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Getting what we need: families' experiences of services

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Institute of Child Protection Studies

Getting what we need: Families' experiences of services

Report for the Department of Families, Housing, Community Services and Indigenous Affairs

By Australian Catholic University

September, 2009

The project objectives are to:

- collect information about the experiences of disadvantaged families with children, in relation to help-seeking behaviour and the use of, and access to, relevant support services; and
- contribute to the development of a strong evidence base to underpin and inform policy development in relation to Commonwealth-funded family services programs.

The research questions are:

- How do families who are in receipt of income support identify their needs?
- What formal and informal supports do parents currently draw on?
- What are their experiences of accessing and utilising formal support services?

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We are very grateful to the parents who made time to talk with us about their lives. We would also like to acknowledge Centrelink's assistance in making contact with parents.

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EXECUTIVE SUMMARY

This report documents the experiences of 80 parents on income support regarding their needs, their levels of formal and informal supports and their interactions with services. This qualitative study, undertaken by the Australian Catholic University's Institute of Child Protection Studies on behalf of the Department of Families, Housing, Community Services and Indigenous Affairs, was designed to gain a deeper understanding of the experiences of families with complex needs in order to inform more responsive and integrated service delivery.

A review of the literature highlights that families with multiple and complex needs, often spanning social and health issues, experience disadvantage that is cumulative, interlinked and which can lead to negative outcomes for family members (Vinson, 2007). Research has identified both the importance of keeping families with multiple concerns connected with services over time and the range of factors that affect the level of their service use and quality of their service experiences (Spielberger et al., 2009).

To explore these factors and experiences, in-depth telephone interviews and focus groups were carried out with 80 parents (mostly women) on income support with at least one child aged less than 16 living with them either in Bundaberg (regional Queensland) or Sunshine West (outer metropolitan Victoria).

Families' issues and needs

The key issues facing families were: not having enough money; the high cost of housing and frequent moving; the need to balance work and parenting, particularly for parents on their own; worries about children, including illness, disability and emotional/psychological issues; and the impact of complex mental health and family violence. For refugee families (10% of the families), there were added significant stresses including the impact of trauma, war and dislocation.

IMPLICATIONS FOR THE FAMILY SUPPORT PROGRAM

Build and build on informal networks and supports

The overwhelming sources of support to families in this study were family members, especially parents, and friendship networks. There is a need to build and strengthen informal networks to increase social inclusion and this should be a key strategy of family support programs.

Greater focus on meeting children's basic needs

Many families were concerned and worried about their children, with almost a quarter identifying that they had a child with special needs. They told of the ripple effects these unmet and/or ongoing needs had on families and the stress that can often lead to pressures on family relationships which in turn may result in increased risk of family breakdown. Health services, schools and other places where families have everyday contact have a critical role to play in assisting parents to meet the needs of their children.

Increased collaboration needed for multiple interlinked issues

Some families experienced issues that compounded existing disadvantage and complexity, for example domestic and family violence and mental health issues. Sometimes offers of services were not taken up because families had previous negative experiences, felt ashamed, had insufficient information about services to facilitate accessing them or because they were too overwhelmed to do so. As family vulnerability and complexity of issues increases, services need to work more closely together and to provide supportive proactive and ongoing responses.

Reduce "Procedural madness" especially for the most vulnerable families

There were many examples of the unintended negative effects on families of policy and service design. Families spoke of how infuriated, frustrated and humiliated they felt by a wide range of 'reporting' and 'compliance' procedures that take significant time and effort to fulfil, adding another layer of stress. It appears that the social security/income support system may not have a way of identifying families with high

and complex needs so that they can be specifically assisted through multiple administrative channels.

When income support is reduced for whatever reasons, the effects on families with children can be devastating. The study indicates that in addition to the need for large systems such as Centrelink and the Child Support Agency to develop ways of identifying and assisting particularly vulnerable groups, other 'targeted services' could be more actively involved in assisting parents to navigate these systems.

Targeted services operating from normal, non stigmatising, universal settings

Many families made favourable comments about their positive experiences with normal, non stigmatising places, for example, schools, child care and their local general practitioners (GPs). This indicates that there may be a greater role for funded 'targeted' services to collaborate with these settings to provide information and support, at the very early stages when problems first emerge. Although many parents already identify schools, for example, as places that provide support and information about local services, this is very much "hit and miss" depending on the availability, values and skill level of educational personnel. Skilled people located in these settings, whose jobs are specifically to work across universal and targeted sectors to bridge this interface, may be an effective strategy.

Linking families with support

When families are linked to a service that does meet their needs they feel it makes a significant difference to their lives. However the picture that emerges is that this is a somewhat variable experience for parents. There is a compelling argument for building the capacity of widely used settings such as hospitals, health services and Centrelink, to routinely provide information and support, and to actively link families with both state and federally funded services.

The significance of relationships

Families in this sample with often complex and multiple needs do not always fit into service categories. However, it made a real difference when families felt they were related to as a human being; when they were listened to; when a connection was

made; and when their individual circumstances were taken into account. Relationship-based practice (Barrett, 2008) and the services that flow from this model offer strategies to respond to the complexity and uncertainty of individuals' and families' lives more effectively. These findings provide direction for the type of training and professional development that is required to ensure that practitioners are able to make connections with those who need services.

INTRODUCTION

POLICY CONTEXT

The National Framework for Protecting Australia's Children 2009-2020 (*Protecting Children is Everybody's Business*) represents an unprecedented level of collaboration between all governments and non-government organisations. It puts children in the centre of future planning and provides a foundation for national reform. Against this background, there is a clear imperative for the Commonwealth and other service systems to provide a more coordinated and collaborative response to the needs of vulnerable children and families. The National Framework calls for:

> *A commitment from all parties to focus our own efforts on protecting children, and to work together better in areas of shared responsibility. It also involves a commitment to better link the many supports and services we provide – avoiding duplication, co-ordinating planning and implementation and better sharing of information and innovation (p.7)*

As part of the Australian Government's commitment to support families and children it has announced its intention to develop the Family Support Program. This overarching program plans to bring together key policy and service delivery approaches[1]; including the Family Relationship Services Program and a range of other strategies aimed at supporting and strengthening parenting. The policy change recognises the need for more coordinated and flexible approaches to delivering support to families.

This program also reflects the Australian Government's overarching commitment to social inclusion. Central to the concept of social inclusion is recognition that it is not sufficient for service systems to collaborate just so that children and families get improved access to services and that services improve in quality and relevance. Rather, social inclusion depends on creating environments necessary to increase citizens' social, economic and civic participation in their communities.

[1] Family Relationship Services Program, Strengthening Family Program (under National Illicit Drug Strategy), Communities for Children, Invest to Grow, Child Care links, Indigenous Children Program, Indigenous parenting support services, Playgroup program and Responding Early Assisting Children Program.

VULNERABLE FAMILIES WITH COMPLEX LIVES

Traditionally service systems at different levels of government have worked in isolation. To get help with parenting problems, family relationship and other family issues, vulnerable families have needed to navigate different systems, and multiple service networks. However, governments around the world are increasingly recognising that people face complex challenges and multiple disadvantages in their everyday lives and that their needs for safety, health, clothing, food, shelter and emotional wellbeing form interacting systems of need. This particularly applies to the most disadvantaged in our societies, who may be excluded from many opportunities that others access relatively easily. In response, Governments are looking to organise services in such a way that people can more readily access assistance which is responsive to their individual and multiple needs.

Limited research is available in Australia about how services may best respond to these needs. Research undertaken to date indicates that those who experience disadvantage may share certain features related to social exclusion, but they are far from being an homogenous group. Understanding how families who experience disadvantage and have multiple needs navigate the service system requires listening directly to what they have to say about their experiences.

Before discussing this study, a brief overview of the concepts of disadvantage and service use is provided from the existing literature.

MESSAGES FROM THE LITERATURE

In this section of the report we consider briefly what is meant by multiple disadvantage. We move on to look at what we know about families who experience multiple disadvantages and their patterns of service use. In particular we discuss the effects of multiple disadvantages on children, what we know about the types of services families use and how they experience these services: what is useful and what is less useful. In this discussion we have emphasised the literature and research developed in the

Australian context. However, given the limited amount of literature, we have also drawn on overseas research.

WHAT DO WE KNOW ABOUT FAMILIES WHO EXPERIENCE DISADVANTAGE?

DEFINITIONS

There are a range of terms used across disciplines to describe situations, individuals or families where a number of difficulties are experienced. These terms include 'multiple needs', 'multiple problems', 'multiple disadvantage', or 'multiple and complex needs'. There appears to be little consensus in the literature about the precise meanings of these terms and they are often used interchangeably (Rosengard et al., 2007).

Rankin and Regan (2004) suggest that the concept of complex needs encompasses the dimensions of breadth (multiple needs, that is, more than one) and/or depth, which refers to the severity or the enduring nature of need. They suggest that there is a danger that the notion of multiple and complex needs may become yet another label which means that people do not gain access to the services they need because, perhaps, while they may have many needs, no one need is deemed serious enough to warrant assistance. Instead they argue that complex needs can be seen:

> As a *framework for understanding multiple interlocking needs that span health and social issues. People with complex needs may have to negotiate a number of different issues in their life, for example learning disabilities, mental health problems, substance abuse. They may also be living in deprived circumstances and lack access to stable housing or meaningful activity…. It is valuable shorthand to describe multiple interlocking problems where the total represents more than the sum*. (Rankin & Regan, 2004, p. i)

Rankin and Regan's framework emphasises the importance of considering the needs of people in relation to wider community and structural issues such as social exclusion, poverty and unemployment.

The concept of 'social disadvantage' has been defined as 'a range of difficulties that block life opportunities and which prevent people from participating fully in society' (Vinson, 2007, p. 1). These difficulties include, but are broader than, poverty. "They include limiting factors in one's life situation such as poor health, disabilities, lack of

education and skills and being subjected to inequitable treatment or discrimination in a variety of forms' (Vinson, 2007, p. 1). Research has shown that macroeconomic factors can contribute to place-based concentrations of poverty which can also contribute to other social, family and community problems. Research has also indicated that the longer a geographic area experiences such problems, the stronger the effect on the people in that community (Atkinson & Kintrea, 2001; Vinson, 2007).

Research into the social determinants of health shows that disadvantage affects health. 'Life expectancy is shorter and most diseases are more common further down the social ladder in each society' (Wilkinson & Marmot, 2003, p. 10). Disadvantage can be 'absolute or relative', and is experienced as stressful. The effects on health accumulate so that 'the longer people live in stressful economic and social circumstances, the greater the physiological wear and tear they suffer, and the less likely they are to enjoy a health old age' (Wilkinson & Marmot, 2003, p. 10).

FAMILIES, CHILDREN AND MULTIPLE DISADVANTAGES

The UK *Families at Risk* review, which used the terms 'risk factors' and 'disadvantages' interchangeably, suggests that while the experience of an individual disadvantage can create difficulties for families, experiencing multiple disadvantages can have a 'compounding effect' (U.K. Cabinet Office Social Exclusion Task Force, 2007, p. 9). Key disadvantages identified were:

- no parent is in work;
- family lives in overcrowded or poor quality housing;
- mother has mental health problems;
- at least one parent has a limiting illness, disability of infirmity;
- family has low income; and
- family cannot afford a number of food and clothing items.

The analysis showed that certain groups of families were more likely to experience five or more disadvantages: families in public housing; families where the mother's first language is not English; lone parent families; and families with a young mother. Other risk factors included debt, education and skills, crime and experience of the justice

system, parental antisocial behaviour, drugs and alcohol abuse, relationship conflict and breakdown and domestic violence.

In Australia, the entrenched nature of multiple disadvantage experienced by single parents in receipt of income support is highlighted by Butterworth (2003). This study provides an analysis of data from the 1997 ABS National Survey of Mental Health and Wellbeing. It indicates that women who are single parents, compared with two other groups (those living with a partner and receiving income support and women with partners who are not in receipt of welfare benefits), are more likely to endure multiple personal barriers that stand in the way of gaining employment. These are: lack of human capital (education and work experience), mental health status, drug and alcohol use, physical disability and poor physical health and a history of sexual and physical violence.

Butterworth (2003) argues that, for this group of parents to participate in the workforce, more effort is needed to support them to overcome these barriers. Also, further research is needed which explores whether and how parents' coping skills and social support networks have a moderating effect on these types of personal barriers.

