Report
- Annex F. Synthesis of Evaluations
- Annex G. Report on Clients' Interviews**
- Annex H. Data Development
- Annex I. Other NSW Strategies and Initiatives
- Annex J. Literature Review

This report provides findings from 57 qualitative interviews which were undertaken as part of the KTS Outcomes Evaluation. The interviews aimed at exploring the views of vulnerable parents and carers, and

vulnerable young people, who received services delivered under Keep Them Safe (KTS). A total of 61 participants were recruited through twelve service providers across three case study sites – Murrumbidgee, Mid North Coast and Richmond-Tweed, and South West Sydney. The sites were selected because they represent different experiences in key KTS areas, including funded components and overall investment. As the recruitment method was opportunistic, and therefore has selection bias, the participants in the evaluation are not representative of all vulnerable parents and carers, in particular those not receiving services. The interviews were undertaken either in person or by phone, depending on the availability of the evaluation participants and the fieldworkers between December 2013 and April 2014.

The findings of the interviews suggest a complex picture of family and individual needs, and of pathways into and out of services. Overall, the families that received early intervention services reported substantial benefits both for the parents, e.g. increased confidence as parents and individuals, and for their children. The main outcomes discussed in relation to children were improved behaviours and, in some cases, school performance. These were often achieved through access to a wide range of help and support services, from health, to educational, to extra-curricular activities, which addressed the wider wellbeing of children, i.e. their physical, mental, educational, and social well-being.

The interviews here show the dynamic nature of families' lives and their changing needs over time. The experiences and views of families who were voluntary referrals to services are very similar to those who were mandated to use the service because their children were at risk of significant harm (ROSH). Many families who were voluntary referrals had had children at ROSH in the past. This report reinforces the fact that families in the statutory system are very similar to those who are not, and the distinction between ROSH and non-ROSH is often very minimal.

Public housing, Community Services, Centrelink, and medical services in rural and regional areas were often described as difficult to access and expensive. Such issues of accessibility and responsiveness, i.e. knowledge of the available services and capacity to answer the clients' needs in a timely and effective way, can represent important barriers to improving the health and wellbeing of vulnerable families, particularly those who are living in remote areas and those who have experienced domestic violence. Support workers from non-government organisations (NGOs) often provided important brokerage with other services, particularly in relation to facilitating access to social and community housing, educational and professional courses, and Centrelink.

The participants considered the friendly and inclusive approach of NGO support workers as a key aspect of the help and support they received, and this often formed the basis of their engagement in relevant intervention programs. Nevertheless, the interviews showed high levels of social isolation among the participants that did not seem to be systematically addressed through specific interventions aimed at connecting clients with existing community support groups. Although services were often very responsive in delivering help with financial issues, from emergency cash to household furniture, there seemed to be a gap in the capacity of service providers to offer a systematic transition of clients out of their support. This element is particularly important considering the short-term nature of the services and interventions.



## 2 Methodology



We selected three regions (Murrumbidgee, Mid North Coast and Richmond-Tweed, and South West Sydney) to collect information from vulnerable parents and carers. This information related to six indicators in the population outcomes indicators report, for which no data sources are available:

- 7(a) Proportion of parents in vulnerable and at risk families reporting that they feel more confident to care for their children
- 8(b) Participation in child and family programs and services to meet the specific needs of vulnerable families
- 9(a) Proportion of vulnerable and at risk families who report that they consider targeted support services to be relevant to their needs
- 9(b) Proportion of vulnerable and at risk families who report that they found services to be accessible and appropriate
- 9(c) Proportion of vulnerable and at risk families who report that they consider systems and services to be responsive and timely
- 9(d) Proportion of vulnerable and at risk families who report that they consider that services are culturally appropriate and inclusive.

Parents were recruited through 12 NGO service providers and, in one case, Community Services. The recruitment was opportunistic; the sample has a selection bias in that all participants were recruited through frontline case workers. In this sense their experiences and perceptions are what we would expect from those who had an overall or an immediate positive experience of KTS.

**Table 1** NGO service providers that recruited participants by case study site

Case study site	NGO service providers
South West Sydney and Macarthur	Anglicare Family Services, Sadlier; Family Resource Centre, Fairfield; Family Support Service, Campbelltown; Burnside, Campbelltown.
Mid North Coast and Richmond-Tweed	Community Programs, Grafton; Indigenous Community Links, Lismore; Young Women's Accommodation Service Family Support Network, Lismore; CRANES, Grafton; The Family Centre, Tweed Heads; Community Services, Tweed Heads.
Murrumbidgee	Mission Australia, Wagga Wagga, Cootamundra and Albury; Centacare, Wagga Wagga.

## 2.1 Analysis

Interviews were recorded, transcribed in full and analysed using a thematic approach. This entailed identifying, analysing and reporting themes within data. The themes within the data were constructed using a coding frame which was developed based on the population outcome indicators (7a, 8b, 9a, 9b, 9c and 9d) presented above, and then refined using open and axial coding, i.e. labelling portions of the interviews to summarise their content (codes) and then identifying relationships between the developed codes. A sample of interviews was double coded independently by two researchers until consistency in the interpretation of the codes was reached. Key cross cutting themes were described and reported using direct quotations from the interviews.

## 2.2 Terminology

For clarity, NGO workers are described in this report as 'support workers' and Community Services workers are described as 'caseworkers'. However, the extracts of the participants have not been edited and so may refer to caseworkers for both NGO and Community Services workers.

### 3 Characteristics of the participants



Fifty-seven interviews were undertaken across the three case study sites, involving a total of 61 participants (four interviews were with couples). The sample included five vulnerable young people aged under 18 who are referred to as 'young participants' in the report. These young people are important because many had experienced difficulties in their own families of origin and/or have been under the care of the child protection system.

Some socio-demographic information regarding the participants can be found in Table 2. The majority of participants were female, recipients of social security payments, and received services on a voluntary basis (e.g. self-referrals) so were below ROSH.

