



Institute of Child Protection Studies

Working in the Grey –

INCREASING COLLABORATION BETWEEN SERVICES IN INNER NORTH CANBERRA: A COMMUNITIES FOR CHILDREN PROJECT

Australian Catholic University

2009

ACKNOWLEDGMENTS

We would like to thank the parents who participated in the study for sharing their lives and experiences with us. We also appreciate FaHCSIA's funding and Northside Community Service's support for this project. Thanks also to the ACT Children's plan staff for engaging with the project and allowing the findings of the project to be a focus for their Network Forum.

Report by
Dr Gail Winkworth
Ms Megan Layton
Dr Morag McArthur
Ms Lorraine Thomson
Ms Fran Wilson

Institute of Child Protection Studies
Signadou Campus
ACU National
PO Box 256
DICKSON ACT 2602
icps@signadou.acu.edu.au
Phone: 02 6209 1225
Fax: 02 6209 1216
<http://www.acu.edu.au/icps/>



TABLE OF CONTENTS

Acknowledgments.....	2
Table of Contents.....	3
Executive summary.....	5
Introduction and context	10
Structure of the report	11
Inner North Canberra	11
Understanding why parents do not use services	11
What do we mean by 'hard to reach'?	12
Why focus on parents raising children on their own?	12
The relevance of social support and social networks for early childhood development	13
Working together 'in the grey'	15
The Research Approach	18
Recruitment strategy.....	18
Ethics process	18
Telephone survey.....	20
Data analysis of telephone interviews	21
In depth interviews with parents.....	21
Data analysis of interviews	22
Increasing collaboration.....	22
Limitations of the research	23
Findings.....	24

The Survey	24
The in depth interviews.....	32
Participants	32
Social Network maps	33
Positive experiences of services.....	39
Services identified in top 3 social supports	39
Qualities parents appreciate in workers and services	40
Main barriers to being ‘the best I can be’	43
We want to move forward but cannot.....	44
Fear and shame	49
Just don’t know what’s out there.....	53
Multiple service use but ‘not connected’	55
Discussion.....	58
Formal services are important sources of social support	58
Building the capacity of informal networks	58
Linking role that could be played by ‘first to know’ service providers	59
Flexible affordable child care	60
Enough money – the basic building block of prevention.....	61
Safe environments for children.....	61
Turning concepts into practice	63
References	66
Appendix A: The social network map data	69
Appendix B: Centrelink telephone script	73

EXECUTIVE SUMMARY

The National Framework for Protecting Australia's Children 2009-2020 reflects the nation's growing investment in early intervention and prevention programs to prevent harm to children through child abuse and neglect. Despite this investment there is concern about the targeting of resources and the possibility that parents and children who could most benefit are not being reached. Studies have shown across the world that there are challenges in reaching parents most in need even where services appear to be in reasonably high supply.

The understanding of why some parents do not access services is mostly informed by studies which analyse the programs themselves especially the views of service providers and less often those who use services. There is a lack of research which directly engages with those who do **not** use services and so the label 'hard to reach' continues to be used as an umbrella term to describe the broad population of all who may be eligible for funded services but do not use them.

Working in the Grey aims to increase the safety and life chances of very young children in Canberra's inner North by informing local service systems about the issues confronting parents who do not use formal services. In this *Communities for Children* project the *Institute of Child Protection Studies* (ICPS) contributes to a greater understanding of what isolated parents say about their lives and what they think about the services that are designed to assist them. The study demonstrates how small, place based research, directly undertaken with people who are the intended recipients of services, can assist service providers to rethink new ways of working together so that they can more effectively reach out to parents and link them with increased social support.

Through Centrelink ICPS recruited financially disadvantaged parents of young children in the Inner North of Canberra to participate in a survey about the extent to which they felt connected to social support. From this cohort ICPS identified 20 parents who were not well connected to formal services and conducted interviews with them at a place of their choice. The interviews explored their experiences of parenting, especially their use and non use of formal services, in a city with the highest level of social and economic resources in Australia. The major themes emerging from this study contribute to a more differentiated understanding of how it is that very vulnerable people are sometimes not in a position to use or benefit from the complex range of formal services that are designed and funded to assist them.

Key messages from the research

Most families have high support – about a third have poor support, are not well connected to their communities and feel judged.

This research indicates that around two thirds of parents in North Canberra raising children under five and in receipt of Parenting Payment Single from Centrelink report high parental efficacy, are well connected to formal and informal supports and know where to get parenting information when they need it. They are well informed and make good use of the extensive range of parenting resources available in Inner North Canberra. However, another significant group of parents (around 37%) regard themselves as not at all well connected to either informal or formal supports and have a strong sense that single parents are judged by their families, their communities, and the services which are funded to assist them.

Formal services can be important sources of social support if they are respectful, flexible and honest – The study confirms the important role that positive relationships with service providers can play in assisting isolated parents with very young children. Parents said they engage with services that are ‘humanising’ – that is, relationships which have respect for their inherent human dignity at their core; they are responsive to peoples needs, rather than prescriptive, and they are honest. These qualities are not only the tangible provision of practical assistance, they are also an orientation – a broad minded attitude to service delivery that is genuinely collaborative with the parent. Parents identified a number of practitioners who work this way.

Building the capacity of informal networks – while informal networks are important for emotional support they also tend to be ambivalent and fragile. Formal services cannot and should not replace family or informal support, however given the level of vulnerability of informal support networks, there is potential for services to get along side and build the capacity of these informal networks (Katz, 2007). Building the capacity of even one person in an informal network is also likely to benefit the whole network over time.

Targeted services could link more effectively with ‘first to know’ agencies such as Housing, Centrelink and general practitioners – some services which are often the first to know what is happening to vulnerable parents are underutilised by more targeted, or secondary level, family support services. Leveraging the contact that ‘first to know’ agencies have with isolated families could particularly apply in the case of three providers of services often identified by families in this research: general practitioners, Centrelink and Housing.

General practitioners (GPs) emerged as a critical source of information, referral, and support to parents who have limited financial means and who are raising young children on their own. However parents said there were difficulties for them in accessing appointments and finding a GP, particularly a GP who bulk bills. Due to the time constraints (appointments are usually 15 minutes) referrals to other support services were generally not forthcoming as a result of these brief encounters, although there were some notable exceptions to this.