OUTCOMES FOR CHILDREN

The UK research on the Families at Risk study showed a clear relationship between the number of parent-based disadvantages and children's social, developmental and health outcomes. Children living in families who are experiencing multiple disadvantages are more likely to have been excluded from school, to have less satisfactory social networks, to be below average in English and maths and more likely to have been in trouble with the police than children from families with fewer or no family disadvantages (U.K. Cabinet Office. Social Exclusion Task Force, 2007).

Further, there may be impacts on health. Bauman, Silver and Stein (2006) showed that 'social structural factors have a cumulative effect on child health status. Poverty, low parental education and single parent family structure are not simply proxies for a single underlying disadvantage, but have additive effects on the life chances of children' (Bauman et al., 2006, p. 1326).

WHAT DO WE KNOW ABOUT SERVICE USE?

‘HARD TO REACH’

People with multiple issues, problems or disadvantages in their lives have often been identified as ‘hard to reach’ by services and researchers. One UK report found that ‘service users, specifically hard-to-reach service users, have multiple, complex and inter-related needs’ (Doherty et al., 2003, p. iii). This report noted three definitions of hard to reach groups: those who are marginalised or disadvantaged; those who are ‘slipping through the net’; and those who are ‘service resistant’ (Doherty et al., 2003). Significantly, the research found that services themselves could be experienced as ‘hard to reach’ by service users through being overly specialised, ‘threatening’ or ‘stigmatising’.

The characteristics of the so-called ‘hard to reach’ families may be different in one context from another. The heterogeneous nature of ‘hard to reach’ families is emphasised in a research project exploring service utilisation of the SureStart program in the UK (Coe, Gibson, Spencer, & Stuttaford., 2008). The contextual nature of ‘hard to reach’ families was also emphasised. Those families whom services find hard to reach in one area may not be so hard to reach in another area. In this research the following groups were identified as often falling into this category: parents who work, those dealing with a disability in a child, those with health issues including addiction, families who are homeless, parents who are teenagers, refugee families and ‘travelling families’. Coe and her colleagues found the reasons families did not use SureStart services related to the interaction between barriers and facilitators. The barriers they identified were; accessibility, social isolation, and lack of information or misinformation about the service. The facilitators of service use were both the appeal of the program and positive views of the program – when people knew someone who had used the program, they were more likely to use it themselves.

Another way of thinking about hard to reach is the idea of a continuum, where some groups may be harder or easier for services to reach and engage with than others. The kinds of services that certain groups or individuals may be willing to engage with may

also vary. The Palm Beach County family study found that some of the population targeted by its program appeared to be harder to reach than others (Spielberger et al., 2009). In this study it appears that migrant families, especially those whose residency was not in order, were particularly vulnerable to not receiving services.

Slee's (2006) study of families in South Australia experiencing multiple disadvantages noted that the 'strongest predictor of high formal service use was families' recognition that they had a problem' (p. 42). He further argued that families with greater levels of informal and community support were more likely to use formal services, and that this was a learned help-seeking behaviour. In this study, parents who had positive experiences of multiple service use distinguished various service characteristics that contributed to this. These features of helpful services included communication and consistent information, respectful relationships, accessible services and quality services focused on optimal outcomes for children (Slee, 2006, p. 43).

Perception of need as a determinant of service use was also identified in the Palm Beach County family study (Spielberger et al., 2009). This research extended the application of an ecological framework in identifying barriers and facilitators of service use. The study demonstrated the interconnectedness of factors operating at an individual level, provider level, program level and neighbourhood level. Individual level factors influencing service use related to personal enabling resources, perceptions about services, family approval or disapproval and previous experiences of the service system.

Factors operating at a provider level included communication styles, cultural competency and the degree of staff responsiveness. At the program level, families' uptake of services was influenced by eligibility criteria, level of formality of intake procedures, time and location of service and continuity of staff. At the neighbourhood level, perceptions of safety and availability of transport were influencing factors (Spielberger et al., 2009).

WHAT SERVICES DO FAMILIES USE?

It has long been recognised that people with multiple needs often receive multiple interventions of an uncoordinated nature that do not serve to meet their individual needs in a personalised and targeted way (Rankin & Regan, 2004).

Overseas research shows that 'high risk' families tend to avoid programs which contain only parent education and do not assist with other needs. Programs may need to help families with concrete needs (food, transport, and health) before they will involve themselves in prevention programs (Hogue, Johnson-Leckrone, & Liddle., 1999).

Blakemore's (2009) analysis of data from the Longitudinal Study of Australian Children indicated that families in a low socio-economic position with young children (3-19 months) were much less likely to have used health and community services for their children in the previous 12 months than families in a higher socio-economic position. This distinct pattern of service use was reversed in the case of hospital outpatient services and those services provided by speech therapists. Overall, families in a low socio-economic position with children aged 3-19 months, 2-3 years and 6-7 years were more likely to use economic support or crisis support services such as Centrelink, employment and housing agencies, and charities such as the Salvation Army. In contrast, more advantaged families made greater use of preventative or supportive care services (Blakemore, 2009). How financial, employment, housing and crisis support services provide bridges to other types of services for families is an area for further planning and investment.

In summary, Slee's (2006) South Australian research highlighted that the strongest predictor of use of services was recognition by families that they have a problem. Research to date has indicated that, for people in a low socio-economic position, the use of concrete support services such as health care and food is more likely than the use of preventative services (Blakemore, 2009; Hogue et al., 1999; Spielberger et al., 2009, p. xiv). There is a need to keep families with multiple concerns involved in services over time (Spielberger et al., 2009) and to provide flexible services. Families are less likely to use services that do not fit into their daily routines (including work hours), are not easy to get to or do not fit with their values (Spielberger et al., 2009).

THE PARENTS AND SERVICES PROJECT

Australian Catholic University (Institute of Child Protection Studies) was commissioned by Department of Families, Housing Community Services and Indigenous Affairs (FaHCSIA) to carry out a qualitative study aimed at developing a deeper understanding of the experiences of families with complex needs so that this understanding can be used to shape more responsive and integrated service delivery.

The project objectives are to:

- collect information about the experiences of disadvantaged families with children, in relation to help-seeking behaviour and use of, and access to relevant support services; and
- contribute to the development of a strong evidence base to underpin and inform policy development in relation to Commonwealth-funded family services programs.

The research questions are:

- How do families who are in receipt of income support identify their needs?
- What formal and informal supports do parents currently draw on?
- What are their experiences of accessing and utilising formal support services?

PROJECT METHODOLOGY[2]

To develop an understanding of parents' experiences of services, a qualitative approach to the research project was taken. This meant that we focused on how individuals and groups viewed and understood the world and constructed meaning out of their experiences.

The study was conducted in two locations with a concentration of disadvantaged families/income support recipients. Individual telephone interviews were carried out with 80 parents living in Sunshine West (outer metropolitan Victoria) and Bundaberg

[2] The study builds on and extends the Institute of Child Protection Studies' (ICPS) previous work undertaken for the *Communities for Children* initiative which explored the experiences of isolated sole parent families in North Canberra with children under five, in relation to accessing support services

(regional city Queensland). Focus groups were also conducted with parents in both locations to explore particular issues in more detail. All parents had at least one child under the age of 16.

RECRUITMENT STRATEGY

Critical to the success of the research was gaining access to the cohort of parents, including those who services find 'hard to reach'. Centrelink, as the only organisation in contact with all parents in receipt of income support (Parenting Payment Single, Parenting Payment Partnered and Disability Support Pension) was invited to be involved in the project. Potential participants from these three categories of income support and who had at least one child under 16 years, were phoned by Centrelink social workers to initiate contact and to seek permission to pass on their details to Institute of Child Protection Services (ICPS).

Centrelink social workers contacted 159 parents and, of these, 138 parents agreed for their contact details to be given to researchers at ICPS. Parents who chose not to be contacted by the researcher gave various reasons which included:

- length of time of interview was too long;
- too busy looking after children, working, studying or attending appointments;
- lack of interest in the study area;
- ill health; and
- dislike of being asked questions.

Parents were offered a small gift voucher in recognition of the time involved and to increase the levels of participation[3].

Some participants were invited to take part in focus groups to explore specific issues in more depth. Sixteen parents took part in three focus groups and were also provided

[3] Centrelink social workers also used this outreach call to parents as an opportunity to ask 'how are you going' and whether they could be assisted in any way.

with a small gift voucher for their time. For those parents who needed transport and/or child care, this was also provided.

ETHICS APPROVAL

The project was designed to safeguard the rights of all who were involved and was conducted with the approval of Australian Catholic University's Human Research Ethics Committee. Special attention was given to the potential risk that participants may feel under pressure to participate because of the formal statutory relationship they had with Centrelink. Steps to reduce this risk included the participation of skilled social workers from Centrelink who sought permission from potential participants for their phone number to be given to researchers from Australian Catholic University. The researchers then rang parents explaining carefully the voluntary nature of the project and assuring them that no identifying information would be available to Centrelink, including whether or not they chose to participate in the phone survey.

THE INTERVIEWS

Semi-structured phone interviews were conducted with parents between April and June 2009. The length of time of interviews ranged from fifteen to ninety minutes. Interviewers adopted a conversational and empathic approach during these phone interviews. All interviews were audio taped and transcribed verbatim; the transcripts were then checked to ensure they were accurate. Notes were also taken to record initial impressions of each interview.

INTERVIEW QUESTIONS

A set of questions was developed to structure the telephone interviews. This comprised six sections (See Appendix 1 for a copy of the interview questions).

- Section 1 covered demographic questions including age and number of children, housing tenure and education;
- Section 2 explored participants' views of parenting and who provides them with parenting and family support;
- Section 3 asked about the experiences of services:

  - universal services such as GPs, schools, preschools, Centrelink and housing;
  - targeted services such as legal services, personal or relationship counselling, family support services, and organisations offering practical help such as St Vincent de Paul; and
  - intensive services such as drug and alcohol, domestic violence, child protection and mental health services.

- Section 4 asked questions about the usefulness of services used.
- Section 5 asked about what makes services accessible or inaccessible to families – what families perceive as barriers and/or enablers to use of services.
- Section 6 asked parents to identify the 'ideal service' or 'ideal community facilities or conditions'.

FOCUS GROUPS

Focus groups with parents explored emerging thematic insights relating to their experiences of using services and, with one group of parents who do not use services, factors related to their reluctance to seek advice and support. In the former groups, parents were asked about how they accessed services, as well as the impacts of services working in silos and those arising from coordinated service delivery. These groups were conducted in Bundaberg and Sunshine West during July 2009. Focus group discussions were audio taped with participants' permission to facilitate detailed notes and quote taking. These were supplemented with the notes taken by a researcher during the focus groups and written up after each group to document initial impressions.

DATA ANALYSIS

Interview and focus group data, including field notes, were coded using NVivo (a qualitative research software package). Coding was sensitised by the ecological model described in the Chapin Hall Palm Beach study (Spielberger et al., 2009). This analytical framework makes explicit a range of categories to explain facilitators and barriers experienced by families in their stories of using, or not using, services. These

categories relate to individual factors, provider factors, parental perceptions of program factors and community/neighbourhood factors.

On completion of the data coding, the data were reanalysed for further categories and concepts using constant comparative techniques. Data analysis was undertaken by two researchers, and ongoing research team discussions occurred to ensure clarity of emerging themes and concepts.

PARTICIPANT CHARACTERISTICS

DEMOGRAPHICS OF PARTICIPATING PARENTS

We interviewed 80 parents, 36 from Sunshine West and 44 from Bundaberg. The majority of parents interviewed were female (n=75) with only five men involved in the study. The average age of parents was 36 years; the youngest parent interviewed was 21 years old; and the oldest carer, 62 years.

Most parents (80%) interviewed had three or less children under 16 years living with them with half of these families having only one child. Fourteen families (17%) had more than four children aged less than 16 years and one family had 11 children less than 16 years.

Household composition

Just over half of the participants were sole parents (51% per cent) living on their own with their children. A third of all parents interviewed were living with a partner. The remaining parents lived with other adults such as parents or friends. Around 9% of participants lived at the time of the focus groups with their parents.

On average parents had lived in either Bundaberg or West Sunshine for at least five years with 20% having lived in the area for less than twelve months. Most families had experienced relative housing stability with over half having only moved once in the previous five years. However around 20% of families had moved more than three times in the previous five years with six families having moved six times and one family having moved sixteen times.