<b>Table 2</b> Participant characteristics		
Participant characteristics	N	%
Gender		
Female	51	84
Male	10	16
Client status		
Parent	57	93
Young person	4	7
Employment status		
Employed	7	11
Social security benefits	38	62
No information	16	26
Referral path to services		
Mandatory	27	44
Voluntary	34	54
Geographical location		
Murrumbidgee	19	31
Mid North Coast and Richmond-Tweed	20	33
South West Sydney	22	36

Note: Total n=61. Information on employment status and type of referral is based on the information provided by participants during the interview. Figures may not add to 100 due to rounding.

## 4 Clients’ views on help and support



The findings are presented under two main sections. Section 4.1, Client outcomes, focuses on the types of needs families expressed and whether they felt their needs were met by the services they were in contact with – indicators 7(a), 8(b) and 9(a). Section 4.2, Process elements of outcomes, reports on the factors and processes that facilitated the achievements of the clients’ outcomes, e.g. service accessibility, responsiveness and appropriateness – indicators 9(b), 9(c) and 9(d).

### 4.1 Client outcomes

This section explores the types of needs families expressed and whether they felt their needs were met by the services they were in contact with.

The participants presented a wide range of needs and accessed different types of services. Table 3 reports the main types of help that the participants mentioned in the interviews, showing that the majority of them received parenting, health, and financial support from the NGOs. Participants received on average help with four of the nine types of help reported.

<b>Table 3</b> Types of services received by the study participants	
Services received	N
Parenting support	44
Health and medical assistance	35
Financial assistance	34
Life management skills	28
Transport assistance	19
Housing assistance	18
Food assistance	17
Furniture and household wares	15
Legal advice	13

Note: Information based on the information provided by the participants during the interviews.

The remainder of this section is divided into five parts which report on the main themes that were generated through the analysis of the participants' outcomes:

- 'Feeling more confident as parents and individuals';
- Improvements in children's behavioural issues and wider wellbeing outcomes;
- Meeting housing, financial and basic needs;
- Promoting healthy personal relationships and environments;
- Social isolation and need for social support.

These five themes explore the participants' views on how helpful and effective the services they received were respectively for themselves, e.g. their parenting; their children, e.g. their physical, social and development well-being; their material circumstances, e.g. their housing and household needs; and their wider social well-being; e.g. their needs for social connectedness and social support.

#### **4.1.1 Feeling more confident as parents and individuals**

The participants talked extensively of how the help and support they received helped them to achieve four main outcomes that they valued as individuals and parents. First, the majority of participants reported that they felt more confident in themselves as parents and/or individuals. Second, their experiences of increased confidence were often referred to as an important motivator for changing their life circumstances and for exercising personal agency through pursuing new goals and life plans, e.g. taking up educational and professional courses and looking for employment. Third, in many cases

parents reported that the parenting skills and strategies they learnt through the courses and interactions with their support workers were effective and helped them to be more effective and constructive in their relationships with their children. Fourth, when they received services for children, e.g. support for extra curricular activities and homework they talked of how the services helped them to address and improve wider, important aspects of their children's wellbeing.

Feeling more confident was an outcome reported by both men and women across the three regions, regardless of why they started using the service. The increases in confidence ranged from small incremental boosts in relation to parental skills, as shown in the first two interview extracts below, to significant boosts in confidence and dignity, as shown in the third extract:

"[The courses] helped me know that I wasn't alone in how I felt, because I guess every mother has doubts to how they're parenting. It just gave me new tools. I mean I was 41 when I had my son, and he's my only child. I think it just gave me, encouraged me that I was doing the right thing a lot of the time. I learned stuff as well."  
(Mother, 1 child, voluntary referral)

"[My case worker] has worked to make me feel better as a mother, that I am a good mum. She's always reminding, you're a very good mum, you're a very good mum, don't put yourself down. She's really lovely like that, and yeah I have improved."  
(Mother, 3 children, two in care, mandatory referral)

"Now when I go and stand in front of a Judge and get judged, and peoples' first impressions of me aren't always good, but I can now honestly stand in front of the Judge and confidently say this, "Yes", "Yes", "Yes", "No, that is my responsibility". I can accept responsibility, I can stand my head tall and, like I said to them, even if I don't end up winning this custody case, I'm going to win because I've learnt so much and they've taught me so much, and even if I didn't get to keep my children, I've still learnt and I've got the experience."  
(Father, three children, mandatory referral)

Many participants articulated what this boost in confidence meant in their lives and often referred to it as a trigger for a more positive, optimistic view on their capacity to overcome their difficulties; this in turn helped them to engage with change in their personal and familial circumstances. These experiences suggest that in most cases the services were able to offer support that met the material and psychological needs of the participants:

"When there's domestic violence or there's problems in the house with anyone, you feel a little bit weak and you couldn't be bothered with anyone or anything. But when you do get the help from (the agencies) it does make you feel that because they're helping you, you know that you can get through things. So it's easier."  
(Mother, 3 children, mandatory referral)

"The biggest thing at first that they helped me with was to talk, because I'd had so much bottled up, and more than anything, my caseworker has given me the confidence and made me believe I can do things, and that I am a good mum, which I felt I wasn't

for a long time. That was the biggest thing that has sort of led to other things.”  
(Mother, 3 children, voluntary referral)

“[Through various services I’ve accessed I’ve learned different strategies to dealing with meltdowns or violent episodes and things like that. I feel a lot more able to cope with it, whereas not having the services before, it was very daunting and very depressing... wondering why these things are happening and why your child’s behaving the way they are, and other people thinking oh, they’re so spoilt. But they’re not, they have problems. So yeah being able to find other people that understand those things is a good support base, especially for parents who constantly are judged, so in public, with your child, and things like that.”  
(Mother, 2 children, voluntary referral)

Improved confidence and motivation as a result of the help and support received was an outcome that was reported also by young participants. Regardless of whether they were parents to be or did not have children, younger participants talked extensively of how the help and support they received from services was helping them to gain motivation to pursue objectives that they already valued, as in the first interview extract below, as well as to explore possible relevant options for those who did not already have clear goals and plans, as in the second and third extracts.