Only a handful of participants mentioned Centrelink as a 'service' which provides them with information and support, and no participant mentioned the public housing agency in this way. We however became aware that all participants are required to attend a compulsory interview with Centrelink at least once a year and most participants, as public housing tenants, find themselves in ongoing dialogue with the local Housing Department.

We note that these groups are rarely at the table with other service providers and so critical opportunities to work together for families are lost.

Normal, non stigmatising environments (schools, child care) are well placed to assist parents who do not trust formal services

Parents, including those who have led traumatic lives and do not trust formal services indicate that schools and child care are their lifelines. To gain the trust of isolated families there is a need for skilled and resilient people, working from universal settings, who can really support parents in non judgmental ways. Such environments are the ideal place for 'supportive linking' to other sources of assistance.

Flexible affordable child care – an important issue to emerge from this survey is parents' perception that they cannot obtain child care to relieve stress when they urgently need it. Nor can they obtain the child care essential to allow them to take up opportunities for employment and for future study. They expressed frustration and confusion about how it was possible for them to develop skills and to acquire casual employment during the early years of their children's lives in the absence of high quality and flexible child care.

Furthermore the availability of urgent child care for parents who are themselves often young and under considerable stress, and who are endeavouring to care for children at the most developmentally critical time of their lives, continues to be of major relevance as a form of primary prevention for very young children. The plea for 'just 20 minutes' relief a week for a parent raising young children in extreme isolation is not only poignant but dangerous in the context of known risk factors for child abuse and neglect (Crane & Davies, 2000).

Enough money – the basic building block of prevention – parents in this research are saying that having enough money to live on, and having somewhere safe to live are their highest priorities. A number of parents spoke of the importance of receiving their Centrelink payments and the catastrophic impact of a reduction in payments. We noted instances also where state/territory service providers clearly had information about the circumstances of parents (such as, for example, the case of ongoing domestic violence preventing a parent from attending a compulsory Centrelink interview) but did not think to mediate this situation with Centrelink, to prevent a reduction in payments.

Charities are very important in times of crisis but a number of parents did not know about these or had discovered them by chance. They also had difficulty establishing the bona fides of some agencies and relied again on personal networks to confirm who they could trust.

Safe environments for children – parents with very young children are appreciative of public housing but they do not feel safe in particular public housing environments, notably the housing flats. They consistently described environments which have the hallmarks of ‘domestic violence’, including: verbal abuse and actual or threats of physical violence; threats from neighbours including banging on walls, floors and doors often late into the night; witnessing loud fights and arguments; ex partners who broke down doors, and engaged in actual violence in the presence or hearing of children (not just their own but children in the other flats). They also noted that playgrounds and other communal areas such as laundries are places where fights take place and drugs are taken, and that despite efforts to clean up, invariably these places are rendered unsuitable and dangerous for children.

Parents repeatedly said their property, such as baby car seats, cars, strollers, etc., was stolen. They spoke of an absence of trust in the flats and that they did not feel comfortable making friends in this environment. Several said their isolation was increased by feeling they must decline offers by friends or relatives to visit them in the flats and also that they would not let their children invite friends home from preschool or school.

The collaborative challenge: turning concepts into practice

The study supports the earlier conceptual work by the Institute which identified two key strategies for increasing social support to isolated families. They are the concepts of:

- assertive outreach – active strategies to reach out to and develop supportive relationships with parents who have complex barriers which prevent their use of formal services.

- supportive linking – active strategies which support parents to use another service.

The information provided by parents about the issues they confronted in their everyday lives, including their experiences of the service system, was used to inform key government and non government stakeholders in a variety of different forums including presentations, workshops and meetings. The purpose of these forums was to enable services to see the importance of using collaborative strategies to increase their abilities, collectively and as individual agencies, to engage with parents who are most in need of information and services and whom services find hard to reach.

Multiple presentations of the research to interagency groups have been received with great interest and have contributed to a number of outcomes, including:

1. Creative new partnerships to increase ‘assertive outreach’ to vulnerable families. For example, creation of a partnership between ACT Housing and Woden Community Services (WCS) whereby every family applying for priority housing in the south of Canberra will be offered a contact with WCS. WCS will meet with families, and where possible, link them with services they require.
2. Centrelink working together with state government and non government agencies. For example, an ‘expo’ of service providers such Legal Aid, Woden Community Services, Parentline, Conflict Resolution Services, Housing ACT, Directions (Drug & Alcohol) ACT now takes place on a monthly basis at the Centrelink office.
3. The restructuring of service delivery models by some Regional Community Services to make services more holistic and remove barriers to access, for example, WCS.
4. Plans to present the findings to the Division of General Practice on the intersections between medical and the wider social support system.

INTRODUCTION AND CONTEXT

I have a really good doctor and when I go there he just says to me 'how are you going?' and I just ball my eyes out crying I just cry and cry and he just sits there and lets me cry and when I'm ready to talk he's great My doctor [tried to] help with the application to get out of the flats yeah that's what he wrote that I'd always gone to him a lot for counselling a lot and how bad it is for my mental my state of being when all I'm doing is stressing out about going home, being at home and the effects it's having on [toddler] more than everything else which is all I really care about if that hasn't been clear enough I can't be the best mother I could be, I can be

Mother aged 18, raising her two year old on her own

The *Working in the Grey* project was carried out by the Institute of Child Protection Studies (the Institute) funded by FaHCSIA (Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs) through Northside Community Services (NCS). NCS is the facilitating partner for the Communities for Children initiative in Inner North Canberra.

FaHCSIA funded Communities for Children programs in 45 disadvantaged regions across Australia as part of their Stronger Families and Communities Strategy. Communities for Children aims 'to achieve better outcomes for children aged 0 to 5 years and their families' (FaHCSIA, 2008) by taking a sustainable whole of community approach to early childhood development which allows for innovation and partnerships at the local level. The project builds on a previous Communities for Children project carried out by the Institute in 2006 that worked with services in Inner North Canberra to increase understanding of and skills in collaborative practice. *Working in the Grey* is consciously directed at the local area as the focus of increased collaboration between services.