Cultural identity of participants

A total of four participants identified as Aboriginal (three) or Torres Strait Islander (one). Just over a third of parents (34%) identified with a culture other than Australian. The countries of origin cited by parents included Somalia, Sudan, Congo, Malta, Italy, Spain, Israel, Vietnam, Poland and England. Of this group of parents, 53% spoke a language other than English at home. Parents from refugee families made up approximately a tenth of the sample.

Education

Around 20% of participants had completed Year 9 or less with a further 30% having completed Year 10. Roughly a fifth of parents (18%) had gained a vocational or TAFE certificate/diploma.

Employment status

Slightly more parents (49%) reported that they and/or their partners were not in the workforce compared with those parents and/or their partners who had paid employment (46%).

Housing

The majority (54%) of parents lived in private rented accommodation, roughly 20% were home owners and public housing was home to 10% of parents interviewed. A small number of parents lived with their own parents or in shared accommodation and paid board. One parent and her children were homeless and lived in a caravan.

For more details about the demographic characteristics of parents participating in this study, please refer to Appendix 2.

ISSUES FACING FAMILIES

Most parents interviewed raised a range of major issues that they identified as affecting their health and the wellbeing of themselves or their children. Out of the 80 parents interviewed, around 16% (13 parents) reported having no issues, limited service use and/or satisfaction with their level of support. Although there were some differences in

experiences among the parents, the issues they raised were often similar in nature. The next section identifies the main challenges facing families.

NOT HAVING ENOUGH MONEY

Many parents in this project said that not having enough money to live on was a key issue for them. Not having enough money affected where they lived, what services they could access (such as child care) and for some, problems in being able to provide food and pay bills. The issue of cost of services is discussed further in the section on barriers to access. Parents spoke of how critical their Centrelink payments were and how they had to watch every penny.

> *I have to watch every single penny that I get, certainly no luxuries, hard to put food on the table, hard to pay bills when they're supposed to be paid, yeah. But somehow or other you manage (ML12).*

> *We wait for two weeks for it to come and we are suffering and we don't know where to go and there's nothing we can do [I] have many children, but the money is not enough to help them (ML7).*

> *Money would be the biggest thing there, yeah. Just to get myself out of a pickle. There's been twice where my power was going to be cut off. It's not like you choose not to pay your power bill but sometimes you just can't. Yeah, that's been an issue where I've actually had it cut off and then I've had to pay the reconnection and all that. ….So things like that. Once you've been disconnected, they don't want to know about you (power company). They're very, very, very cruel (VS15).*

Parents talked about how they routinely had to access charities to help tide them over until the next payment.

> *…the kids they eat like horses, and my daughter – I mean I'm five foot eleven and my daughter is about five foot nine, and she's only 13/14 so I mean my God you could spend a couple of hundred on food, and that's gone in five days. Or you know it always seems to be the last couple of days before you get paid that you run out of things isn't it? You know, like bread and milk and all that stuff, and you can't just go down to the Salvation Army and say can I have voucher to get food for the next couple of days until I get paid, you've got to go through all this bullshit and it's just not worth it, so if I ever been in that position what I do is I just go to the Church and tell them, and they'll give me bread and milk out of the cupboards or the fridge (KB9).*

Linked were the experiences of people who had recently lost their job and how this had led to pressure.

I've basically raised the kids myself. My ex-wife was here for some of the time. It's been pretty hard. It was basically on one wage up until a couple of years ago and then – because I had a back injury and had it operated on, I hadn't been able to return to work. I love work and I was in work for twenty years in one job so it's been a bit difficult. It's pretty hard but I think you've just got to soldier on with the kids and stuff (RC30).

HOUSING

Related to low income was the cost of finding suitable housing. As indicated above, over 50% of participants were renting in the private market. For recent arrivals, such as refugees, housing issues were regarded as the major problem to be faced. Paying high rent, having to move often and living in less than optimal housing all caused significant stress to families.

(Through an interpreter) She says she's living in a private rental property and she says that's actually the only problem she's having at the moment because the rent is too expensive. She's not working. All she's getting is Centrelink. She's got five children. She's a newcomer and there's a lot of things that the children needs, she says. You know every time they see something they want to get it and it's really difficult because she's not able to pay the rent (ML1).

You know why I'm outside [evicted], why I am in the motels because the payment they give us (Centrelink) now is not enough for us to rent the house. Now the houses they are very, very, very expensive. So if you have kids, we have four kids – boys and girls and then you want to rent a house for them so everyone can be relaxed in their room like a boy and a girl not to be mixed. The payment is not enough for us (ML2).

This family was experiencing homelessness and was staying in a motel supported by a homelessness service.

PARENTS ON THEIR OWN BALANCING PARENTING AND WORK

With new requirements for single parents on income support to work when their children turn six, some parents spoke of the difficulties they experienced balancing these responsibilities and their concerns that they were not able to meet adequately the needs of their children. This was particularly important for them as they are raising children alone and feel a constant burden to be able to do all the things that are expected of parents.

As soon as your child basically hits that ten, 11 age, forget any type of childcare or after school support. Forget it. Doesn't happen. And I had one woman in Centrelink tell me, [child] would have been about 14 at the time, and she said to me "Well what's the problem

> *of just leaving him at home on his own?" And I went "Sorry? Are you serious?" "Oh well I leave my child at home on their own". …You leave these boys alone at this age on their own, to their own devices; this is where you get the drop kick mentality. They get bored. They go looking for something to do. They get hooked in with the wrong crowd, next thing you know, you got the cops knocking on the door (MM3).*

> *No, I wish we had more money so I could do more with them (my children). That's part of it I guess and it's also very hard at times like I'm studying and I'm working and I don't get to spend as much time with them as I would like. I feel like I'm missing out on, especially the three year old is growing up so quick and I'm just always so busy and I really have no choice in that (WR11).*

For some parents who were working and parenting alone finding child care caused significant stress. One father made this point at a focus group:

> *I worked out at the sugar mill. It was rotating shifts –- I used to shit myself every night every morning coming around the corner to my house wondering if the police were there or the fire brigade were there because I couldn't find a babysitter I had four kids and a Rottweiler living in the house by themselves at night and luckily for me my neighbours didn't dob me in to welfare otherwise just like that I would have lost me kids – what's a guy supposed to do? The Howard government wanted these people to get to work no matter what – who's there to look after the kids (ML11).*

For those who had yet to return to the labour market, there were also concerns about how they were going to juggle parenting and working. A sole parent said:

> *With the problems from the children, they are young and like Centrelink you know asking me to look for a job and things like that but now, you know very difficult to find a job and also you know difficult with the fact that the children are still young and you have to pick them up from school and that's the difficult thing at the moment (through an interpreter, ZML8).*

Parents experienced what they regarded as significant pressure from Centrelink to return to work when they didn't feel as if they were in a position to do so – either because they were not well themselves or the issues the family was experiencing made their return to work difficult.

WORRIES ABOUT CHILDREN

Almost a quarter of the parents (23%) interviewed identified having a child with a need for special support. Children's needs included: physical and intellectual disabilities, developmental delays, or serious behavioural, emotional/psychological or health issues. For some parents, the normal worries about their children are exacerbated by their

child's or children's disabilities which included learning disabilities and associated problems at school, physical disabilities such as hearing loss and auditory processing disorders, and major health issues such as children who had suffered strokes at an early age or who had ongoing chronic health issues that impacted on families.

For families from Bundaberg particularly, parents felt there was a lack of specialised health services often necessitating travel to Brisbane and often long waiting times for appointments for hearing tests or seeing a paediatrician.

The family circumstances described below illustrates how one set of problems leads to others, causing increased complication.

> *This family is experiencing significant stress due to two children who have disabilities, one of whom is not getting the health care that he needs. Accessing specialist health services in Brisbane is significantly problematic and poses real financial and time burdens on the family. This parent feels as if Centrelink is not providing full financial assistance, that Centrelink staff look down on her and are unable to answer her queries about family assistance. She feels uncertain about what financial entitlements are available for children who have learning disabilities. The current circumstances are creating a real strain on her marriage.*

Parents talked about how it was often very difficult to get their children's needs met and how much stress that caused the whole family. This was not only about accessing health services for themselves or their children, but also getting appropriate responses from other services such as schools. One parent was unable to access a special breathing machine for a child with a major health problem and talked about the impact this had on her.

> *And it's hard on me because I don't get a great deal of sleep. My youngest with his breathing difficulties, he has a lot of night terrors because he's not getting enough air into his lungs of a night time and we're still on a waiting list for a machine for him (KB3).*

Parents also talked about how relieved they felt when their children's needs were being met or when services such as schools responded in supportive ways.

> *The school was fantastic. Like when J (son] went back to school, they were fantastic. They did everything in there possible. You know like the Head Master – was always in contact with the hospital while I was down there with J and you know rung everyday to see how he was. And you know when J comes home they put things into place. When J*

> *went back to school they'd – you know he wasn't to be alone. …if he had any chest pain or you know he 'couldn't' deal with school, they were always there, you know (MM4).*

COMPLEXITY INCREASED BY MENTAL HEALTH AND/OR FAMILY VIOLENCE ISSUES

Families in this study experienced a range of issues that included financial disadvantage, housing stress and worries about their children. There were also a group of parents who along with these issues also experienced mental and physical health problems, family violence and the disadvantages that occur as a result of being a refugee or recent arrival to Australia.

A group (around 18%, n=15) of families experienced multiple serious problems that mainly included domestic or family violence and/or mental health issues, which brought them into contact with a complex range of services at the targeted and intensive level. This service use is considered in a later section.

The following example illustrates the complexity of some parent's lives:

> A young mother – Sally – with 2 young children had the 'baby blues' after the birth of her second child and episodes of depression. She had experienced domestic violence, left that relationship and moved to a refuge; one of her children is exhibiting behavioural problems due to the violence experienced. Sally's mother died and a sibling committed suicide recently, she has limited contact with remaining family, although her third child lives with her father. Sally has moved six times in the past five years. She is currently living in the private rental market. She has no car and where she lives, public transport is poor. She has limited contact with the service system and when asked what would help her she said 'A social network. Where there are other parents who can get together' (VS11).

Refugee families

Within the sample of parents interviewed for this study nine parents were refugees, mainly from Africa. Most of the interviews with these parents were carried out with the assistance of an interpreter. During the interviews parents indicated that the parenting responsibility usually rests with the mother rather than being shared with the father and often traditional forms of support, such as extended family, were not available to them in Australia.

Generally these families are extremely vulnerable and require ongoing and sustained assistance. They have large numbers of children, are living in rental accommodation, and are experiencing significant financial stress. At the same time they are dealing with the impact of trauma, war, dislocation and deprivation. Learning to find their way around is very challenging as a lack of English language skills for almost all parents and illiteracy are huge barriers to overcome.

WHAT FORMAL AND INFORMAL SUPPORTS DO PARENTS CURRENTLY DRAW ON?

For most parents, the concept of family support is understood to mean the support they receive from their own family or informal network and the ability or otherwise of family to provide the support they need. Among the population of people on low incomes who took part in these interviews there is pride in managing on your own and keeping it in the family.

FAMILIES AND FRIENDS

When asked who over the past twelve months had provided parents with the most help and support for their parenting roles, interviewees overwhelmingly identified their own parents or family, including partners as the greatest support (66 %). Parents or other family provided financial, emotional and practical support to participants.

> *When I need to do running around Mum will look after him for me and if I can't get him from school they'll pick him up for me and that sort of stuff, if I need any help or anything they're always there as parents are (ZRC18).*
>
> *Yeah, well I've got two sisters as well, so yeah. And they've both got kids, so yeah. We sort of all rely on each other I think. We're always ringing each other and saying, what do I do about this and what do I do about that (ZML9).*
>
> *Yeah, both sets of parents. Like his parents are still very, very supportive with me and are very close with me still, so both sets of grandparents, our parents (ZSC4).*

The next group identified at the top of the list were friends who could give parents 'a break' from the children and to give advice when they needed it (19%).

Levels of informal and formal support were better developed for some refugee parents than for others, sometimes due in part to being in Australia for a longer period of time. For example, one couple with four children had some useful contact and support from

the Sudanese community in Dandenong (an hour from Sunshine West). The community organises community events, parties and parenting talks for the families which this parent found most helpful.