“[The help and support] does make me feel more confident about myself and about what I’m doing in life. Without their support [of the support worker] I wouldn’t be studying. If I wasn’t studying my education skills would drop and I’d just feel low, I wouldn’t feel happy, I wouldn’t feel who I am, likely yeah I wouldn’t be taking medication without people reminding me. I’m always smiling, when I’m finished, I’m always happy. I’m never put in a bad mood by them.”  
(Young person, voluntary referral)

“If it wasn’t for the support I have had I wouldn’t be as happy and as stable as I am. I’d probably be really stressing out, sleeping on my mum’s couch every night and not knowing what to do and probably not studying. I definitely wouldn’t be studying, I wouldn’t really be doing anything.”  
(Young person, voluntary referral)

**Female participant:** “I think it’s like more motivation for [him] too rather than confidence. Like [the service provider] is just, I don’t know, motivated him to do more stuff, like go down better pathways. Yeah.”

**Facilitator:** “So how do they do that...?”

**Male participant:** “Yeah it was talking, helping me with the work, kind of all that.”  
(Young couple, voluntary referral)

The ways in which services were able to help younger participants to achieve these outcomes are explored in the second part of this report, ‘Process elements of outcomes’, in the section ‘Young clients’.



#### 4.1.2 Improvements in children's behavioural issues and wider wellbeing outcomes

Many parents talked of how the help and support they received, through parenting courses and talking to their support workers, often resulted in noticeable and significant improvements in their children's behaviour at home and at school:

**Interviewee:** "Before my son wouldn't listen at all. No matter what I did, all he ever wanted to do was go to school, come home and go out and play. He wouldn't want to do his homework, he wouldn't want to come in for a shower, he wouldn't want to eat, nothing. Now, he comes home, he does his homework has his shower in the afternoon and after he's gone out and played, he comes in for dinner, you know, yeah – he listens now."

**Facilitator:** "Why? What's changed?"

**Interviewee:** "The routines – we've got routines in place now, and now we've got boundaries and he knows what he's allowed to do and what he's not allowed to do. Me and (the case worker) came up with them together. I sat down and told her what the problems were, what was stressing me out, and we both – like, I knew what I had to do, I just couldn't seem to get it to work, right? [...] So she gave me some tips on implementing the things, you know?"

(Mother, 2 children, mandatory referral)

"My youngest, three year old, she just wouldn't talk to anyone, but she'd be around, and would run and run and run non-stop. My 11 year old, she can get quite violent, and all that is just slowly improving. My 11 year old hasn't thrown anything at my head for like a month or two now. My three year old can actually sit there for half an hour or so before she – it's just big improvements. There's just lots of little things. We finally feel like a family, and I feel like my kids are finally safe, whereas I was screaming and crying all the time. Now we can go out to dinner or we can go to the park without there being World War Three, and it's all them big improvements, but I don't believe I would have been able to do it without these guys ... I didn't think there was any hope for us at all. But now I do."

(Mother, 3 children, voluntary referral)

One mother noted how her children noticed the change in her own behaviour towards them, suggesting that they felt that the strategies she was adopting were effective:

"I learnt a lot through them [the parenting programs]. I learnt a lot of different strategies. I stick to whatever I try until I actually see the results and then I can perfect it from that. The boys don't like it when I do that. They'll tell you straight, don't give mum any new ideas."

(Mother, 8 children, 1 in care, mandatory referral)

In most cases improvements were associated with attending parenting courses and getting structured and complete information on parenting styles and strategies. In many cases the participants reported as very helpful the knowledge and information that they gained from simply talking with their case workers who were able to suggest strategies and ideas on how to establish better house rules, improve the

communication with their children and, ultimately, better understand and engage with their perspectives and needs:

“The courses helped my wife and I a lot to have a bit more patience than we used to and, you know, to be able to give him [their child] that little bit of a chance. Yeah, it’s done good, like you know, he (the son) has settled down a lot. We used to have to talk to his teacher every afternoon – every afternoon she’d walk out and you just knew by the look on her face that she wanted to see us or not, so yeah. It’s only been a week and a half, but he’s gotten merit awards and he hasn’t gotten in trouble once, so he’s doing very, very, well this year.”  
(Father, 2 children, voluntary referral)

“I’ve got some really strong personalities in the house. I think I’ve changed the way I deal with it. I used to get fairly angry quite quickly, so it’s taught me to stop doing that. I’d start getting, you know, noisy and loud and carry on. Everything I’ve done through [the service provider] put me in a position where I can actually better deal with that stuff and not get as cranky, yes.”  
(Father, 6 children, voluntary referral)

“The courses they offer here, amazing. Like the anger one, the child confident parenting. I want to attend every single one of them, because every single one of them – I’ve only been to three I think – I learned so much about myself and about the kids, why they’re reacting, why am I reacting.”  
(Mother, 3 children, voluntary referral).

In some cases, the participants reported receiving help and services in relation to specific needs, such as support with homework, in-home childcare, and access to extra-curricular activities. These services often benefited both the parents, who were able to cope better with their responsibilities, and the children, engaging them in activities which promoted their wider wellbeing:

“They’ve also helped with my daughter. I can’t afford to put her into any sort of activities outside of school so they’re paying for her to do dance classes ... It’s good because it’s given her an outlet for after school because I just couldn’t – I was doing swimming lessons with her. But it was getting to the stage \$200 a term. It was just a lot of money ... One lady’s got five children and they’ve helped her with the kids doing gymnastics or sports and paid for them. So we’re so lucky to have these facilities here.”  
(Mother, 3 children, mandatory referral)

“So they did cleaning, kids at school, and their homework, because I couldn’t do their homework because I couldn’t fill out forms ... Because homework is hard. High school homework I don’t, half the stuff I don’t even understand.”  
(Mother, 3 children, voluntary referral)

“[It certainly has changed my life. I didn’t realise that I didn’t have a support group here. Like all my friends and everyone is in [different town], and with the newborn, and I just went under, and with [name of child] we’ve since found out he is

preliminarily diagnosed as ADHD and Autism, and I wasn't coping. Yeah so their help – the in-home childcare, I've got that for 13 weeks, that saved us, especially through the holidays...."