This report presents the outcome of the *Working in the Grey* project. It aimed to increase collaboration between early childhood and family service providers in Inner North Canberra by:

- Carrying out a research project intended to increase knowledge of the social networks and service use of vulnerable parents with children under five in Inner North Canberra whom formal services find 'hard to reach'.
- Using the research findings to extend the knowledge base available for early

childhood and family support services about parents' experiences and around the use of collaborative outreach and support strategies.

- Using this knowledge to facilitate the development of more effective and collaborative ways of reaching isolated families with young children.

STRUCTURE OF THE REPORT

The report is structured as follows: we first discuss the background of the Communities for Children project and the context of Inner North Canberra. This is followed by a brief overview of the literature on why parents may not use services and the relevance of social support and social networks for childhood development. We then present the approach to the research and the conceptual model that frames it. The next two sections outline the findings of a telephone survey and in-depth face to face interviews with parents in North Canberra. A brief summary of dissemination activities is given. The final part of the report indicates some of the changes that have resulted from the project.

INNER NORTH CANBERRA

The ACT Communities for Children site is located in Inner North Canberra. It was chosen due to its relative disadvantage on a number of indicators. For example around 13% of households in the ACT fall into the bottom Australian equivalised income quintile, that is, households with equivalised disposable income in the bottom 20 per cent of all Australian households, (Miranti & Cassells, 2008). Inner North Canberra has the highest proportion of households in this quintile in the ACT. The household head is less likely to be in the labour market and there are a substantially higher proportion of bottom quintile households living in public housing compared to the whole of the bottom quintile across the ACT (Mirant & Cassells, 2008).

UNDERSTANDING WHY PARENTS DO NOT USE SERVICES

In recent years there has been a growing financial investment in early intervention and prevention, including substantial attention to services which support parents and children who are financially poor and at risk of social exclusion, being able to fully participate in the normal social and economic life of their communities. The importance of children's early years is now well-known. Across Australia the states, territories and Commonwealth each have early intervention plans focussing particularly on improving services to young children and their families (Valentine & Katz, 2007).

Despite this investment there is concern about the targeting of resources and the possibility that parents and children who could most benefit from them are not being reached. Studies have shown across the world that this is the case even where services appear to be in reasonably high supply. The understanding of why people do not access services is mostly informed by studies which analyse the programs themselves, especially the views of service providers and less often with those who use services. There is a lack of research which directly engages with those who do **not** use services and so the label ‘hard to reach’ continues to be used as an umbrella term to describe the broad population of all who may be eligible for funded services but do not use them.

This study aims to contribute to a more differentiated understanding of why some parents do not use services by asking parents directly about their informal and formal networks including their use of formal services.

WHAT DO WE MEAN BY ‘HARD TO REACH’?

Service systems sometimes make assumptions about why parents do not engage with the formal service sector. Jackson (2004) looks specifically at three groups who are referred to as ‘hard to reach’: first, people who do not want a service, sometimes also referred to as the ‘service resistant’ (Katz & La Placa, 2007); second, people who cannot access a service; and finally, people for whom the service does not present what they perceive they need (Davies & Oke, 2008). Put another way, to some degree, parents need to perceive that there is a reason to engage with a service, that to engage with a service will be of help and they also need to be in a position where they actually can engage with the service (Katz et al, 2007).

In this report we refer to families in terms of the ability of services to reach them, rather than attributing responsibility to or ‘pathologising’ families who may have substantive reasons for not accessing services even when they may benefit from them. The phrase ‘families whom services find hard to reach’ reflects this constructive focus on the challenges services face in providing services to those who may need them most but do not, for a range of reasons, access them.

WHY FOCUS ON PARENTS RAISING CHILDREN ON THEIR OWN?

There are sound reasons for focusing attention on the experiences of people parenting on their own and in receipt of income support. Research indicates that many sole parents endure particular hardships which have the potential to impact on optimum parenting. For example, an Australian study found that sole parent households were between three and

five times more likely than other families to experience hardships such as having to seek assistance from a charity, going without food or heating, and having to pawn or sell something. The occurrence of hardships was closely associated with income support payments as the main source of income (Bray, 2003).

Although the majority of sole parents never have cause to encounter regulatory child welfare agencies the 'category' of sole parent in receipt of income support, that is, parents who are the most financially poor (Cass, 2003), makes up the majority of the 'household types' of young children reported to statutory child protection services. While comprising around 22% of households, children in sole parent households make up around 44% of reports (AIHW, 2008).

Other research shows that many sole parents in receipt of income support are multiply disadvantaged in their capacity to participate in mainstream activities such as education and employment and that they are many times more likely to experience mental health problems, substance misuse, physical health problems and trauma than other sole parent mothers who are not in receipt of income support (Butterworth, 2003). These personal, social and economic barriers impact on parents' abilities to provide their children with developmental opportunities. For a substantial number of sole parents the additional factor of low income is regarded as a risk factor for children. The social context which surrounds parents raising children on their own who are in receipt of income support can create barriers to participation leading to disengagement, alienation and poor access to the formal and informal supports that most families take for granted (Freiberg & Homel, 2007; Ghaté & Hazel, 2002).

THE RELEVANCE OF SOCIAL SUPPORT AND SOCIAL NETWORKS FOR EARLY CHILDHOOD DEVELOPMENT

Ecological and resilience theories, along with high quality longitudinal evaluations have provided considerable insight into the kinds of interventions which improve outcomes for young children and reduce the likelihood of stress (Currie, 2002; Hayes, 2004; Karoly, Kilburn, & Cannon, 2005; Lyons & Winje, 2007; Schweinhart et al., 2005). Integral to this body of knowledge are the concepts of social support, social networks and social capital (Barnes, Katz, Korbin, & O'Brien, 2006); 1980; Tracy & Whittaker, 1990; Whittaker & Garbarino, 1983; Woolcock & Narayan, 2000).

Barnes et al. (2006) found that it is usually the case that parents, including more affluent parents, access community services such as family centres through their informal networks; they are unlikely to go along unless they know someone who is already involved. There are particular challenges faced by some families on low incomes who do not have access to the range of complex and rich social networks enjoyed by more affluent families. The family and neighbourhood networks of financially disadvantaged parents, for example, can be conflicted as well as supportive; some studies have shown they may actually undermine access to external social support such as home visitation programs (Barnes, MacPherson, & Senior, 2006; Ghate & Hazel, 2002). Furthermore, networks of support work best when parents can 'reciprocate' the small favours which bind informal social support networks. Parents who do not have sufficient 'human capital' to do this (such as those with many barriers identified in Butterworth's research above) tend to be isolated from both formal and informal support and the social capital which aid parents in coping with the stresses and demands of raising young children. Katz and others argue that;

"Services that can successfully reach out to these individuals are able to help them in a way that informal support networks cannot. The optimal solution is for services to work alongside informal networks to provide appropriate support to parents in need" (Katz & La Placa, 2007: 29).