LIMITED INFORMAL SUPPORT

However, there were parents who did not have the support they needed either due to their family being overseas, interstate, having no family or having lost touch with them.

> *Pretty much yeah, we've struggled and it's very stressful at times. I honestly don't know, where do you get support from? We've come to Bundaberg thinking that we'll try and meet people and that, we've actually joined up (community organisation) to do something for the community; it's about helping people who are on drugs and that. So we thought we'd try to help and meet other people but no we don't have any support (RC7).*

> *Nobody, I stay by myself, I don't have friends and I just hang out with my kids. I'm a black sheep in the family so I don't have a relationship with my Mum, and my brothers and sisters, they're all over in Adelaide anyway, and my Dad is in Wangaratta and two of my brothers are in Wangaratta as well (KB).*

For most refugee families in this sample, there was limited informal and formal support. A mother who was a recent arrival from Africa had no-one who could help her with her children.

> *(Through an interpreter) she doesn't have anybody helping her, you know, even government and organisation or friend or family, no she doesn't have support (ML8).*

Although some parents identified their families as the key source of support it was apparent that the support was limited often due in part to the fragility or sickness of parents or other family members. These individual needs and circumstances are key to parents accessing services and are discussed in later sections on enablers and barriers to access.

DOING IT ON YOUR OWN

There was a strong sense from some parents that they needed to get on with things on their own, that in the end it was up to the individual to manage. What was very interesting in looking at the types of resources which people brought to their life situations was how self reliant many people were or aspired to be.

> *If I have a bad day, I just say 'All right I'm going to put the washing off until the next day' and that's what I do. I just work around myself (RC34).*

Through myself, through my own strength because I find at the end of the day that unless you can find a family member or friend that has been through this they just go 'Oh, yes, oh dear, that's sad 'tsk tsk', but they don't really understand so at the end of the end of the day it's just up to you go get in and do the best that you can (ML12).

I just feel that – I don't know. You've just got to have a faith in you and a strength in you that – that says to you that you've got to keep going and that you were put on the earth – on this earth for a reason and that you – that no matter what's put in front of you, that you've just got to you know – you've just got to carry on (MM4).

One parent, whose life was extremely complicated with many children and experiences he described as complex and tough, explained that he didn't use services.

No, we just carry on as always. A lot of things we sort out ourselves, we always call a family meeting if anybody's unhappy and need things to do and things like that. So we tend to look to our own. We don't bring anybody else in to the equation (RC33).

There was also a belief in being better off than other people and less deserving or in need of help. For example, one parent put it this way:

And where do you start and then you can feel like am I in that sort of situation where I should be asking for help. Don't people just do it themselves, you don't know. Because you don't want to be turning up asking for help when there's other people who are in a worse situation than you and they actually need the help. Do you know what I mean? (RC7).

SCHOOLS AND OTHER EDUCATIONAL SETTINGS

Apart from family and friends, the main support next most often identified came from local primary schools, high schools, day care for young children and other educational settings. The nature of the support offered depended on the resources available in schools, and the particular knowledge and skills of principals, teachers, school counsellors and school welfare officers. Nevertheless, it was clear that some parents regarded teachers, especially school principals, as trustworthy and their local schools as non-stigmatising places where family support was 'normal' and did not cause embarrassment.

[The school is]…really helpful and the support worker there that helps me. If anything goes wrong he either rings me or I ring him and talk to him but yeah, I find that one is really good (RC27).

Well the school she goes to is really good, he's [the Principal] the one that's arranged all the interviews with Mental Health and guidance and she goes to [a special learning centre] two days a week and we're trying everything. So I've got good support from the school she goes to which is really good (VS12).

The play group. That's really supportive because it gets the kids interactive with others. You could talk to other mums and get advice and so on from the ladies. They're the two I've mainly used in the last year and extremely happy with (GW2).

They help with your child, they help to bring them up a lot more better in education wise. And they let your children play with other children (RC27).

GENERAL PRACTITIONERS AND CHILD HEALTH NURSES

Another main support identified was local general practitioners (GPs), who emerged as a critical source of information, referral, and support to parents. Parents with young children were also greatly assisted by maternal and child health nurses. In addition to identifying one source over another as the main source of support, other parents also identified schools and GPs as additional sources of support outside their own families.

Oh, well, yeah, GPs. My GP's fabulous. They're very supportive and the schools are very good. They know the situation and they try to help as best they can – my daughter stays back two afternoons a week so that helps me. I haven't got to stress from work going to pick her up (WR9)...

Those who identified their GP as the key support apart from their families and friends indicated how critical the role was in providing support, assisting with referrals to health or other services and often providing emotional support when required. For a family whose 12 year old son had a heart attack, the parent regarded her GP as critical to her and her child's wellbeing.

Well I have the most fantastic GP, so you know if you want to – she is the most amazing woman…But just to you know for a GP to ring you out of the blue you know like I knew she was a kind caring doctor, don't get me wrong because she's all like that. But you know to ring me and say to me is there – ask me is there anything that I need or you know what can I do to help. I want to be apart of this, you know. Well she – when J came home she could see that he was depressed. You know there was psychology services and things like that, that she wanted J to go to and that. And she thought it would be good for us as a family too because we'd be through you know we thought we might lose him. So you know it was – it was a really hard time. So she you know she put all these things in front of me and she asked me, now which one would you like to go to? She just didn't throw it at me. She asked me to go home and think about it first and see what I would like to do you know to bring us back together as a family. Because it was a really tough time and she could see that it was a tough time for us. But you know she didn't want us to go down under either. She wanted us to all stick together. So you know we all went through a wonderful psychologist here too to keep us together as a family (MM4).

However, it would appear that when parents need to go beyond the informal support of their own families and friends or the support offered by schools, day care and their local GPs, a number of barriers prevent the use of more formalised services such as those

offered by the Family Support Program. These barriers are discussed in later sections on access barriers.

PARENTS' EXPERIENCES OF SERVICES

As already described in the methodology section, the analysis utilised an ecological analytical framework from the Chapin Hall Palm Beach study (Spielberger et al., 2009). This guided the identification of factors affecting families' use of services such as individual circumstances, needs and resource, program factors, such as program structures, provider factors including provider behaviour and skills, and neighbourhood factors. The findings are summarised here together with the key implications for services.

It is important to highlight the diversity of families in this study. They varied in the resources and needs they brought to their experience of service use, including in the services they used or did not use, and in their reactions to these services. There were, however, considerable commonalities in how families perceived access barriers and access enablers. These commonalities provide strong messages to policy makers, service planners and to the deliverers of services to families. In presenting what parents say about their service use, we begin by describing the kinds of services people used in the past twelve months.

SERVICES PARENTS USE

In the interviews parents were asked what 'everyday' services, 'specific issues'services and 'tough issues' services they had used in the past 12 months. Examples of everyday services were the 'universal services' that everyone can use such as schools, day care, Centrelink, public health services. Specific issues services were for those situations where help was needed for particular life issues such as counselling, family and practical support. Tough issues services in this interview were defined as services related to child protection, drug and alcohol, mental health and domestic violence.

EVERYDAY SERVICES – UNIVERSAL SERVICES

For the parents in this study, the most frequently cited everyday services used were their General Practitioners (57%), followed by the schools (35%), Centrelink (34%), hospitals (19%) and childcare (17%). Given that all parents in this study were clients of Centrelink, this finding is perhaps surprising, reflecting that many parents did not necessarily see Centrelink as providing any more than income support. Parents usually cited more than one service[4]. It is clear that the everyday universal services such as General Practitioners, hospitals, schools, childcare and Centrelink are the key points at which parents make contact with the service system outside the family. This is discussed further in the section on linking to other services.

SPECIFIC ISSUES SERVICES – TARGET SERVICES

Parents were also asked about their use of services targeted to particular groups or issues. They most commonly identified those agencies that offered practical assistance such as charities that provided food vouchers and financial assistance in a crisis (19%). The next most frequently used services were those provided by private psychologists and counsellors (10%) and psychologists and counsellors from a variety of programs including community health and non- government organisations (10%). Other targeted services mentioned less often were family relationship counselling, Family Relationships Centres and job network agencies. Family support, as a type of program, where a holistic approach was taken to meet the needs of the family, was mentioned by one family.

TOUGH ISSUES – INTENSIVE SERVICES

In terms of services for difficult or complex situations, ten parents mentioned domestic violence services. Of these, five parents had used these services (including refuges) in

[4] These numbers are based on the coding of answers to particular questions asked in interviews (everyday services, specific issues services and tough issues services used). While they demonstrate the trends in families' service use, they do not necessarily reflect the total number or type of services used by each family as revealed during the progress of the full interview.

the past year and the other five parents had used them prior to this. Four mentioned the police in relation to domestic violence or mental health issues. Three identified that they had contact with child protection services (which included one some time ago); three had used drug and alcohol services (one) was in the past); and two mentioned mental health services related to severe mental health issues. One refugee family had used a torture and trauma service.

WHAT PARENTS SAY ABOUT ENABLERS AND BARRIERS

When parents need to go beyond the informal support of their own families and friends or the support offered by schools, day care and their local GPs, the next level of support (targeted at specific issues or groups) becomes more difficult to access. This section identifies the enablers and barriers to accessing the services parents need.

In this analysis we found that the access enablers to targeted services identified by parents naturally mirrored many of the access barriers they identified, as well as the suggestions they made for improvements and new services. Barriers to service use included the extent to which parents knew about services, the feelings that parents had about using formal services, the perception parents had about whether services actually matched their needs, structural barriers to using services such as cost, availability of transport or child care and waiting lists and finally whether the services needed actually existed locally.

The vast majority of families (67 out of 80) were able to identify when they had received a helpful service and what constituted a helpful service.

KNOWING ABOUT SERVICES

Our analysis showed that the most common access barrier identified by parents was that they did not know what was available or how to find out what was available.

> *Well like in Geelong I used to go like to a place where they give me like a food voucher where I'd go and I can go and buy food for me and my daughter which is yeah a great help… But here I just don't know where to go. Because one girl told me that like they've got this church or something down in Sunshine where you have to go pray or something and then you've got to like get a ticket and then got wait till your numbers called. I don't*

> *know. So I'm not like starting to go there and pray and stuff like that. ...I just can't find a place to help me out with stuff like that, you know. Like when I do need the help. Other than that I don't know any other services that I could really use. What other services would I be able to use that would be helpful for me? (LT1.)*

Such a situation is particularly exacerbated in times of crisis or stress.

> *Yes, when my partner and I separated two years ago I felt like I was spiralling out of control and I didn't know who to contact for help or anything and I felt basically lost. I did feel lost because I just did not know whether I was coming or going, it was day or night, I just felt like I was lost (RC4).*

Others found it 'hard finding out who's who and what's what let alone would this service actually be any good for me or my kids'.

A key enabler was knowing about the services, or knowing someone who knows about available services. This may be by word of mouth from a friend or relative, simply by chance, or a service could tell the parent about another service:

> *Q So how did you get on to the mental health services – given that you weren't referred to anyone from the hospital – how did that happen, do you remember?*
>
> *A No I just found out via a friend about it* (WR2).
>
> *Actually it was one of their customers that overheard our conversation at the counter (of the Housing Office) and she just said, 'Excuse me' and things like that and she advised us to go and see Anglicare. She gave us an address and we took our problem to them and they sorted it out for us (RC33).*
>
> *… Social services around here I know – I think with – when I first moved to Sunshine when you go into Centrelink they have like a – they have a social worker there if you need to see them. But they also have a piece of paper with the local resources…So I mean I'm not sure if it's [still there]– I haven't been in there for a long time, but you can either ask for it or it used to be on the counter or somewhere… It was useful (RC25).*

COST OF SERVICES

After knowing about services, the next most frequently mentioned barrier was their cost. There were costs associated with services such as much-needed health or dental services, child care, counselling and recreational activities for children. For example,

mothers with young children stopped attending a playgroup or childcare because of cost

> *I definitely would use those services. Again it's the money and the trust thing that comes into it pretty much. A little bit expensive. Well when I was taking him to the playgroup outside of Impact, it was costing me $15.00 a go. And then with the child care centre I was paying $27.00 a go (VS13).*

> *We used to have respite through Family Day Care. But it got too expensive, so we kind of cut that out… I mean her Day Care Mum was excellent; she was really good with the kids. But yeah, it was just – it was too expensive for us (RC5).*

A woman who suffered domestic violence talked about needing more assistance from a psychologist than she could afford.