"It made a huge difference for him [the child] to have someone else, not just me, and because we are so alone. For me, just to get my head around it, it's been a massive big help. Yeah the 13 weeks are up now."  
(Mother, 3 children, voluntary referral)

However, all these services were time limited and it was not clear what type of transition mechanisms were in place to help the participants find alternative forms of support. This issue is related to the apparent limited capacity of services to connect the participants with existing social networks of support, e.g. homework clubs, which is further discussed below and in Section 4.2.

Although improved confidence in parenting was an important outcome for most participants with children, some interviewees did not consider their confidence as a parent had been low in the first place. This was often the case when the reasons for which the clients approached or were referred to services were specifically financial or health related, rather than family or relationships issues:

"My husband passed away at 33, had a massive heart attack, so I had three children to him. I've more or less reared them and of course my other one to another person but he doesn't have any contact with her. I don't think my parenting skills are that bad."  
(Mother, 4 children, voluntary referral)

"[I've always felt confident with him [my son]. Like, if it wasn't for his hearing, I don't think there would have ever been tension or stress ... I've never had a confidence issue with him."  
(Mother, 1 child, mandatory referral)

These participants talked more extensively of how the services addressed their specific health or financial needs, which are discussed in the following section.

#### 4.1.3 Meeting housing, financial and basic needs

Most participants felt housing stability was critical to their wellbeing and capacity to care for their children. A significant number of participants reported moving areas in order to get public housing and thus stabilise their families. The quality of the housing was variable and sometimes impacted on people's capacity to provide a healthy environment for their children:

"I really appreciate [the service provider] for putting me in it but they still should have made it liveable, yeah ... the reason why the windows ended up getting fixed was because one of the windows was in my bedroom and me and [my daughter] sleep in the same bed. This one night, for some reason, she slept on the opposite side of the bed than she usually does. I got in my side of the bed. It was a really windy night and the window popped through and hit me in the side of the face and sliced my eye. That

was it. I got on the phone and I said to [service worker], 'I am not getting off this phone until something's done. That could have been my daughter's head, not my eye.'"  
(Mother, 3 children, voluntary referral)

The majority of the participants expressed satisfaction with where they lived. However, many noted that they needed to keep to themselves in the area where they gained public housing because the surrounding neighbourhood was unsafe. In this sense, some of the interviewees experienced a trade-off between stable housing and social isolation.

Provision of help with housing was particularly important for those participants who left their homes as a result of domestic violence. In these cases, many participants reported staying at family members' and friends' homes in the immediate aftermath of the domestic violence crisis. Sometimes, their experience of housing instability lasted for extended periods of time before they were able to find independent accommodation. These situations, coupled with the emotionally intense phase they were experiencing, were a source of major stress for the participants, particularly when the new cohabitations generated strain in relationships and raised issues and concerns regarding the wellbeing of the children, as in the case below:

"I was with a partner, and DV [domestic violence], so then I moved in with my mum, me and my kids were looped around friends, family and that for about a year, and then with [name of agency] and [name of agency] they helped me get my own place..."

"My mum was a lot old-school, how we grew up, and I don't believe in smacking my kids, and things like that. Big head clashes. Our relationship wasn't so great."  
(Mother, 3 children, voluntary referral)

In other cases, participants could not rely on family members and found themselves homeless or at risk of homelessness:

"Initially my family wouldn't even take me in, the kids were that misbehaved. I spent a few days in the car on the side of the road... I didn't have anywhere to stay, I left with a car and the two kids."  
(Mother, 2 children, voluntary referral)

The factors that facilitated or hindered the accessibility and responsiveness of housing services are explored in Section 4.2.

As shown in Table 3 many participants received financial help. This could take various forms, including help towards the payment of utilities, fees for enrolment in educational and professional courses, the provision of household furniture and white goods, and transport. The participants talked of how these forms of help were often essential to resolve sudden crises that could lead to negative wellbeing, for example not receiving social security benefits, not having money to buy food or pay a bill, or moving into a new tenancy without any furniture:

"Well there's a lot of useful things ... if I ever get stuffed around by Centrelink payments or something and I end up with no money and no food or if I'm left really

struggling, they'll help me. They'll say well okay we can help you get some groceries for this week or something like that. No matter what they will always try and help.”  
(Young person, voluntary referral)

The factors that facilitated access to this type of services and service responsiveness are discussed in Section 4.2.

#### 4.1.4 Promoting healthy personal relationships and environments

Three study participants talked of the help they received to address hoarding behaviours that were causing cluttering in the house and hygiene issues. This type of help was particularly important to help the participants create a safe and healthy living environment for themselves and their children:

“Having [the support worker] getting rid of the cockroaches, getting rid of that ... telling me what to do and how to stop it by cleaning the benches, making sure the – like, you know, you've got all the stuff cleaned ... I was saying yes to everything and the kids were finding things on clean ups, and I was just – and now I'm finally saying to myself, 'I have a problem'. So I do, I get rid of the – I'm only down to one more room and then I'm so proud because if I didn't have that I'd probably be a clump, you know, with a big clutter of mess ... it'd be a clutter.”  
(Mother, 3 children, voluntary referral)

“[The support worker] came over last week and she was helping me just go through some stuff that – like you need to – because the house was a bit cluttered ... It's like a big issue in the house, but it's – like I don't know if everybody that gets a caseworker will get that type of thing. But it was just [the support worker] knows a little bit about it and she's kind of helped me to realise that okay, we need to get rid of things that are not necessary.”  
(Mother, 2 children, voluntary referral)

Although these issues were reported only by three participants, they show the wide range of health and well-being issues that support workers deal with in their everyday work.

#### 4.1.5 Social isolation and need for social support

Many participants had often moved accommodation and, in some cases, relocated to new areas. In many instances, changes in accommodation and place were related to the need to move away from difficult relationships. As a result, many participants reported significant levels of social isolation that manifested in reduced social networks, low social support and, in some cases, reduced confidence:

“[Especially in this town because there’s nothing to do for any age at all. There’s no facility to have anybody to do anything. Like, they tried to do like a PCYC [Police-Citizens Youth Club] here, but they haven’t run it for a little while and then there’s always someone that ruins it and they stop it. It’s hard for around here and that’s why there’s a lot of stuff that goes on around this town.”