Additionally theoretical models of social capital have not been sufficiently drawn on in early childhood discourses, and may enable a different way of thinking about the nature of social ties that actually support disadvantaged families, including effectively connecting them with universal and targeted services. There has been very little consideration given, for example to differentiating the nature of social networks. Woolcock and Narayan (2000) provide a conceptual model which differentiates three types of social ties: those which '**bond**' parents to family and friends; those which '**bridge**' them to other social networks (potentially introducing them to life changing experiences such as education, employment, social participation); and positive '**linking**' networks which enable parents to participate in the way powerful institutions such as statutory agencies and non government sector institutions that develop and implement policy.

Although knowledge of the mediating impact of social support on isolation and stress experienced by vulnerable families is now well established (Cattell, 2001); (Forrest & Kearns, 2001); (Fram, 2003); Whittaker & Garbarino, 1983; Woolcock & Narayan, 2000), a major difficulty has been finding ways to ensure that families who are isolated are able to access the social supports that could make a positive difference for them and their very young children. Large scale programs such as Sure Start in the United Kingdom have shown that

when services are improved through specific initiatives designed to target the most disadvantaged families, it is the relatively well off who hear about the services and have the resources to actually access them (Katz & La Placa, 2007).

WORKING TOGETHER 'IN THE GREY'

The Communities for Children program is underpinned by the assumption that collaboration is an essential starting point for effective interventions which address the complexity of children's lives, especially those who are vulnerable. It recognises that to tackle the interlinked barriers that often face parents with young children and to support families to build effective social support networks requires a high level of collaboration across sectors and across systems.

This project grew out of conceptual work previously undertaken by the Institute about how 'systems of support' can more effectively engage and support vulnerable families (a more detailed discussion of the conceptual work can be found in Winkworth & McArthur, 2007).

In summary this work draws on the understanding that human service systems traditionally focus interventions at three distinct and separate levels:

- the universal level (designed to keep problems from emerging at all),
- the targeted level (designed to reverse or prevent the impact of known risk factors on vulnerable children and families), or
- the intensive level (strategies to reduce harm among those already most severely affected) (Scott, 2006; Walker & Shinn, 2002)

However in reality the multiple problems faced by many parents with young children are not separated neatly and are not static. The complex nature of these difficulties is not able to be addressed by one level working alone. Therefore systems of support need to be flexible enough to cross the boundaries between these levels as required. That is, work carried out at the interface – working 'in the grey'.

Models of collaboration should not only reflect work across professional groups, sectors and jurisdictions, but should demonstrate the importance of consciously seeking to bridge the gap between these levels of intervention.

The conceptual model

In the earlier conceptual work on 'systems of support' (Winkworth & McArthur, 2007) we developed a model that focused on inter-related concepts which positively or negatively

affect children’s safety and wellbeing.

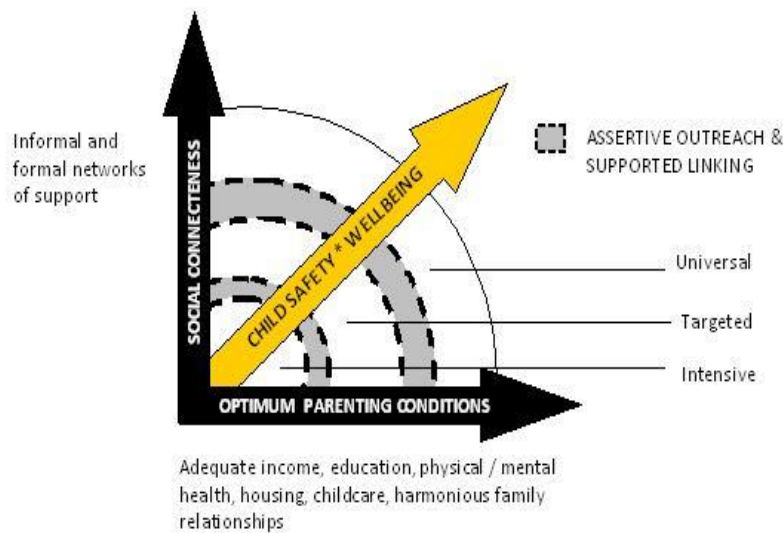


Figure 1: Child safety and well-being (ICPS 2009)

Optimum parenting conditions

Personal and social factors that at any point in time accumulate to affect parenting abilities (such as employment, income, housing, health, family relationships etc). Darlington, Feeney & Rixon, 2004, 2005).

Social connectedness

The extent to which families are positively linked with extended families, friends, community institutions, services, and other supports that can help to support parenting. In addition to other members of their families who may be able to help, these important links may include maternal and child health nurses, early childhood development programs, family support programs, and so on.

An integrated system of support (represented in the above diagram) can be thought about as one which differentiates responses to vulnerable children and families, according to their needs along a number of different dimensions and at different points in time. We identify two dimensions (axes) that are directly relevant to increasing children’s safety and wellbeing: social connectedness and optimum parenting conditions (i.e.: such as employment, income, housing, health etc). These dimensions consistently emerge in the literature as key factors in child abuse and neglect and its prevention (Armytage, Boffa, & Armitage, 1998; Artz, Nicholson, Halsall, & Larke, 2001; Daro, 2003; Hayes, 2004; Little, 1999; Mitchell et al., 2001; Tomison & Wise, 1999).

The relationship between the axes represents the whole population of parents at any particular time – from people who are very isolated and have major barriers to parenting

at one end to those who are very well supported and have optimal parenting conditions. It also represents an integrated service system – including, intensive, targeted and universal services.

However the reality is that although many services may exist and indeed be universally offered, these three *levels are actually quite siloed*. Many families, who may benefit from services at the universal and targeted level, are not able to access them. In this conceptual framework we argue that these preventative levels can become more accessible *to vulnerable families* if there are conscious activities carried out in the blurred ‘grey’ interface between these levels. We call these activities or strategies: assertive outreach and supported linking.