> *Because I ran out of appointments. Like I had – I had 12 appointments with her originally and then we had to apply to the Tribunal for more. She got more but we used them all… So [it was] likely I would have had to pay otherwise and I couldn't afford to (MM6).*

WAITING TIMES AND LACK OF AVAILABILITY OF SERVICES

Waiting was a significant barrier to accessing services. Families from Bundaberg who had significant health issues talked about how difficult it was to get specialised services such as paediatricians, often having to wait for long periods of time before getting an appointment.

> *Trying to get through the waiting list is the most hardest part of anything, especially if you feel that it's something that you need help with straight away. So it's probably that they're, like they are good services but there are not enough of them in Bundaberg and that's why it's such a high wait. Sometimes it's only six weeks or so, but sometimes you can be waiting a couple of months, especially for hearing and sight and sound, like just health issues in general, sometimes it can be a bit of a wait (RC4).*

For other families having to go to Brisbane for treatment caused significant financial and emotional stress, even though they acknowledged that they received some reimbursement for costs of transport to Brisbane.

In addition, waiting at services to be seen was a considerable barrier especially when young children were involved.

> *… because it's pretty hard trying to pick up kids, get to the Centrelink offices, the queues are just miles long; you can wait an hour or two hours in the queue. It's just very hard, I find, for the working person and kids have after school activities and whatever the case*

> *may be. I know that they say that they have online, but there are times you ring up, the computers aren't working. You do the whole spiel and then they'll say 'Oh hang on, we've got to put you through now to an operator because something's not working' and you've already waited so long on the phone to get through, speaking to a computer and then you finally get on and that doesn't work and then you've got to wait another 20 minutes or a half an hour, you know? (WR9).*

Services not being available at the time they are needed is a significant barrier. One mother explained that when she needs a service, she cannot wait.

> *So I do go and access services when I need them whereas if you were to say to me there's a course starting in six weeks time and it's going to be for two hours a day and you're doing it for three days of the week, I don't think I'd be able to do it. There would be too much stress on my head with everything else I've got to do in a day and my jobs and bills. If someone said to me that's how you have to do it, I couldn't do it I don't think successfully… My needs change quite a lot (VS15).*

FEELINGS FROM PRIOR SERVICE EXPERIENCE

Parents had a variety of feelings about previous service experience. This appeared to influence their willingness to access services, or the ways in which they approached services.

DISCRIMINATION OR UNEQUAL TREATMENT

Parents frequently expressed the belief that they were treated differently because of their status or circumstances. Some participants felt they were discriminated against because they were on income support, a refugee, a father, they had a child with a disability or they suffered from mental health issues. Sometimes parents had an inkling that discrimination was occurring but were not sure.

> *Quite often I feel like that, there's a lot of times when you don't know you could be just turned away by them because you're being discriminated against or what they're saying is true, so it's a bit of a catch 22 that one because how do you know it's a lie? It's only a hunch isn't it by the way they look at you or something and you just feel it (RC7).*

Other times, parents were sure that they were treated differently because of a feature of their lives.

> *They assess you about if you can work or not, and I said to her I've only just I never wanted people to know that I couldn't cope, because if they think I'm out here trying to knock myself off they'll take my kids off me, and it wasn't the case so I'd rather not say*

anything at all, and I always kept it to myself, but now I've just come out of the closet because I've had to, not because I wanted to, and I told this lady and I had some scratches on my hands, I've got a rabbit and I've been fixing up the rabbit cage with chicken wire and I've got scratches on the face of my hands, and she goes you've been trying to hurt yourself? She said because people who are depressed try and hurt themselves. I said no way, I said listen I've been out there playing with the rabbit cage and got all scratched on my hands and stuff like that I don't think they've got the knowledge, I don't think they know how to treat people who have got mental health issues (KB9).

One man who was originally from another country outlined his experience:

Yeah, actually I've come across people that work at the counter that I don't know, I suppose because I'm just big, black and ugly, and they just don't want to deal with me, if you know what I mean. It's like they're frightened of me and I'm thinking 'Oh gees what's the world coming to,' but those are the sort of people that I've run into. I mean there are times that I could be angry but I'm not (RC33).

SENSE OF HUMILIATION OR FEAR

Parents also said they felt embarrassed or humiliated by the experience of seeking assistance at some services. A mother told of her family's experience of seeking practical help at a charitable organisation.

Well, it makes me feel, well you feel degraded anyway before you even go to these places because you feel that someway you're failing anyway because you can't feed your children. There was a time, and it was probably the last time we went, was when my husband at the time was out of work, no fault of his own. And we had no money and I sent him to go to one of these places and they actually rang me up because they didn't believe him that he actually had a wife and four children at home. Then all they gave him was a little bag that had a packet of Weet-Bix and a bit of tea in it. And I think they gave him a $10 voucher to go to Woollies or something. He said, never again (VS10).

One of the participants in the non service users' focus group said

I am a nervous wreck every time I go into Centrelink I think I have done something wrong. Have I said something wrong? (Participant Focus Group 2.)

Some parents felt embarrassed about the situations in which they found themselves and were concerned that they may be judged about that.

But was – like how do I put this? Like my ex husband like is a drug user. And I don't know – occasionally but not every day but I mean that's where – like I don't get money off him probably because of that reason. And I find it embarrassing for me to go to – you know what I mean for me to go to a counsellor about drugs. And I can't tell – you know many people that he does that because I'm embarrassed (RC25).

There was also the response of feeling as if one should cope without help.

> *I felt a little embarrassed really because I'm not one to go and ask for help. If I can work it out and get around and manage to pay what I have to pay off without having to go and ask for help I will, I just don't like going and asking for help (ML13).*

A related feeling was that some parents perceived themselves as not being in as much need as others which then lead to an unwillingness to ask for assistance.

> *Yeah I'd rather do it myself because there's a lot of other people out there that need the help more. There's a lot of kids out on the streets because they didn't want to be at home because they didn't want to follow the rules that mum and dad set down and there's a lot of kids out on the streets because they can't be at home. And to me they need the help more than what I do, my kids have got a roof over their heads, they've got their mum and their dad (RC35).*

Some parents feared children being taken away from them. Discussion in the focus groups identified that parents felt that you were 'damned if you do and damned if you don't use services'.

> *If you go to every service that is available the service is going to turn back on you and say well you're an unfit parent aren't you. Because you're coming to us all the time looking for help and you can't do things yourself so it's a catch 22 system if you ask for help they are going to pound you, but if you don't they are why didn't you come for help? So what do you do? (Participant Focus Group 2.)*

Parents may also feel disinclined to access a service because of fear of rejection based on past experience. For example:

> *Yeah because I've been rejected before because I didn't have a concession card, well my parents have been rejected before going into a place because they needed furniture which they did need and they got rejected before. Even though I do have a concession card I'm still scared of being rejected. I feel like I'd have to walk in there wearing scrubby clothes even though I don't have scrubby clothes because all my clothes I bought when I was working (WR3).*

REPETITION OF STORY

Needing to repeat a story over and over again was frustrating and a disincentive to seeking assistance, particularly for people with multiple issues who might have to attend several services. This was identified in focus groups and individual interviews.

> *Oh yeah, but then it's just traumatising my daughter all over again because she's got to go through and re-explain it all again and it traumatises me as well (ML12).*

Another mother said:

> *It's hard going through with another worker who doesn't know you again. It's like you're saying the same story over and over again. Whereas yeah – whereas it would have been nice if maybe I could have – yeah, I could have spoken to her [previous worker] or rang her up afterwards (RC25).*

CONTRADICTORY INFORMATION

Many parents spoke about contradictory information being a barrier to accessing services.

> *Like I can ask a question and they'll put me through to another department because they don't know the – the answer or – it's just – or they – they give me their answer and then I'll okay, that's what I've got to do. And then I come in with the paperwork and that, that I need, and it's the wrong information. There's more information that I need. It's been very difficult with us with our business and very – there just – there just seems to be no communication between the partners as to what – what's happening and the paperwork and that we need (KB3).*

One mother explained that you are lucky if you make contact with the right person.

> *At the moment I'm looking at going back to study, but I'm not quite sure how it all works with the pension and Austudy and all this sort of stuff and it's just confusing when I ring to ask Centrelink 'How do I go about it?'. And everyone you speak to, you always get a different answer – on the call centres. I just find it's very hard and it can be very confusing. You've just got to get that one person who's got their finger on the pulse, then you're lucky. But if you don't, you're up the creek (WR9).*

'Everyone tells a different story' was commonly experienced by participants in the focus group comprising people who did not use many services. They spoke about acting on advice from one worker, being told by another that it was wrong and then feeling 'like a criminal'.

A CONSTANT STRUGGLE

Many parents reported getting 'the run around' from services which they felt was frustrating. They felt as if they had to work hard to find the services they needed or to find the 'right' service or support.

> *And it – I just basically got to a stage where I didn't know what else to do and I just got out the phone book and started phoning people one by one and said look can you help me.*

There was nothing that was you know really thrown in my face and said look we're here for you (KB3).

One mother expressed her frustration at trying to obtain assistance for her daughter.

From my own GP, really nothing other than here's a referral. You got psychologists and psychiatrists, yes they will allow you in to say well this is what you think is wrong, and express your side of it, and after that you get no feedback whatsoever and it's your child. You don't get 'Oh well, this is how you can help your child' because my daughter ended up trying to self harm herself and everything and as I said wagging school, doing all those sorts of things which she shouldn't have done because she was just crying out for help. … All you get given is a phone number shoved under your nose for Lifeline or something like that, that if you want to talk to them you can phone them up 24 hours a day and it's not enough (ML12).

INFLEXIBLE PROCESSES AND ELIGIBILITY

One issue to emerge from parents was the sense that they did not fit into the service category, the right geographical area or that they were required to go through complicated processes of 'red tape'. One parent who had complex family needs including his own health and his daughter's mental health and who was facing Centrelink job requirements in the face of poor health put it this way:

What I've found with my own situation and the situations that my kids have found themselves in is that every office, whether it be Child Support, Centrelink, Job Network companies, doctors, whatever, everyone has their little square that they fit into and if you come outside of that little square, into that grey area where you don't quite fit, you're just left. And there's just so many situations where there is that grey area and you can't get anything done because you're in that grey area and I think something needs to be done about it where it's more … things can be tweaked a little bit to get people out of that grey area back into the black or the white area where they want you, so you can fit (ML12).

A number of parents discussed how administrative processes made it hard to get the help they needed. These service/administrative processes led to a large degree of frustration – often with parents giving up on getting help or feeling even more embarrassed about asking for help. A parent with two young children described how her interaction with services caused her Centrelink payments to be cut.

I actually had to spend a lot of time between Centrelink and Job Network agency for them to figure out that well, yes I did retain the parenting payment but I didn't need to look for work due to being six months' pregnant when it happened, but it was sort of a bit of a tussle because you never get the same person in those kinds of places at Centrelink. It was very difficult, because each person had a different thing and a different way of helping, I actually lost my Centrelink payment for two fortnights because they wanted

proof of ID even though I've been on Centrelink since I was 14 myself, they actually wanted me to get a birth certificate so I lost payment there for awhile with that as well (RC4).

PRACTICAL ISSUES – OPENING HOURS, TRANSPORT

Factors like opening hours (business hours only) and lack of transport to services were barriers to service use. These practical issues could act as a 'last straw' disincentive to seeking assistance, if people were already tired, stressed or fearful of the consequences of seeking help.

Some parents who accessed food vouchers from charitable organisations identified that it was often difficult to get these services, partially due to hours of operation and the lack of coordination between services.

I've gone into Centrelink and asked for the form that they give you so that you can go to St Vinnie's or somewhere and get food vouchers. I haven't had a problem getting the voucher, all you've got to do is walk in and line up and get it. I think it doesn't help sometimes that they're (charity) is only open for a couple of hours …Yeah, and if you don't … say they close at 11 o'clock or something like that and you've had to stand in line for an hour or so at Centrelink you may not get there in time or something like that so you've got to wait until the next day. You have to get your declaration that you're on Centrelink payments and how much you receive, that's what you've got to take to St Vinnie's (ML12).

WHAT CONSTITUTES A POSITIVE SERVICE EXPERIENCE?

Most families were able to identify when they had attended a helpful service and what was helpful about the experience. The key messages about helpful services largely mirrored the messages about what constituted an unhelpful service.