(Mother, 3 children, voluntary referral)

“I felt confident before we came to [name of town], and then I sort of lost my support group, and I became very less confident, and of course [my son] became more difficult as well and becoming isolated, that was a huge thing, and health wise, my own health. But you know there’s contact with [service provider] and the help that we’ve gotten. Our life has changed totally, yeah.”

(Mother, 3 children, voluntary referral)

Some participants reported that they met new people through the parenting courses they attended. However, these relationships were described as acquaintances rather than friendships:

“I did Positive Parenting and they also have ten, maybe twelve people in that ...”

“Some of those people I still see down the street and we can catch up with and say, ‘How you going?’ and I say, ‘I’m going all right,’ you know.”

(Mother, 5 children, voluntary referral)

Overall, it seemed that the social isolation of the participants was not addressed in a systematic way through specific interventions. There seems to be a gap in the capacity of services to connect people to existing community networks of support, e.g. time banks, homework clubs, etc. These networks can help clients in the process of transition from service delivery to autonomy. This issue is further discussed in the next part of this paper in the context of the participants’ views on the accessibility, responsiveness and cultural adequacy of services.

## 4.2 Process elements of outcomes

This section reports on four main themes that were generated from the analysis of the processes that facilitated the clients’ outcomes:

- ‘Service accessibility’, which explores the participants’ pathways into services;
- ‘Service responsiveness’, which explores the timeliness of service responses;
- ‘Young clients’, which explores how services helped young parents or young parents to be;
- ‘Cultural appropriateness’, which explores the experiences of participants from Aboriginal and culturally and linguistically diverse communities.

#### 4.2.1 Service accessibility

Participants came into contact with early intervention and prevention services both through formal mechanisms in the universal, secondary and tertiary systems and through informal social networks, such as friends who were already using services.

Overall, once the participants were accepted on a program they were promptly allocated a case worker who started working with them, regardless of how they accessed the service, whether voluntarily or as a result of a mandatory requirement. However, participants who were referred by Community Services and those who contacted the services or accepted their support on a voluntary basis often reported having different knowledge of available services and different capacity to access and navigate the service system.

Participants referred by Community Services typically expressed surprise at the extent of the service system once they came in contact with it. Some families who had their children taken into care reported that they had been unaware of what supports were available in the community until the circumstances in their home had become of significant risk to their children; they regretted not having accessed the help and support at an earlier stage.

“Consequences, discipline, all that kind of stuff I never know how to do that in my past. That’s where I got upset with my little girl, where I did need help instead of them taking my little girl away. I did need help because she had a lot of behaviour problems.”  
(Mother, 5 children, 1 in care, mandatory referral)

“I live here, I have for the last few years and I had no idea of what services are provided in my own backyard until I met these guys. I mean there’s so many services here.”  
(Mother, 8 children, 1 in care, mandatory referral)

In many cases participants were referred to support services through the universal systems of health (general practitioners, psychologists and paediatricians) and education (school counsellors). Most of the participants who used the health system as a source of information about parenting and child development lived in one of the regional case study sites. While the health system worked well for these families as a source of information many were frustrated at the difficulty of accessing specialist support services in the country. A number of these families reported that that they might have to travel up to 100km to access the appropriate service. Some noted there was a travel allowance to be paid to the service providers that increased the price of specialist services, creating a substantial financial barrier to seeking support.

“There was a travel allowance, and instead of – because they make a day when they come to [town] and they see a heap of families. But instead of you having one travel allowance and splitting it between the families, no they charge the travel allowance to each and every family ... It’s just difficult with the services, especially round this area, getting access. There’s long waiting lists for the free stuff, and then well, speech therapy of course just in excess of \$70, occupational therapy’s \$120, and yeah. We can’t afford that lot of stuff.”  
(Mother, 2 children, voluntary referral)

Participants who contacted support services delivered under KTS on their own initiative (self-referrals, non ROSH) typically had established help-seeking behaviours and knew that there were services available. The main ways in which they found out about support services were word of mouth (some lived in communities where many people used services) or traditional communication mechanisms such as leaflets in doctors' surgeries.

In many cases the participants reported contacting several different support services before being able to identify one that could address their specific needs. This was usually described as a frustrating and emotionally intense process which entailed explaining their situation to each service provider and, in some cases, facing an exacerbation of their problems before they were able to receive help.

"I was staying with my mum, and basically I had rung Vinnies, Salvos, all them places, and they were giving me names of different people and it was actually the Salvos that gave me [the service providers] phone number... I mainly got lots of phone numbers at the start ... That was hard. I broke down when I came in here. I'd had enough. I thought that was it. At that stage, we'd actually left mums and were at the women's refuge."

(Mother, 3 children, voluntary referral)

Some participants felt that they were given too much information and no support to filter it and turn it into the action they desired. For families who did not really know what was available and how the system worked, service accessibility was strongly related to the service responsiveness at the point of their early help seeking attempts.

"[The service provider] made me strong, because I didn't know where to go. I went [to other services] and they were just confusing me and [my case worker] actually helped me with [access to services] and she helped me with the Department of Housing and she got me on the Start Safely Program through things like that and without that, I wouldn't be able to survive."

(Mother, 5 children, voluntary referral)

#### **4.2.2 Service responsiveness**

This section addresses the question of whether the services were delivered to families in a timely manner from the first point of contact and explores the notion of service responsiveness. This notion of responsiveness encompasses the idea that services and service packages can be tailored to meet the needs of individual families over time, often reflecting the quality of the relationship between the case worker and client.

In many cases participants described different levels of responsiveness from different arms of government and between the government and NGO sector. This section explores the perspectives of participants receiving services from NGOs, Community Services, and other government organisations with a particular focus on the experiences of young parents and whether the services are culturally appropriate for families from culturally and linguistically diverse backgrounds.