The model includes three levels of the service system to show how parents may require different services depending on their level of need. All parents require a range of universal services to support their parenting. Most parents at some point may require more targeted support, for example accessing a service to address their children’s special needs. A small number of parents have particular pressures which threaten their ability to meet their children’s needs. These parents require intensive support and possibly statutory intervention.

The greater the need to build optimal parenting conditions the greater the need for programs and services in each of the levels to work flexibly and collaboratively, in these ‘grey zones’, to link parents to formal and informal supports across all levels of the service system. The ‘grey’ zones or spaces between these three levels are the places where boundaries are blurred and where systems have shared responsibilities to reach out to vulnerable families and link them, in an active and supportive way, to the formal and informal networks.

Although a broad understanding of the nature of

Assertive outreach

Active strategies to reach and develop supportive relationships with parents who have complex barriers which prevent their use of formal services. This may involve working collaboratively and creatively with other universal, targeted or intensive service providers who already have existing relationships with parents.

Supported Linking

Active strategies which support parents to use another service. They may involve making an appointment with the other service, together with the parent or on their behalf; or arranging for another service to contact the parent; or arranging a joint face to face meeting with the other service in a place that is comfortable for the parent; following up to ensure that the link has been made.

collaboration exists, there is a lack of knowledge about how collaboration can work in practice. We have identified two broad collaborative strategies: **assertive outreach and supported linking**.

THE RESEARCH APPROACH

The research project was carried out from March 2008 to April 2009 and aimed to capture the experiences of parents with young children of the service system and to report these experiences to services in Canberra so as to progress more collaborative practice.

The research project took a mixed approach using both quantitative (telephone survey) and qualitative methods (semi structured face to face interviews).

RECRUITMENT STRATEGY

Critical to the success of the research was access to parents whom services find 'hard to reach'. Centrelink was invited to participate in the first stage of the project because it has contact with all sole parents in receipt of income support. Social Workers from Centrelink's National Office agreed to telephone and invite all families receiving single parenting payment who have children under five years of age and who live in the Inner North of Canberra (2 postcode areas) to participate in the research.

Social workers sought permission from potential participants for their phone numbers to be given to researchers from the Institute of Child Protection Studies. An agreed script (see Appendix B) was used to explain the project, then gain the parent's permission for the University to contact them to carry out a short phone survey. In recognition of the time involved and to increase the levels of participation, parents were offered a small gift voucher.

Centrelink social workers used this outreach call to parents as an opportunity to ask whether they could be assisted in any way.

ETHICS PROCESS

Approval to conduct the research was given by the University's 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 have 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, assuring them that no identifying information would be available to Centrelink, including whether or not they chose to participate in the phone survey.

Information received by the university about the identity of parents who wanted to be contacted was carefully coded to ensure confidentiality. All participants were provided with information on the ethics process and confidentiality.

Summary of recruitment process

Centrelink identified 156 parents in receipt of Parenting Payment (Single) with children under 5 years of age living in the postcodes 2602 and 2612.

Phone calls were made to each parent.

Centrelink was able to make contact with 83 parents, 63 of whom agreed to participate in the research.

Researchers from the Institute were able to make contact with 55 of the 63 parents; all 55 agreed to participate in the telephone survey.

One hundred per cent of those contacted agreed to participate in the initial phone survey and 100% agreed to be contacted at a later point in the research if this was deemed appropriate.

This is a response rate of 35% of the cohort of sole parents on income support, with children under 5 who live in two post code areas of North Canberra. This response rate increases to 66% when we count those who declined to participate in the research.

Twenty parents declined to participate in the research and volunteered the following reasons:

- Experienced domestic violence the day before
- Current personal issues and accepted referral to a Centrelink Social Worker for follow up

- Working and did not have time
- Studying and did not have time
- Taking medication (anti-depressants) and not feeling well enough
- Very little spare time and wanting to spend this with children
- Did not use services and feeling that therefore could not make a contribution to the research.

TELEPHONE SURVEY

A telephone survey was conducted with the 55 parents who agreed to participate. The purpose of the telephone survey was to collect data about the profile of sole parents, in receipt of income support, including their levels of social support and generally how confident they were feeling about parenting. The survey also helped identify a group of parents who were not well connected to social resources including formal services so that their perspectives could be explored more fully through face to face interviews.

An adapted version of a questionnaire (Freiberg & Homel, 2007) based on a 'Family Empowerment Scale' (Koren, DeChillo, & Friesen, 1992) was used in the telephone interviews. The two constructs in the scale are:

Parent efficacy: confidence in handling the tasks of parenthood (containing 11 items designed to find out if the parent has a sense that the challenges associated with parenting are manageable). Parents were asked to rate on a five point likert scale (ranging from 'not at all true' to 'very true') how true they felt statements were about the effectiveness of their parenting.

Parent support: sense of connection to a supportive network (containing 14 items designed to find out if the parent feels supported and that help is available and accessible when needed) (Freiberg & Homel, 2007). Parents were asked to indicate how true on a 5 point likert scale (ranging from 'not at all true' to 'very true') a range of statements were about their levels of connectedness to both informal (i.e. family and

Example questions about self efficacy as parents

I have good self-esteem

I usually have enough time for my child

I often try new ways to help my child in their growing up

When dealing with my child, I focus on the good things as well as the problems

Example questions about support and social connectedness

I have some good friends outside my family

When I have a problem taking care of my child I know I can count on friends and family

When necessary I can find services for my child and family

friends) and formal supports.

The Family Empowerment Scale contains 20 Items. The higher the score indicates relatively greater strength in each area. Additional demographic and open ended questions were added to the phone survey to ascertain other factors which may enable or constrain levels of social connectedness and perceived parenting efficacy/capability.

DATA ANALYSIS OF TELEPHONE INTERVIEWS

Extensive notes were taken during the telephone interviews to collect the answers to the open ended questions and any other comments made by parents during the interview. The quantitative data were entered and analysed using SPSS. The open ended responses were counted and analysed for emergent common themes. The themes were developed from the common characteristics of parents' experiences of services.