INDIVIDUALISED RESPONSIVENESS

A key finding was that a positive service experience for most people involved an active, caring response to the individual situation of the family, parent and child. Families reported feeling supported according to their particular circumstances and needs, rather than having to fit in with the structures and requirements of a particular program.

She (Tenancy worker) treated me as though I was important. She didn't write me off at all. She just listened to me basically. Every time, even if it was just a niggling question I had,

> *I'd ring her and she'd ring me straight back. It was just…a lot of people get put down because they're a tenant. You never think that the tenant is right. When I get annoyed I often need to prove a point and my point then was I was right, my landlady was wrong and for someone to stand there in a government agency and back me up and say yes you are right and stand behind me, that was fantastic. I didn't have to go to court, I didn't have to do anything aggressive like that in the end. I was just able to say finish my lease up, do my final clean and move out and that was perfect. I went through so much before that to have that as a result (VS15).*

For one parent, the responsive service was from a legal aid solicitor.

> *Really well. I have been lucky enough to get a brilliant legal aid solicitor, my solicitor was brilliant… So the lady that I had was absolutely brilliant, she used to email me. I emailed her at eleven o'clock on a Saturday night and she emailed me back at half past one Sunday morning so it was just awesome, she was an awesome solicitor … she was so cool I really dug her (RC13).*

Another parent spoke of how responsive Centrelink was to her concerns.

> *Centrelink yeah, they're spot on. If there's a problem they normally fix it straight away (RC10).*

For some families this individualised response meant making sure children received additional help at school, either academically or emotionally.

> *My kids go to a local state school. My middle one has been having a lot of trouble since my ex-partner and I separated and he was getting suspended and in a lot of trouble. They've actually helped him a lot and he has really improved this year so I'm very happy with that…They actually helped us by getting him counselling, to see like a guy higher than them, an anger management guy at the school to help out as well. Rhys, that's my middle child, he actually sees I think it's like a guidance counsellor at the school every Tuesday or something. So he's improved a lot… so I'm happy with that one (RC10).*

Parents particularly appreciated a whole-of-family approach to their needs.

> *The school has been wonderful. They've been a very good support with the kids and those things have been crazy at home with the hours and that. That we were working at the time and we couldn't always be at home as parents, keep up with them and their homework, so they would help out with them at school with their home work and they were very good in that way. But now that we're not working, it's all been caught up again. But yeah, the school are very good (KB3).*

ACTIVE LINKING

Time and again parents spoke of how important it was that they were linked to the most appropriate service for their needs. This was a very different experience from being

'given the run around' and referred from service to service without actively connecting with a service which could assist.

One mother, who was socially isolated, had suffered the death of her baby and the suicide of a close relative. She spoke of how helpful it was to be linked with another service in a very active way by being transported to appointments.

> *Definitely the refuge, they directed me to Lifeline so that was a help in itself, the refuge would pick me up and take me to appointments at Lifeline (VS11).*

In a situation of domestic violence, a mother was linked by an agency to a specific counselling service for children and this resulted in positive change for these children.

> *…I have had to use counselling for the children…Yeah, well there was a bit of domestic violence with the children and with their father. I yeah, rang this place, found out about counselling, put my kids in counselling and they were amazing. The kids no longer need counselling, they are doing great at school and everything, they have been brilliant (RC15).*

As stated in the section on sources of support to families, everyday places like schools and GPs were not only the first port of call for parents in need and places where parents found a great deal of support, but they were also a key link between universal and targeted services. Parents provided some good examples of when services such as GPs and schools were able to provide information about other services that they may have needed.

> *Yes, because they've (the school) had other parents that had had you know divorce situations they had actually gotten to know quite a few establishments around the town that offered help to single parents and newly divorced parents and that (RC4).*

In the above example the school actually referred the family to the Family Relationship Centre in Bundaberg and this proved to be very helpful.

> *There's a place called Family Relationships I think now in Bundaberg and they actually, I referred my sister onto them because her daughter is quite a naughty little girl and they referred us, they were able to refer us to the Triple P classes for parenting and private counsellors and things like that and behavioural things (RC4).*

The same parent spoke of the important linking role played by her GP.

> *Yes, thank God we've had him (GP) for years, he's been very good with my partner suffering depression, he was able to guide him through that and give him some services of free counselling places and an actual psychiatrist who bulk billed and things like that. He was also good to just talk to, when I felt things weren't going right and my daughter we've had a few issues with her and we couldn't get the Base Hospital up here to listen but he's actually got us bulk billed into eye specialists and hearing specialists, which is good so he's been brilliant doing those things for us and I absolutely love my doctor he's really nice (RC4).*

Centrelink is also in a prime position for linking.

> *Well they sent me this year and a half or so, they've sent me to [job network agency], so I've been mainly doing stuff through them, for Centrelink sort of thing. Like the TAFE and I've done other courses, just trying to get a job and trying to get back into workforce sort of thing, now that the kids are older…Actually it's been pretty good. They've taken into consideration that I haven't worked for a long time. And I have sort of problems of my own with anxiety and things like that. So yeah, it's been pretty good so far (ML9).*

Conversely, not being linked at a critical time is a missed opportunity to support families.

> *Centrelink is the first hub you go to and you go there first because you think you are married forever but things happen and you go there and you think well they will tell you what to do and where to go – they could ask do you need counselling do you need to see a counsellor – you never get anything like that (Participant Focus Group 2).*

There are many examples of where very vulnerable families remained isolated and disconnected from services. Generally, these families were in contact with universal services such as health services, including the hospital, schools and Centrelink. For example, a woman who suffered anxiety, had a traumatic miscarriage over a week and who was seen at the public hospital several times in pain and emotional distress, was not referred to any services or support at that time.

> *Just told me I needed to calm down and deal with it and gave me morphine and tried to send me home but I collapsed because well, I have never had morphine in my life and it wrecked me and then they said well you have to be triaged again because you just left and yet this went on and on for about two weeks – so not many of my visits was I actually helped at all within two weeks (WR2).*

With another isolated family, the main contact points were Centrelink, preschool and hospital.

A mother living in Melbourne for just over two years is a refugee from Africa. She has three children aged five, two and nine months and is pregnant with her fourth child. She appears to be very isolated, and uses no services apart from receiving money from Centrelink, antenatal appointments at the hospital and contact with early childhood services where her five year old son goes preschool. It would appear that none of these services have explained other services to her, nor linked her to parenting services, specific refugee or migrant support services (although she has heard rumours about these and called them a 'secret'). She lives with her husband who is currently studying English and her mother who lives in Melbourne is occasionally able to help her. What she thinks would help her situation would be a case worker who could help her find help. She is struggling financially with the money getting used up at the beginning of each fortnight as soon as she receives the Centrelink payment. The family is paying private rental and she does not know how to apply for government/public housing.

In contrast to the situations outlined where linking did occur it appears that none of these universal services provided a bridge or a link to the assistance needed.

FOCUS ON CHILDREN'S NEEDS

Parents in this study were primarily concerned about the needs of their children. These included their basic needs like food and shelter, health needs and needs for education and overall wellbeing.

There were a number of parents who had been able to secure services, particularly counselling or programs to assist with particular special needs. Once again this was often through universal services such as schools.

> *My daughter was feeling very depressed there a couple of times last year so the guidance counsellor [at school] had said to her that his door was always open to her and that if she felt depressed she could go and speak to him and she did and that was good because she needed that because she can't phone me during the day (ML12).*

A service which supports parents to attend to the needs of children while accessing services is appreciated. Home visits or responsive phone services are often regarded as helpful.

> *And I actually had a lady that used to come out and see me [from Mental Health Unit] I suffered really bad baby blues and I had children, so Home Counselling services are great because then the mum doesn't have to go out of her way to try and get the kids ready or you know, rush about and you feel more comfortable talking in your own environment (RC4).*

> *Whereas the St Vincent's you actually rang up over the phone and they actually come out to your house, a lady and a man would come out to your house and sit and have a chat*

with you and have a cup of tea and talk to you about your situation and that. So I found that a bit easier because they actually come to you (VS5).

COMMUNICATION BETWEEN SERVICES

Families highlighted the importance of services fitting in with each other's processes or working together for the benefit of the family or child. At a minimum, families need services that avoid conflicting requirements and processes. A basic requirement of coordinated service delivery is effective communication between services. Parents report this sometimes worked and the parent felt supported.

No, they [in this case Centrelink, job network agency and private counsellor] sort of all worked, tried to work in together, yeah. Just supported me in their different ways or whatever. Yeah, it was pretty good, yeah (ML9).

Sometimes the communication and coordination did not work as well. One parent who was dealing with mental health services and her GP felt the communication was 'a bit hit and miss'.

Either they couldn't get in contact with each other or they'd miss each other or they'd not get the information they require and they can't find the person they were talking to last time so I get bamboozled (RC27).

Parents reported several examples of significant unintended negative consequences of information not being communicated between systems such as Centrelink, Child Support Agency and employment services. Already meagre fortnightly payments to parents raising children alone were cut because critical information was not passed on.

I did have a problem where I went back on a parenting payment and Centrelink forgot to let [job agency], who I have been formally through for employment, know that I was pregnant so they were trying to call me for interviews and I'm going um, it's no use, I'm a bit too far gone to get a job now, so I had a bit of a battle there and then I was made an active job seeker and because I was currently studying through Skillset I nearly lost my retail course that I was doing (RC4).

The complexity and impact of communication about child support payments on families is illustrated below.

I think the Child Support Agency needs more help in being able to help people instead of just sideswiping them, like I would say to them sometimes and ask them why I haven't received my proper maintenance because I rely upon it and I've been told that I should not rely upon it and yet Centrelink sees that as being income to me so whether I receive it

> *or not I still have it taken out of my pension as if I have received it and then when I question Child Support as to why I haven't received it they just say things like 'It's not our job to get it,' and stuff like that, 'If you need it so desperately then you phone up your ex-husband and question him about it,' and stuff like that. I just find it extremely demoralising whereas they have been paid to do a job, they're paid to ensure that it is there and I know that they don't sort of really get into it with trying to get the full amount for you until it reaches a certain level but they don't understand that you still have to live day to day and you still have money taken off you through Centrelink as if you have received it and some months, like last month I only received a couple of hundred dollars, so you really struggle for that next month (ML12).*

Relationships can suffer great stress through illness and subsequent struggles to obtain the help required.

> *No. There's – there's just mixed communication everywhere. … It's been terrible. The amount of stress my family have been through and the stress on my marriage has been incredible… I'm surprised we're still together sometimes (KB3).*

For some parents, the solution was found in the form of professional assistance to undertake the communication and coordination required.

> *Look honestly if I was to try and get all of these services in place myself I would still be trying. I find, because it came from a professional counsellor I guess at the school, it's got more punch behind it. Whereas if I was to just call and say 'listen I need this help' then it would take a little bit longer. Yes (MM5).*

LISTENING AND RESPECT: THE HUMAN CONNECTION

A prevailing theme throughout this study was the transformative experience for parents of coming across a person from any professional background whom they felt related to them as a human being, rather than a person in a role. On numerous occasions, in a variety of agencies and organisations, the positive experience of a service was related to being listened to and respected.

When asked what helpful service providers did, listening was frequently mentioned. This could be a GP, a counsellor or psychologist or an alternative health practitioner

> *She's understanding, she listens (RC 35).*

> *And my doctor's a really good listener and my psychologist whom I still go to now, even though it's been 30 weeks, I still go and they're great. They're fantastic. They listen to everything. You know like they – they're very good help. So you know if I've got a problem I know that it's going to be dealt with and you know and they put me on the right track, so I'm doing pretty well at the moment (MM4).*

> *Again it is like a counselling thing, an ear to listen to and actually taking the time, the caring side of things (WR2).*

When people were asked what would constitute an 'ideal service', parents did not want new or different services (although sometimes that was the case) but they did want current services and organisations they dealt with listen to them and respect them.

> *One thing I think parents need is respect as parents, like in regards from schools and whatever because I think a lot of time when you have concerns especially if you've got a child that's behind in regard to his learning and you then try to express those concerns, I think a lot of times they just are, oh well that's alright, he'll just pick up next year, it's alright, it'll be alright. And I think it's something you get fobbed off. I think for people to actually listen to what you've actually got to say. Instead of just, yeah…Yeah, not to be ignored, I think (VS10).*

There were instances where a genuine human connection between a family member and a service provider was perceived as enhancing a family, parent or child's well being.