### NGO support

The parents talked extensively of the help and support that they received from NGO agencies. This help ranged from very intensive weekly and sometimes daily support with day-to-day needs, brokerage with other organisations, and referring families to parent education and professional development courses. They often described their experiences in very positive terms, stressing that they found interventions recommended by case workers, such as parenting and personal development courses, very useful. Many also commented on the broad range of supports and advice they could get from their support workers suggesting that brokerage between families and a range of services was necessary for many families when they had few resources and complex needs. As indicated in Section 4.1 the types of support ranged from helping people manage bills, finances and basic aspects of independent living, and offering a sense of social connectedness for those who were socially isolated.

Most of the participants interviewed indicated that their NGO support workers returned their calls and responded to their practical and emotional requests for support in a very timely manner. Many had come to expect a response from workers within a 24 hour period and found this turnaround very helpful in managing their own responses to crises and challenges in their everyday lives.

“Before even writing the actual plan out, she briefly got off me what the two main things were and accomplished them before we’d even made that into the planning; that’s how quick she was responsive. And then she really helped out with Christmas too, because financially it was pretty hard. They helped out with just some gifts and that for the kids that they could do, also a couple of vouchers and that which helped out with the food as well as some presents for Christmas. And she’s by my side when I’m at the Court case as well, she goes there with me, and she’s just a really good help, like, all round.”  
(Father, 3 children, mandatory referral)

“I’ll get on the phone and I won’t hesitate ringing her if I’m not sure or if I need to find out about this, that or anything else.”  
(Mother, 8 children, 1 in care, mandatory referral)

Often people had a specific support worker but many stated that if their worker was unavailable for some reason they felt they could trust others in the same organisation. For many the timeliness, reliability and breadth of this casework support was a new experience.

Parenting courses (Triple P, Kids in mind, 123 Magic, Circle of Security, and so on) were staple activities in the support packages offered by NGOs. Most parents interviewed indicated they felt strongly attached to their children but had difficulty managing their children’s behaviours. Many participants articulated that they needed one on one support to follow up material delivered in courses and to use different strategies in their everyday interactions with their children. Participants described support workers working with them in their homes to set up consequence systems that were clearly visible to both parents and children.

A number of participants with highly complex needs described support workers assisting them to manage everyday tasks they found overwhelming such as managing rubbish around the home, getting children to school, managing bills, as well as dealing with difficult relationships.

Almost all the interviewees talked in a very appreciative and complimentary way of their NGO support worker and reported having very good relationships with them. The attributes that made their support workers effective were regularly named as being non-judgemental, reliable, and quick to respond. Many participants described their relationship with their support workers as one of friendship because they could call on the support workers in an emotional capacity when needed.

“Even my son loves it when Sylvia comes over, yeah. He tells me the other day, ‘Mum, ring Sylvia. Tell her to come over and play the PlayStation with me’.”  
(Mother, 2 children, mandatory referral)

Some participants articulated their own needs in terms of the type of supports that go with established social networks and described their situations as breakdowns in social relationships and support. As discussed in Section 4.1 these needs did not seem to be supported by interventions in a systematic way. While offering support is clearly part of the professional role of NGO support workers many families talked of their support workers as if they were their primary source of support and social relationships, which indicates significant levels of social isolation among clients.

“No, I’ve just been very, very grateful. I definitely wouldn’t have survived without it. It was a very rough year, and as it was, there was a lot happening. We’d moved to a new town, new school for (daughter’s name), my dad had died, another family member had died, and then we had other deaths in the family as well. My aunty two weeks later. So it wasn’t all just you know behavioural issues or – we were also going through grief and we didn’t have a support network. Yeah so there was a lot of things to take into account and go through those things helped us.”  
(Mother, 3 children, voluntary referral)

The ongoing experience of having support without judgement was a transformation for some:

“There’s no judgment at all. I’ve never felt judged or felt like I couldn’t – obviously at first it was a bit hard talking to a stranger, and it took us quite a few sessions to get it all out. But now I could – when I rang up about the TAFE fees I wasn’t embarrassed about it, I had no shame in it, and I knew she wouldn’t give me a big lecture or anything like that. But also, they have – they come across as friends. So even if you ring up and say I’m really sad today, they’ll have a conversation on the phone if they’re not really busy, and you’re a person. You’re not just another number, it feels like you’re an actual true person.”  
(Mother, 3 children, voluntary referral)

As mentioned in Section 4.1, the efforts support workers put into building trusting relationships with clients supported families to take up ideas they might have otherwise resisted or not come up with.

“We’re getting them counselling and the girls have helped me to get to the right paths. [Child] was diagnosed with ADHD and I would never have got him diagnosed if it wasn’t for [the support worker] saying, ‘Let’s take him to the paediatrician and see.’ ‘Let’s see what happens,’ you know so she led – like not led me down that path but she encouraged me to get that help. When you get so busy with all the kids you

just sweep it under the carpet and you think, 'He's just a boy,' and it was all about his diet and doing little things like that so [the support worker] helped me with that and getting diet plans and that and it's just been great with that."  
(Mother, 5 children, voluntary referral)

When participants felt like they were well supported, they could exercise agency in the supports they took up and make plans for the future.

"They've got really good courses coming up. My caseworker just goes, 'Okay, well this one here will help you out, I'll book you in, and I'll come and pick you and your daughter up, she can go to day care here, you go and learn different things on how to manage your stress levels and actually know what your kids are thinking and all that.' Yeah, I've only used these guys, like, this is what I'm going to use. If any more courses come up I'll come and do them, but once until [my child] is old enough to go to school and that, and then I'll be going to TAFE."  
(Mother, 3 children, voluntary referral)

Some of the issues families had with service responsiveness were related to the short length of the programs relative to need. Families were eligible for programs for specific periods and were sometimes moved on before they felt they had met their needs. Others felt that on some occasions they received help and support by more than one support worker at a time, which they felt generated conflicting messages and entailed too high expectations regarding change.