IN DEPTH INTERVIEWS WITH PARENTS

To deepen understanding of the issues identified by parents participating in the survey, face to face interviews were conducted with 20 parents. The majority of the 20 parents had self rated very low service use and had low connectedness or capacity scores in the Family Empowerment Scale. A small number had a mix of high and low scores but their answers to the open ended questions indicated that they had had negative experiences with services, or had contact with services but felt that their needs had not been met.

The interview involved the mapping of parents' social networks using Whittaker and Tracy's social network tool. (Tracy & Whittaker, 1990; Whittaker & Garbarino, 1983). The Social Network Map uses a simple grid and coloured cards for participants to list the people they have had contact with over the past three months, and categorises them under household, other family, friends, work/school, clubs/organizations, friends, neighbours, formal services. The interviewer then asks questions about:

- types of support given, such as practical, emotional, advice/information
- the availability of that support
- the direction of support, and whether it is reciprocal or not
- the quality of support, focusing particularly on to what degree the parent leaves interactions with each person in their social network feeling supported or feeling judged/criticized

- how long supportive relationships have existed and how often contact is made.

Participants were also asked questions about their perception of their own parenting capability, their experiences with formal services in their locality and the kinds of strategies that they believe would assist them in accessing services in the future. Participants were also asked to rate their level of satisfaction with their support network.

DATA ANALYSIS OF INTERVIEWS

The semi structured interviews were audio-taped and transcribed. The interview data were analysed for common experiences and themes. The literature on service use and social support were also used to compare the findings.

The themes that emerged from the analysis were discussed with a group of parents to ensure robustness of interpretation. Two parent focus groups were held in October and December 2008 with parents who had participated in interviews, as a way of ensuring the integrity of research findings. Research findings were presented to parents, then discussed and feedback was sought.

INCREASING COLLABORATION

This project sought to take the conceptual work on collaborative strategies to bridge the interface between siloed systems of service provision further through research with vulnerable families in Canberra's Inner North. The information provided by parents about the issues they confronted in their everyday lives, including their experiences of the service system, was used to inform key government and non government stakeholders in a variety of different forums including presentations, workshops and meetings. The purpose of these forums was to enable services to see the importance of using collaborative strategies to increase their abilities, collectively and as individual agencies, to engage with parents who are most in need of information and services and whom services find hard to reach.

The researchers began meeting with services and presenting research findings in October 2008 commencing with a keynote presentation to the ACT 'Practice Talking' Conference (auspiced by the ACT Department of Disability, Housing and Community Services, DHCS) and including a wide range of other government and non government agencies). Subsequently the research team was invited to present the findings at other forums: The Communities for Children Super Forum; a DHCS Chief Executives meeting with community service providers;

Families ACT (the peak agency for family support providers in the ACT); and Woden Community Services.

In April 2009, an existing forum for service providers – the Children’s Plan community network forum, was organised in partnership with the ACT Children’s Plan project officers, together with the cooperation of Centrelink, ACT Housing and Northside Community Services.

LIMITATIONS OF THE RESEARCH

A limitation of the research is related to the research sample itself and the extent to which we did make contact with those families whom services find hard to reach.¹

Although we were able to speak with around one third of possible participants (156) in this research, Centrelink social workers who made the initial phone calls were only able to make contact with slightly more than half. Additional resources would have allowed for further attempts to approach the parents who could not be contacted at this early stage. We also note that the telephones of 16 households had been disconnected. Not being able to contact this possibly isolated group is a limitation of the research.

A second limitation surrounds the interpretation of the Family Empowerment Scale which is constrained by the lack of comparable information with other groups in similar circumstances. In previous research (e.g. Freiberg and Homel, 2007) the scale was used for a different purpose, which was to measure changes in levels of parenting efficacy and social connectedness after the implementation of specific interventions. Nonetheless it was useful for us to be able to identify those parents with low scores.

¹ A Communities for Children research project in Frankston, Victoria interviewed 14 parents (and 5 service providers), recruited primarily through a Maternal and Child Health (MACH) nurse (Davies & Oke, 2008). They discuss the difficulties they experienced in making contact with ‘hard to reach families in Frankston’ (p. 10), through service providers. The report includes a useful discussion on barriers to participation in services.

FINDINGS

THE SURVEY

Demographics of participants

In total, 55 participants completed the phone survey. All were female (only two males were able to be contacted by Centrelink and they both declined to participate). Seven per cent (n=4) were under the age of 21 years and 35% under the age of 26. Three of the participants identified as Aboriginal or Torres Strait Islander. The majority of participants (71%) had lived in Canberra for more than 5 years. Twenty per cent (n=9) had lived in Canberra for less than 2 years. Those who participated in the phone survey had a total of 96 children between them; 12 children were under the age of 1 and 32 were under the age of 2 years. Seventy six percent of parents received a household income of less than \$20,000 a year.

Levels of parental efficacy

The scores for the subscale of parental efficacy have a possible range of 15 to 75. The parents in this sample had scores that ranged from 31 to 74, a mean of 64 and a mode of 70. On the face of it, this is a very high level of parenting efficacy. Thirteen participants chose not to answer all of the questions about parental efficacy, leaving 42 participants' answers to be scored for this measure.

Levels of support and social connectedness

The scores for the subscale for connectedness have a possible range of 6 to 32. The range of scores for 55 parents was from 9 to 25 with a mean of 19 and a mode of 21.

Table 1 below indicates parents' responses to statements about their social connectedness. Thirty five of the 55 parents (63%) rated themselves at the high end of the social connectedness scale (either very or quite true) whereas 20 of the 55 (37%) rated themselves at the lower end of connectedness scale (sometimes true, not very true not at all true).

Table 1: Social connectedness

Statement	quite true or very true	sometimes true, not very true or not at all true
I feel I belong in this community	65% (n=36)	35% (n=19)
I know I can count on friends and family for help	62% (n=34)	38% (n=21)
I have a part in improving services for children	56% (n=31)	44% (n=24)
I help other families gain support	47% (n=26)	53% (n=29)
I have some good friends outside the family	67% (n=37)	33% (n=18)

Table 2, below shows participants who said they had someone they could call upon in their social networks to help out with day to day emergencies. This was an item which formed part of the assessment of social connectedness. A majority of parents have someone who they ‘trust them to tell you if their child is in danger’ (70%) and to ‘borrow something’ (65%). However over half of the participants did not know someone well enough ‘to have their child minded’ (51%) or ‘borrow money in an emergency’ (60%). Almost half of the parents said they didn’t have someone to talk to when they were feeling down (49%).