> *Well see she (School Counsellor) seemed concerned, you know, genuinely concerned not just as a counsellor, but as a person, and that came across that you could, even I could, she was being professional but at the same time I could see that she was, had that little bit of concern, 'well what about yourself? You have got to look after yourself too.' You know? Which was really, really great which gave me a bit of confidence to go ahead and do some other things. Yes (MM5).*

For the mother of a young boy diagnosed with ADHD the connection between one particular teacher and her son made an enormous difference to both her and her son.

> *…So pretty much all through Grade 1 he was difficult, but his teacher was absolutely lovely. And thanks to her, it made it a lot easier for me. She was quite, she was really lovely… And still does even now [take an interest]. She'll often see him and rub his cheek, and say "You're still beautiful" and she's very genuine. It's amazing how a teacher can really make an impact on a child's life for a year (KB5).*

CONTINUITY

If a connection is established with a worker or service, families often wish to continue with that worker or service rather than ceasing it prematurely or having to switch to a new helping relationship or service because of funding or eligibility arrangements.

> *…If you stick to the one doctor and they know you well enough and they know what's going on and they know what's going on with you, well then you don't have to sit there*

forever and hold everybody else up out – out in the waiting area and to go through everything. No, she's very good that way (KB3).

[Relationships Australia offers] different sorts of classes and stuff like that, and obviously the counselling service are willing to work on any aspect. Like the kids, parenting, all that sort of stuff. They're just, I didn't realise they were so…I don't know how to put it…that they covered so much. I thought they were just for relationship problems. But I don't know if it's because I went there with relationship problems that they kept me on, or what. I don't know….And when you're comfortable with one person, you don't really want to go and go through it all again with another person and all that sort of stuff. So it's pretty much a one stop shop for me (SC2).

Some parents with complex issues that brought them into contact with intensive and targeted services indicated a wish to be able to re-contact the worker with whom they had established a rapport if they needed to at a later time. A woman who had experienced domestic violence and had young children formed a connection with a particular worker in a support service and wished that she could have maintained that relationship for longer, but funding had been cut.

…and they were quite nice to me. I didn't feel – I didn't feel that they were looking down on me or judging me or anything like that. So that was good. She said the service had stopped and sort of like – it was cut off and you know maybe at times where I may have you know would have been nice to speak to this particular worker because she knew me and I wouldn't have had to – you know gone through the whole story again (RC25).

LOW COST SERVICES

A consistent message of this research is that families on income support struggle financially to make ends meet. A helpful service takes account of the obvious and hidden costs of using the service. These costs may include childcare, work time, transport, fee for service and telephone calls. Hidden costs associated with utilising a service may mean that the person does not attend.

Even the cost of looking for services appeared insurmountable for some. This cost could be in the form of phone bills or transport.

No, and you can't afford to be running around all the time, and it's just the way that I look at it, if we have to go and start chasing things like that it's going to cost us. We're better off keeping that in our pockets (RC33).

Parents' suggestions for minimising these costs included providing more services in the home, or providing services in one place. One person indicated how convenient she had found the local community centre.

> *They are a great community centre, but I just couldn't believe how much they were helpful, you know? Like there were just all these services in the one place, I didn't have to basically do anything, make any phone calls and explain situations and things like that, they did it all for me. Yes (*MM5).

WHAT NEW SERVICES OR ASPECTS OF SERVICES ARE NEEDED?

CARE OR SUPERVISION OF CHILDREN – WHATEVER AGE

When asked what they would like in terms of an ideal service or a 'pie in the sky' service the most frequently expressed wish was more available care for children. This could be more economical day care for children, or care for older children which would enable parents some respite from daily care responsibilities. This supports the findings described earlier that the helpful functions that families and friends performed often related to child care. For those who are isolated from supportive family and friends, by geography or other reasons, this remained an important need.

> *Something like respite where I could, it's like babysitting the kids I suppose, so I could go and have some time to myself, or go and do something I want to do. I mean it's only a dream anyway because things like that cost money, and I don't have money so anything that I'd want to do would be out of my reach anyway, so I have nice dreams that's about all I do is dream…I don't have the support from my family, it's just me (KB9).*

It was not only parents of young children who expressed a wish for this kind of time away from daily care responsibilities, or sole parents, but also those who have teenagers. This father in a couple- headed family explained the need for care for children (who include teenagers) to give parents a break:

> *I know a lot of the time we just talk about the fact that in a family it's great to be always together but sometimes the partners, the adults, need to spend a little time by themselves without kids pestering them every five minutes. Yeah I reckon we are carrying a bit of a load and every now and then it shows its ugly head too…Well every now and then you get a bit cranky and things like that or you get pissed off that you're always doing the same thing, trying to do the right thing all the time (RC7).*

PUTTING INFORMATION AND SERVICES TOGETHER

A number of parents and focus group participants highlighted the value of being able to access services or information about services at a central point, such as an information hub – a place where you knew you could find out about what is available and might be suitable. A number of possibilities were identified. Suggestions included

- an information hub,
- Centrelink as the site for more coordinated information and services,
- and the suggestion that a designated worker could play a coordinating role.

> *Just a service that would be able to give me the information required and not have to go looking for, one that's easily accessible (RC 37).*

Some people thought Centrelink could offer this facility.

> *You know, does Centrelink provide it to you when they know that you're a sole parent or whatever, say look these services are out there if you need them and this is what they provide or a council book or a community book that have all these sort of services and what they provide for everybody. Not just for single parents but there's a lot of couples out there that need it too (VS7).*

Others suggested that at least one key linking person would make a difference.

> *the most frustrating part [is]because I know myself that they have got more punch than what I have because they are professional counsellors, you know? And I am just basically a Joe Blow off the street. So people tend to, always people take a professional fellow over anything else. So I tend to think that people out in the street, everyday people, who don't know who or they haven't got, weren't lucky like myself to come across am have no access to these services (MM5).*

> *Okay. It would be really nice if I could go in and perhaps have one person that deals with us all the time. I know that's very hard considering all the people in this country and the amount of work that they have. But it would be really nice if I could just go in and sit down with one person all the time, who we get to – like they get to know me and get to know what our family needs… Like with our – our children's health or with our business or anything. Just get to know us as a family as a whole and they may then, that way they could suggest okay, well we could help you this way or you know you might be entitled to this or something like that (KB3).*

Finally, some people suggested that services could be co-located.

> *Some services could be combined in the one place (Participant, Focus Group 1).*

> *If you could walk in the door and show your licence and say this is who I am and I need some help. And then just go from there (RC30).*

When I was growing up they used to have drop in centres, in towns there'd be a drop in centre and I reckon something like a family drop in centre where you could bring your kids and to play pool, it's free, there's free games and free books to read and things like that and a lounge and bean bags and stuff like that. But then there's also your offices and stuff there where there's actually counsellors and people you could talk to and say look man how do I get some help (RC7).

PRACTICAL ASSISTANCE–MONEY, HOUSING, FOOD

For many parents the daily struggles revolved around sufficient food and housing, related to sufficient income. These were reflected in the following comments in answer to the question: What would be the ideal service?

Yeah, put some bloody food in the house (ML11).

And more help like with food places that sort of help you out because, like I said, there comes some very hard times, you know what I mean? You've got to pay your bills and sometimes you don't have enough money and like I said, I've got a 15-year-old son that eats like a horse (RC28).

One woman did not have access to a phone due to financial pressures:

The one thing that would be such a big help is if I could access a free phone. A home telephone that even if I could just ring local on or some people could ring me, that is my biggest problem at the moment. If I don't have credit on my mobile, I can't ring anyone (VS15).

IMPLICATIONS FOR THE FAMILY SUPPORT PROGRAM – KEY MESSAGES

This study aimed to explore with a group of parents on income support, their needs, their current levels of formal and informal support, and their experiences of services. As a qualitative study it was designed to gain a deeper understanding of the experiences of families with complex needs, so that this understanding can be used to shape more responsive and integrated service delivery. The next section uses the findings to develop key messages for policy makers and practitioners.

There is little doubt that the majority of families in this sample had complex and multiple needs and that their experiences of disadvantage had compounding effects. These findings reflect the wider literature that identifies how problems facing many children and their families are cumulative and interlinked (Small & Newman, 2001; Allen Consulting Group, 2003; UNICEF, 2003; Vinson, 2004) and are often concentrated in particular localities (Vinson, 2004; Vinson, 2007).

The findings of this research support the notion that solutions that are early, interlinked, 'place-based' and collaborative will best support positive outcomes for families and their children. This final section outlines the key messages that come from the research and have significant relevance for building the new Family Support Program, with its focus on creating service systems surrounding vulnerable parents and their children that are collaborative, responsive and accessible.

BUILD AND BUILD ON INFORMAL NETWORKS AND SUPPORTS

The overwhelming source of support to families in this study was family members, especially parents and friendship networks. This informal support, when available, provided 'time out', advice and emotional and financial support to parents. It was strongly regarded as the natural place to seek and receive help. Indeed there were strong feelings voiced by some parents about how they needed to manage things on

their own, to keep it in the family and that services were for those who were much worse off.

Not having an informal network or having one that is fragile clearly increased the pressure on families in this study. Knowledge of how increased social support can mediate the stress and isolation felt by vulnerable families is now well established from previous research (Forrest & Kearns, 2001; Fram, 2003; Whittaker & Garbarino, 1983; Woolcock & Narayan, 2000). Families who are isolated must be able to access the social supports that could make a positive difference for themselves and their children. As one parent said when asked what would make a difference to her and her children she answered 'a social network'.

This research confirms other evidence that building and strengthening informal networks increases social inclusion and should be a key strategy of family support programs. For example there could be a greater role for funded, 'targeted' services to work alongside the informal networks to provide practical and emotional support at the local level. Programs that partner up to build informal networks such as playgroups and parent groups in normal, non- stigmatising places are building parenting capacity and increasing social connectedness.

GREATER FOCUS ON MEETING CHILDREN'S BASIC NEEDS

Many families were concerned and worried about their children. These concerns were related to a range of issues, particularly the effect of not having enough money or their ability to ensure their children's basic needs were met. For example, many parents spoke of not always having money to pay for food, bills or for services such as child care.

To compound financial disadvantage, almost a quarter of the parents (23%) interviewed identified having a child with special needs including physical and intellectual disabilities, developmental delays, serious behavioural, emotional/psychological or health issues. Families told of the ripple effects these unmet and/or ongoing needs have on families. They feel highly stressed when they are unable to address significant

learning difficulties, children's grief about parents separating, fears about family violence, and the impacts of other chronic and serious health issues. This stress can often lead to pressures on family relationships which may result in increased risk of family breakdown. We note that health services, schools and other places where families have everyday contact play a critical role in assisting parents to meet the needs of their children and to provide support to parents and children when there are ongoing issues.

Parents gave examples of how being 'helped to help' their children had an overall positive impact on the family. However, there were also many examples of enduring frustration and stress when parents were not listened to or when they felt their concerns about their children are not taken seriously.

INCREASED COLLABORATION NEEDED FOR MULTIPLE, INTERLINKED AND ENDURING ISSUES EG DOMESTIC VIOLENCE, MENTAL HEALTH ISSUES, BEING A REFUGEE

Most of the families in this study were experiencing multiple disadvantages and key barriers that prevented them from participating fully in society.

Some issues significantly compound existing disadvantage and complexity. Families with these problems (such as domestic and family violence and mental health issues) appear to be more likely to also face other problems such as homelessness, children's behavioural and emotional problems, and severe financial disadvantage. Families who are refugees are also particularly vulnerable and require ongoing multiple forms of assistance.

The study also indicates that some families, with multiple complex issues do not take up the offer of services because they have had previous negative experiences, feel ashamed about asking for help, have insufficient information about services to access them or because they are too overwhelmed to do so. These families appear to be those most in need of supportive, proactive, ongoing and coordinated service responses. As the level of family vulnerability and complexity of issues increases, so too does the

need for services to work more closely together. In making decisions about why, how and when integration should occur it becomes apparent that people with interlinked, serious problems would benefit from dedicated assistance to help them broker services over a longer period of time.