"We were getting one counsellor Monday, and another counsellor on a Friday, and they had different opinions, and I was like, 'Well, I can't do it that way within a couple of days, and you're telling me to do it this way.' I said, 'I need to get rid of one of you and do it this way for a few weeks or a month or so, see if that works, and then we'll try it another way.' It all just went downhill."  
(Father, 4 children in care, mandatory referral).

#### Community Services caseworkers

It is important to note that Community Services case workers have a different role to NGO case workers. Nevertheless, many participants described their experiences with NGOs as responsive in contrast to their experiences with Community Services caseworkers which were unresponsive. While there are some exceptions, most expressed these dichotomous experiences as lasting well into their casework period.

"Well, I mean, we don't really deal with our DoCS worker much because she's never there; that's one of the problems, you can never get a hold of her if you need anything. She goes on leave that many times, like, she'll go away for weeks and then she'll ring and, you know, she wants you to jump and do this and do that, but hang on, we've already got things organised. That's why we like working with [other case worker] every week; we know where we're at every week."  
(Mother, 5 children, mandatory referral)

Concern at having come to the attention of the authorities sometimes prevented the parent from taking on information about services and supports available. Maintaining dignity and being prepared for the first encounter was important for families, and some expressed anger where they felt this was badly managed. One parent recalled her experience of Community Services arriving to speak with her at home:

“No, we’re from the Department of Community Services.’ I said, ‘Okay.’ I mean it didn’t worry me and I was dressed but I had my dressing gown on because it was cold. There was one lady who kept saying, ‘We need to speak to you privately,’ and I said, ‘That’s okay, my friend is here, I’ve known her for 25 years there’s no drama there, you can talk in front of her,’ and she goes, ‘No, we have to talk in private.’ I said, ‘Well I’m not kicking them out of the house so we’ll sit out the front and have a talk.’ When I explained what was going on it was, I think it was very eye opening for them. I said, ‘Look, I’m entitled to have an advocate here, so you can make an appointment for next week so I can have someone present.’ Because I didn’t know what they were going to do. I didn’t know if they were going to have a go at me. Like you get defensive in that sense, like am I a good parent or am I not a good parent.”

(Mother, 3 children, voluntary referral)

Some whose children had been placed in care felt that Community Services had not helped them access support services even when they had appealed directly. One father of four, whose children had been taken into care, reflected back on his attempts to access respite care, even when linked in with an NGO, without success.

“I sort of got no help whatsoever. I even went into DoCS and tried to get their help; they wouldn’t even help me. Family Support, they helped me to a certain extent, but they couldn’t help with that. Considering that we did ask for the help but we couldn’t get the help we needed, it got to the stage where we’ve lost our kids. Like, we were getting help, but the help that we wanted help with, that’s what we needed but we didn’t get the rest of it.”

(Father, 4 children, mandatory referral).

Accessing services was sometimes left for families to initiate even when their children were at ROSH. One family in this situation had been told by the Community Services case worker that there were support services available but they were not able to take in the information. One parent who had moved between periods of coping and periods of not coping noted that when there was a lot going on it was not always possible to take in information. These cases suggest that in some instances parents need several attempts and modes of communication for the information to be properly processed.

“At first there was a communication breakdown, we didn’t know we had to contact Brighter Futures, we thought they were contacting us. But we later found out the social worker said they had mentioned it. It was there in the reports and in writing.”

(Father, 2 children, voluntary referral)

The capacity and placement of Community Service caseworkers in the systems means that they can be important sources of information for families, if families are approached sensitively.

“My ex-partner (and I) were fighting a lot when he (my son) was born and I had a DoCS worker and she was really good. And she was taking me to my appointments and stuff like that and she referred me to the young women’s accommodation so that I could get out of the relationship that I was in. It helped, because you’re not allowed to have males over, and he was like if you started anything you’d be removed and they would do it for me.”

(Mother, 1 child, mandatory referral)

Other participants spoke of frontline workers in other government services, particularly Housing NSW, as unresponsive and indeed undercutting their confidence and sense of self.

#### Other government services

As discussed in Section 4.1, a significant number of interviewees had experienced difficulties securing stable housing and many reported difficulties in dealing with frontline workers in Housing NSW. They sometimes found community housing organisations more responsive but often benefitted from brokerage from NGO support workers. A significant proportion of respondents felt they were treated with a lack of dignity:

“You tried to get into Housing department, I found her, the lady I was speaking to was – she called me into the little office where everyone can still see you anyway, into the little booth. But I found her quite rude. She actually brought me to tears. That felt like judgment, that felt like she was judging me. Of how did you get where you are, you’ve got three kids sort of thing. That was horrible. They did put me on the list and everything, but I didn’t want to go back after having that experience. I just didn’t want to go back at all.”

(Mother, 3 children, voluntary referral)

Participants often reported they needed NGOs and other organisations to advocate on their behalf and this appeared to spare them of some of the indignities they reported from their face to face negotiations.

“Housing, they wouldn’t do anything for you. Like if anything had to be done, like of course you had to provide all paperwork and all the rest of that, but if you asked them like a simple thing, there’s no way they’d do it for you. Whereas Brighter Futures, they would do – they would go to the ends of the earth for you if they could.”

(Mother, 1 child, voluntary referral)

### 4.2.3 Young clients

This section reports on the experiences of young parents or young parents to be. These participants were predominantly recruited through specialised youth services but some were accessed through less specifically targeted secondary services. Participants in this group consistently reported experiences of timely and responsive service delivery. It was typical that the younger clients needed support navigating and negotiating across all levels of the service system, from Centrelink, education services, juvenile justice, housing and welfare. One young pregnant woman noted:

“We desperately need like they’ve helped me get on Centrelink, they helped me get me and my partner the house. They’ve always helped out with things that needed to be done. They even got me a phone when I needed really need one, I couldn’t afford a Bus net so they went and got me one. Their services are actually really good, they’re really helpful.”  
(Young person, voluntary referral)

Young people came into contact with the service system through formal and informal pathways. Some had been involved in Youth Justice (Juvie) system, or had been homeless and used Specialist Homelessness Services, while others knew others using the services.