Table 2: Availability of social contacts to help out with day to day crises and other assistance

Do you know anyone well enough to?	Yes	No
Have child minded	49%	51%
Trust them to tell you if your child is in danger	70%	29%
Borrow something	65%	35%
Keep an eye on your home when you are away	76%	24%
Talk to when you are feeling down	51%	49%
Help out in an emergency	67%	33%
Borrow money in an emergency	40%	60%

Participants fell into two broad groups: one which self reported high levels of parenting efficacy and strong formal and informal connectedness among family, friends and service providers. The other substantial group, 20 of the 55 (37%), also mostly rated themselves highly on the parental efficacy scale but indicated they were much less well supported by family and friends and had little knowledge of formal and other community supports that could help them out.

We analysed the two groups to see whether there were any other demographic variables that explained the difference in self rating between parents. We cross tabulated the number of children, age of children, cultural background, education and age of parent and the social connectedness score. There were no statistical differences between the groups. There was some difference (although not statistically significant) between the age of the parent and their rating on the connectedness scale, that is, there were younger parents in the less connected group than in the higher connected group.

Accessing services and information

To ascertain how connected the participants were with formal services they were asked

whether they had accessed particular services in the last 12 months (outlined in Table 3 below).

Table 3: Accessing services and information

SERVICE	Number of Parents (N=55)	Percentage
Local GP (doctor)	50	91%
Early childhood (e.g.: child care, preschool or playgroups)	42	76%
Baby or maternal and child health	31	56%
Services to support you as a parent accessed in last 12 months	22	40%
Telephone help lines	12	22%
Centrelink	6	11%
Family Relationship Services (includes Domestic Violence and legal advice)	6	11%
Mums and toddlers activities (e.g.: baby gym, paint and play)	5	10%
Financial assistance through charities	5	10%

These data indicate that the most usual, indeed universal, contact for parents raising young children on their own in this sample is the local GP. Most parents reported seeing a GP in the past 12 months. For many this was a highly supportive relationship.

It is not surprising that telephone help lines (Lifeline, Parentline and Health First) were identified as a source of support with parents whose child care responsibilities often tie them to the home.

What parents say about getting help

Participants were asked: whether they could recall times that they really needed help but could not obtain it (Table 4); what stands in way of asking for help, and if they could have any help or support (pie in the sky) what would they choose?

Times when they really needed help but couldn't get it

Thirty three participants identified 41 difficulties they experienced in which they felt they could not get help when they needed it in the last 12 months. Most frequently identified was the need for urgent child care (34%) including respite care (4) because of the intensity of parenting and 4 who specifically identified the need for child care to assist them to get back to study or work. Nine participants (16%) identified a lack of child care as a specific barrier to using services. The lack of child care was also given as the reason why parents were unable to take up employment or further study opportunities, or to begin finding out about employment or study.

The other major obstacle identified was the cost associated with using child care, even where costs were quite small (13%, n=7). A number of mothers who were studying either part-time or full-time found that they could not get childcare at times when they had to attend out of hours lectures or other compulsory activities. This meant they had to spend very significant proportions of their income on babysitting, adding another pressure and undermining their resolve to try and improve their income earning abilities and quality of life for their children.

Parents also spoke about needing help with managing the baby at home in a crisis (17% of responses, n=7). Twelve percent (n=5) identified a need for financial assistance and not being able to get any help while seven percent (n=3) identified mental health crises, housing problems and not being able to get help when they needed it during separation from partners.

Table 4: Really needed help – couldn’t get it: Top 6 issues

ISSUE (top 6)	Number of parents	%
Child care	14 (including 4 for study, 4 for respite, 2 illness)	34%
Help with managing/caring for baby	7 (5 new parents – related to sleep, feeding etc)	17%
Financial assistance	5	12%
Mental health crisis	3	7%
Housing	3	7%
Help during and after separation	3	7%

What stands in the way of asking for help or support?

We put the following question to all survey participants:

‘Some people avoid services even when they really need them because they feel uncomfortable, judged or afraid. What do you think?’

Responses fell into three clear groups. One quarter of participants stated strongly that they personally did not feel judged and nor should anyone else (14 people). Ten parents (18%) said they could understand why other mothers would feel judged. However 52% (29 parents) were strongly in agreement with this statement. They spoke about how parents raising children on their own feel very judged and humiliated.

A number of reasons were given by parents for what has stopped them from using formal services. These included:

What stands in the way of asking for help or support?

Not knowing about services

Humiliation, stigma, fear and shame

Lack of childcare and childminding

Cost (includes associated costs like petrol, not bulk billing, transport)

Lack of transport

Not eligible, perceived gate keeping by services

Attempted contact unsuccessful (felt brushed off, phone calls not returned, service unable to assist – no active referral made)

Finally survey participants were encouraged to think ‘pie in the sky’ about what they would choose if they could have any kind of support as parents. Four major supports emerged in response to this question: child care; help in the home; financial support and ‘meeting people like me’. Again, by far the most pressing need identified was for child care.

Table 5: Top 4 services/supports identified by respondents

SERVICE/SUPPORT NEEDED (top 4)	Number of parents	%
Child care	23 (18 for respite) (5 to get back to work)	43%
Help in the home (home visits, someone to ‘check on me’)	7	13%
Getting together with people like us/me	6	11%
Financial support	6	11%
TOTAL	53	100%

KEY FINDINGS: from telephone survey

Across the cohort of 55 parents, most parents indicated high self esteem (efficacy), are well connected to both formal and informal supports and believe they know where to get parenting information and knowledge when they need it.

However, another significant group of parents in the cohort (around 37%) regard themselves as not at all well connected to either informal or formal supports and have a strong sense that sole parents are judged by their families, their communities, and the services which are funded to assist them.

General practitioners are widely used by parents raising children on their own (91%). Child care emerged as highest on the wish list. Almost half (43%, n=23) identified the need for child care. However 22 of 55 participants (40%) also mentioned problems they had finding suitable housing in their answers to open ended questions about their day to day experiences.

The telephone survey allowed us to identify potentially the most vulnerable and isolated parents in the cohort and interview them in more depth.