REDUCE 'PROCEDURAL MADNESS' ESPECIALLY FOR THE MOST VULNERABLE FAMILIES

Furthermore, there are many examples of the unintended negative effects on families of policy and service design. Families spoke of how infuriated, frustrated and humiliated they felt by a wide range of 'reporting' and 'compliance' procedures that take significant time and effort to fulfil. This problem was reported by a wide range of families in different circumstances and it adds another layer of stress for families with very high needs. For example it appears that the social security/income support system may not have a way of identifying families with high and complex needs so that they can be specifically assisted to navigate through multiple administrative channels. Parents need to work very hard at getting and maintaining services and often give up before getting what they need.

When income support is reduced for whatever reason, the effects on families with children can be devastating. This study showed that sometimes this occurred even when other service providers were involved who could have assisted parents to renegotiate such decisions. The study indicates the need for large systems such as Centrelink and the Child Support Agency to develop ways of identifying and assisting particularly vulnerable groups. The study also highlights the potential benefit of other 'targeted services' being more actively involved in assisting parents to navigate the larger systems.

TARGETED SERVICES OPERATING FROM NORMAL, NON STIGMATISING, UNIVERSAL SETTINGS

Families in this study did not have a strong concept of the idea of a service system. Many families made favourable comments about their positive experiences with normal,

non stigmatising places, for example, schools, child care and their local GPs. This indicates there may be a greater role for funded 'targeted' services to collaborate with these settings to provide information and support when problems first emerge. Many parents already identify schools, for example, as places that provide support and information about local services. However, this is very much 'hit and miss' depending on the availability, values and skill level of educational personnel. It may be effective to place skilled people located in these settings specifically to work across universal and targeted sectors to bridge this interface.

LINKING FAMILIES WITH SUPPORT

This research demonstrates that there are many opportunities to link families actively to the services they needed. When families are linked to a service that does meet their needs, they feel it makes a significant difference to their lives. However the picture that emerges is that this is a somewhat variable experience for parents.

Although there were some outstanding examples of agencies like Centrelink taking the opportunity to link parents to a wider range of services, overall many opportunities to do this were lost. Although Centrelink plays a large role in the lives of families in receipt of income support, on the whole, Centrelink is regarded by the families in this project as a dispenser of income rather than a 'service' to assist families.

Health services and hospitals are other places that very vulnerable and isolated families often come into contact with, yet these agencies also do not appear to actively link families to broader service systems. There is a compelling argument for building the capacity of these widely used settings to routinely provide information and support, and to actively link families with both state and federally funded services.

THE SIGNIFICANCE OF RELATIONSHIPS

Families in this sample often had complex and multiple needs. This meant they did not always fit into service categories. However, when families found the right person (rather than service) to help them this often led to transformative experiences for their lives and

those of their children. There were several factors that a real difference for families. These included: feeling they were treated as a human being rather than a person with a specific or narrow problem; being listened to; a connection being made; and their individual circumstances being taken into account. Where services didn't work for families and caused them increased levels of stress and frustration, it was often when procedures and bureaucracy took precedence over a human response.

This is in line with what is becoming more frequently recognised in the sector. Relationship-based practice offers strategies to respond more effectively to the complexity and uncertainty of individuals' and families' lives. These findings provide direction to the type of training and professional development that may be useful to ensure that practitioners are able to connect to those who need services. Barrett (2008) notes that relationships are critical to successful practice and it must be recognised that it is these relationship skills in the practitioner that are the catalysts for successful engagement with vulnerable families.

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APPENDIX 1

TELEPHONE INTERVIEW SCHEDULE – FAMILIES' EXPERIENCES OF SERVICES

Introduction and information

- ☐ Introduce self and refer back to earlier contact when the interview time was made.
- ☐ Give reminder of project as required:
  - Words like: *This is a project commissioned by FaHCSIA to gain a better understanding of what support services families need and what kind of support would really help them. Some people also find it difficult to use services, and we would like to learn more about that. Through this project and talking with families, we would like to find out how you think services can be better for Australian families. How can services change to be better for parents and families?*
- ☐ Read information letter.
- ☐ Voucher ($25 for phone interview) – will get details of where to send that at the end of interview.
- ☐ Check that participant understands and is happy to proceed, answer any questions or concerns.
- ☐ Complete consent form.
- ☐ Consent for audio taping.

Notes to interviewers: The purpose of this interview is to gain an understanding of the family's life and needs, including the needs of children; the extent to which they have used services and multiple services simultaneously; and what their experiences of the service use has been.

It may be that the answers to Question 2.1 provides the starting point for gaining all of this information, without needing to ask the specific questions in the other sections. However they are there as a reminder of the types of questions we are looking for answers to.

It may also be that the person we are speaking to has particular relevant issues in one of the research areas which we think it is worthwhile to explore – it is OK if we do not get detailed answers to every single question, but **it is expected that we will try to cover every Section.**

IDENTIFIER #: _____

Section 1 Demographic information

> **Notes to interviewers**: Section 1 is looking for factual information, but hopefully the style of obtaining it can be as conversational as possible, bearing in mind that the entire interview will be transcribed and analysed, including this factual material. Please enter this Section 1 information into the Lime Survey file called…

Words like: *In the first part of the interview we ask some questions about you and your household, and then we go on to talk about what services you have used, how useful you found them and what improvements you would like to see. We do have a fair bit to get through in one hour and sometimes I may move the discussion forward in order to achieve this.*

1. How many children (16 or under) do you have living in the household (children who live in the household at least 50% of the time)?

2. Gender and age of children in months:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

3. Which of the following best describes the composition of your household?

- ☐ Parent on my own raising dependent child or children
- ☐ Parent living with a partner raising dependent child or children
- ☐ Parent living with another adult raising dependent child or children
- ☐ I am living alone
- ☐ Other

4. How many people (adults and children) currently live in your household? _____

5. Do you identify as Aboriginal or Torres Strait Islander?

- ☐ Aboriginal (if yes, go to Q. 7)
- ☐ Torres Strait Islander (if yes, go to Q. 7)
- ☐ Both Aboriginal and Torres Strait Islander (if yes, go to Q. 7)
- ☐ No

6. Do you identify with a culture other than Australian?

- ☐ Yes (Specify_____)
- ☐ No

7. What language do you speak at home?

- ☐ English
- ☐ Other–
  specify_____

8. Years living in current locality: _____

9. How many times have you moved during past 5 years? _____

10. What type of housing are you in?

- ☐ Private rental
- ☐ Public housing (housing trust)
- ☐ Home owner
- ☐ Paying Board
- ☐ Caravan Park
- ☐ Other

11. Your highest level of formal education completed:

- ☐ Year 9 or below
- ☐ Secondary school (year 10)
- ☐ Secondary school (year 12)
- ☐ Trade/Vocational/TAFE Certificate/Diploma

- ☐ University degree (includes Bachelor degree and postgraduate qualifications)
- ☐ Other (please give details)

12 a Could you please tell me the approximate gross income of your household (that is, income before tax is taken out)? This includes income from all sources_____

12 b What period does this cover?

- ☐ Week
- ☐ Fortnight
- ☐ Four weeks
- ☐ Calendar month
- ☐ Year
- ☐ Other

13. Are you (or your partner) in the workforce?

- ☐ Self–Yes
- ☐ Self–No
- ☐ Partner–Yes
- ☐ Partner–No

14. Would you mind telling me your age? _____ (enter in years)

15. Gender of interviewed parent (only ask if uncertain):

- ☐ Male
- ☐ Female
- ☐ Other

Section 2 Service experience

Now we would like to talk with you about the experience of being a parent and what kinds of organisations, supports or services you tend to use or participate in.

> **Notes to interviewers**: The purpose here is to develop a picture of the types of supports and services the families use and the level of use, **during the past year**. The questions in 2.4 will be used in conjunction with the answers to the previous questions, so that we may be able to identify these services by the time we get to 2.4.

2.1. What are the joys and trials of being a parent?

2.2 In the past 12 months, who have you got the most help or support from as a parent?

2.3 What do these people do that is helpful?

2.4 Now I am wondering about services (if 2.2 and 2.3 are more about informal supports).

2.4a. What about the everyday common services like GPs, schools, preschools, Centrelink, housing. What services or organisations like that have you used in the past year?

> Note to interviewer: Other examples of universal services include: community health services, maternal and child health nurse, child care, libraries.

2.4b How about services about where you have a specific issue you need help with. For example, legal issues, counselling, family support services, family relationships counselling, organisations which offer practical help like St Vincent de Paul? (refers to the past year)

2.4c. What about those services where things are getting really tough for example, drug and alcohol, domestic violence services, child protection services, mental health services? Have you needed to use any of those services? (refers to the past year)

Notes to interviewers: Here we would like to hear the parents views about how useful services were to them, what activities or approaches made them useful or less useful, what their experiences of simultaneous multiple service use have been and what improvements they could suggest.

This section requires that as interviewers we refer back to the answers in Section 2 for a conversational approach to the interview. For example, in 3.1 if people are not forthcoming anyhow, we may allude to a particular service and ask how that went. In 3.3, 3.4, and 3.5 we may say that we noted that they mentioned using Child Support Agency, Centrelink and Mental Health Services: was that at the same time? How did that work for them? It may well be that in the sequence of particular interviews, 3.1 and 3.2 may naturally flow on from 2.4a, b, c.

3.1 In thinking back to the services you have used in the past year, which would you say were helpful to you in dealing with those issues?

Prompts: What did they do that was helpful? What could have made them more helpful? Would you use them if you needed them again in the future?

3.2 What services did you find less helpful?

Prompts: What was it about the service that made it unhelpful? What could they have done to better deal with your concerns?

3.3 Have you, or someone in your family found that you needed to use more than one service at the same time? Yes/ No

3.4 Which services?

3.5 What was it like for you dealing with different services at the same time?

Prompts: What worked well, what didn't work well? What effect did that have on you or your family? How well do you think the services worked together?

3.6 What improvements would you suggest that services could make to better meet your needs?

Section 4 Access

Notes to Interviewers: In Section 4 we are looking for a bit more detail on what makes services accessible or inaccessible to families – what families perceive as barriers and enablers to use of services. Once again, this may have been covered in the conversations about service use and usefulness.

4 .1 How did you find out about the services you used?

Prompts: Did you find out on your own or were you referred? How easy/ difficult was it find them? How easy/difficult was it to access/get to/ use them? If NESB, did language make using the services difficult? If not NESB, has there been anything about your life situation which made it difficult to approach or use services?

4.2 Can you think of a time when you really need help but you couldn't get it? Can you tell me about what happened?

4.3 Some people don't use services when they really [feel the] need [for] them. What do you think about this and what do you think some of the reasons might be?

Prompt or alternative Question 4.3: Have you had any concerns in the past that you didn't seek help for? Could you tell me the reasons? (e.g. costs, transportation, child care waiting list, lack of information, fear, discrimination.)

Prompt. Has there ever been a time where you or your family have not been able to access services because of fear or discrimination? Could you describe the situation? How did you feel?

Section 5 Needs and neighbourhood/community

Notes to Interviewers: This section gives an opportunity to parents to identify the 'ideal service' or 'ideal community facilities or conditions'.

5. 1 What support services do you think you need as a family and as a parent?

Prompt or alternative Q 5.1: If you could have any type of service you wanted to support you as a family or as a parent, what would it be?

5.2 **How would you change your neighbourhood/community to make it a better place to raise children?**

Is it OK if we contact you again if we need any more information?

Postal Address (to send voucher to) – WRITE POSTAL ADDRESS ON ENVELOPE FOR VOUCHER.

NOTE TO INTERVIEWER: Please complete postcode field in Lime survey at this point.

Interviewer's reflections of the interview

Overall impression:

Specific standout points:

APPENDIX 2

HOUSEHOLD COMPOSITION

Household composition	Number	Percentage
Parent on my own raising dependent child or children	41	51
Parent living with a partner raising dependent child or children	26	33
Parent living with another adult raising dependent child or children	5	6
Other arrangement (grandparent, living with parents)	8	10
Total	80	100

EDUCATION

Formal education	Number	Percentage
Secondary school Year 9 or below	18	22
Secondary school Year 10	25	31
Secondary school Year 12	10	12
Vocational/TAFE Cert/Diploma	14	18
University degree	2	2
Other	11	15
Total	80	100

HOUSING

Type of housing	Number	Percentage
Private rental	43	54
Public housing	8	10
Home owner	18	22.5
Paying board	1	1.25
Caravan park	1	1.25
Other	9	11
Total	80	100