“My partner was staying in the refuge because he had nowhere else to go and I would go and like visit him and stuff, I’d come down from Sydney, come visit him and like me and the workers got talking and stuff like that. That’s how me and the workers actually met is they just came up and introduced themselves and then once I moved down here I needed help and I went to them and they helped.”  
(Young person, voluntary referral)

They typically reported that service providers had taken time to determine their needs and if they had young children they were quickly and seamlessly housed and supported (from their point of view). When workers found out they were pregnant they were also quick to move on brokering with other organisations to meet their basic and future parenting needs. Most had significant material support needs:

“There’s a lot of useful things like if I ever get stuffed around by Centrelink payments or something and I end up with no money and no food or if I’m left really struggling, they’ll help me. They’ll say well okay we can help you get some groceries for this week or something like that. No matter what they will always try and help ... They supplied me with a BMX – no a mountain bike, push bike to get to TAFE and home. The chain on it broke the other day so they’ve been helping me out with transport to and from TAFE and stuff like that as well ... They’ve bought me two mobile phones because the first one they bought me my partner broke and then I’ve still got the second one which helps as well.”  
(Young person, voluntary referral).

Young people noted that they were supported by NGO workers to access their educational entitlements (under the Compact for Young Australians). One young father noted that when he was released from detention:

“They put me in a course last year which I completed. I did my Certificate II and like I’ve been to sixteen different schools and I’ve never achieved anything at school. I’ve never been able to show my abilities and be able to show that I’m smart cause I was always so distracted and cause I’ve been in so many different schools and stuff like that I really struggled. Then last year when I got put into this Certificate II I went every day without fail and that was the first time like I’ve been able to properly attend anything like that. It just made a really big difference and if it wasn’t for [the NGO] paying for the course I clearly wouldn’t have been able to do the course as well.”  
(Young person, mandatory referral)

While there were considerable benefits in being linked in with support systems some young people also felt wary that they were being watched and judged as young parents. One parent to be noted that they had been offered a parenting course which they took in order to be seen as 'good parents'.

"We're starting a parenting class, so we're starting that tonight but with the hospital. I've had a lot of experience with kids and like my brother and sister and a lot of other kids and I'm like really good with kids. I've been taught a lot about kids but I'm not really doing the course to learn things cause I'm pretty sure I know the majority of it. There might be a few things I don't know, you never know. I'm more doing it so that if DoCS did ever get involved I could show to them well look I'm trying my best here, I'm doing everything I possibly can."  
(Young person, voluntary referral)

While there was wariness about the system on one hand, most interviewees did not extend this to the NGOs and NGO support workers. Instead they saw these organisations as on their side and ready to give them a break:

"[The NGO] will try and help those children who've been in a really bad situation and had to deal with lots of things they shouldn't have to deal with. Trying to get them on the right path and stuff. There's only a certain amount of children that they successfully help but the ones that they do actually get through to and the ones that they actually need the help and they actually get them on the right path, it makes a big difference. It changes someone's life around. Like my life is way better than it was a year ago."  
(Young person, mandatory referral)

#### 4.2.4 Cultural appropriateness

There were only a few participants from Aboriginal and culturally and linguistically diverse communities in the sample. Both referred to their experiences of service delivery as culturally appropriate and inclusive. For example, a female participant of Indian background was receiving support in relation to the familial difficulties that she was experiencing. She had an arranged marriage and mentioned that as her support worker had the same ethnic background she was comfortable her situation was understood:

"It is arranged marriage ... I think that was clearly there, they [the service] did definitely take that on board ... I think basically the good thing is I feel more comfortable because my case manager is actually culturally from my [same ethnic background], so I feel a lot comfortable ... She knew what I'm saying, we were on the same page, so that was the best part of the story."  
(Mother, 3 children, voluntary referral)

Similarly, Aboriginal participants reported to be happy with the way services interacted with them, indicating open and inclusive experiences:

“I feel it’s really professional, and that you almost feel like you’re walking in to an extended family, because you’re treated so well, regardless of race, creed, religion, colour, anything like that. Being Indigenous and things, it’s hard enough at times being different race in such a white country. But at the same time, coming into the family centre, you’re not treated any different from anybody else. You’re treated equal, and with dignity and respect, which is absolutely fantastic. You’re not judged, but you’re supported in issues that are may be not important to other people but are important to yourself. So yeah, so that diversification in dealing with different personalities, different cultures, things like that, is absolutely brilliant, they’re right onto that.”

(Mother, 2 children, mandatory referral)



## 5 Conclusions



Overall, the findings of the interviews suggest that:

- The families that receive early intervention services appear to benefit from those services.
- Clients of services often present diverse and complex needs, so their pathway into and out of services can be complex and dissimilar.
- The help and support provided by the services helps to boost people's confidence in themselves as parents and individuals; in turn, confidence can trigger a more optimistic view on life and the willingness to consider changes to personal and familial circumstances.
- Parents reported significant improvements in their children's behaviour and, in some cases, schooling performance, as a result of receiving parenting programs. Some families received a wide range of help and support services, from health to education and extra-curricular activities, which addressed the overall wellbeing of their children, i.e. their physical, mental, educational, and social wellbeing.
- Public housing, Community Services, Centrelink, and medical services in rural and regional areas were often described as difficult to access and expensive. Such issues of accessibility and responsiveness, i.e. knowledge of the available services and capacity to answer the clients' needs in a timely and effective way, can represent important barriers to improving the health and wellbeing of vulnerable families, particularly those who are living in remote areas and those who have experienced domestic violence. NGO support workers often had an important brokerage role with other organisations, particularly in relation to facilitating access to public and community housing, educational and professional courses, and Centrelink.

- Participants considered the friendly and inclusive approach of NGO support workers as a key aspect of the help and support they received which often provided the basis to engaging in relevant intervention programs.
- There are high levels of social isolation among the clients which do not seem to be addressed through specific interventions aimed at connecting clients with existing community support groups.
- Although services were often very responsive in delivering help with financial issues, from emergency cash to house furniture, there seemed to be a gap in the capacity of service providers to offer a systematic approach to the transition of clients out of their support. This element is particularly important considering the short-term nature of the services and interventions.