THE IN DEPTH INTERVIEWS

PARTICIPANTS

The 20 parents interviewed in depth ranged in age from 18 to 45 years. Five parents (25%) were under the age of 25 (one was 18, having given birth to her daughter at 16) and 7 parents were aged between 26 and 35. Between them they had 35 children; 11 of whom were aged between 0 to 2 years and 20 who were 4 or less. All 20 parents were in receipt of income support from Centrelink and 18 of the 20 lived in public housing. Five parents were employed part-time, 1 had casual employment and 4 were studying. Ten parents cared full-time for their children, that is, they were not engaged in any employment or study. Two parents were Indigenous and 5 were recent migrants or refugees who spoke a language other than English at home.

The parents who were interviewed were living with a number of major issues that they identified as impacting on their parenting. Between the 20 parents there were 36 major issues raised which were current at the time of the interviews.

As will be seen, although there was divergence in experience amongst the parents, particularly the level and nature of the support they have available to them, the challenges these parents encountered were often not dissimilar in nature.

Almost half of the parents were experiencing personal mental health issues that included post natal depression, anxiety and post traumatic stress disorder. Some had also lived with family members or ex-partners with a diagnosed mental illness. A number had experienced domestic violence and a small number of parents had had contact with statutory services (child protection 4, juvenile justice 2).

Almost all of the 20 parents (18) were living in public housing. Eight of these parents spontaneously identified their housing (location, type) as a serious issue which impacted on their ability to parent well. Almost half of the parents interviewed identified having a child with a need for special support. Children's needs included physical and intellectual disabilities or developmental delays, serious behavioural, emotional /psychological or health issues.

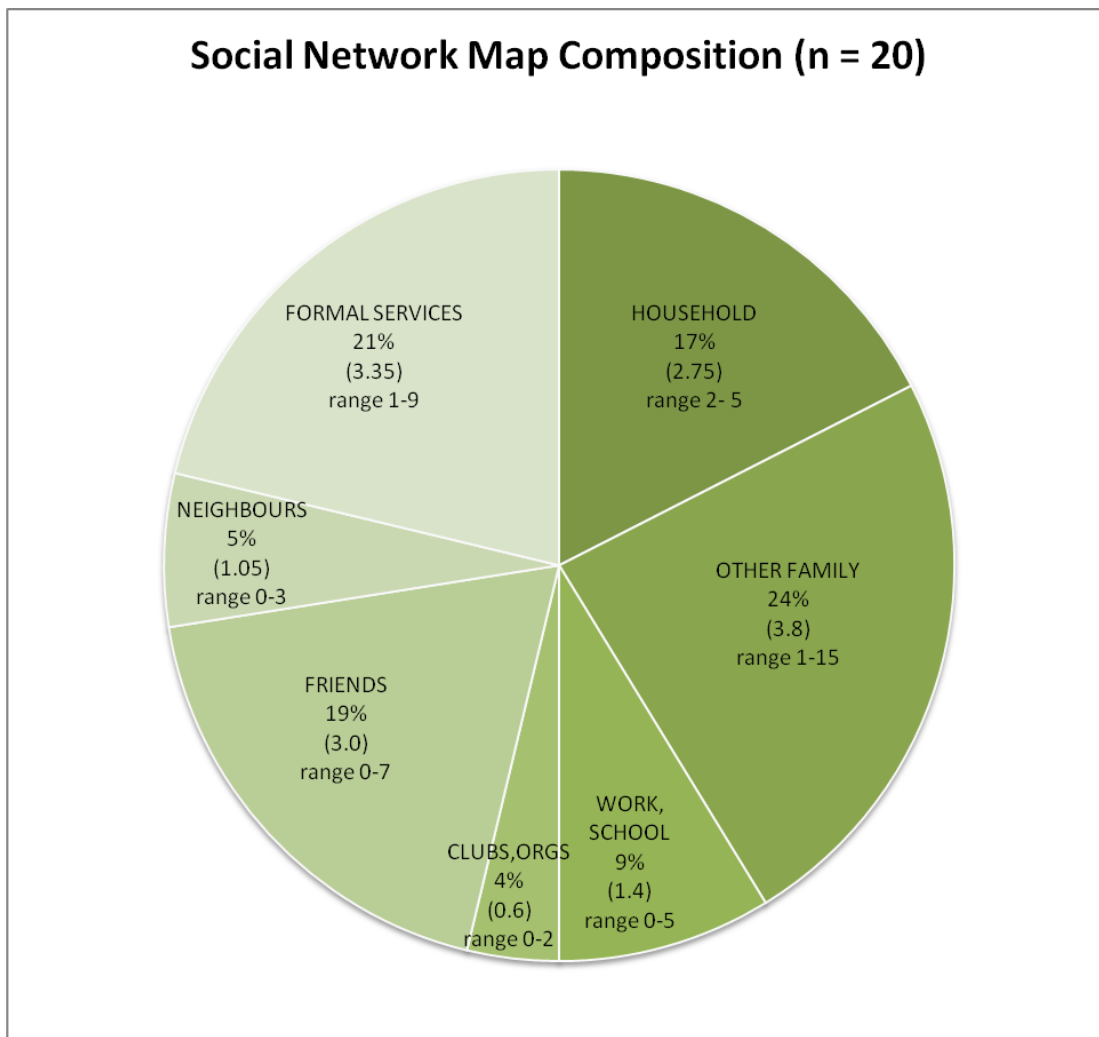
Although parents indicated some support from family and from parts of the service system, and some had supportive friendship networks, most believed that they had to be very self reliant and independent in order to raise their children. Many were proud of their ability to

be self-reliant and proud of the skills they had developed in parenting on their own. There was not a strong sense of community support or belonging, but rather a sense of this parenting experience being to varying degrees, an individual, solitary one.

SOCIAL NETWORK MAPS

Participants were asked to list people they had had contact with over the past three months who were important in their lives. They categorised these people under ‘household’, ‘other family’, ‘work/school’, ‘clubs/organisations’, ‘friends’, ‘neighbours’, and ‘formal services’ (See Figure 2 below).

Figure 2: Social Network Map Composition



The social network map results (Figure 2) give a picture of parents who raise young children on their own as being heavily reliant on family for a large proportion of contact and support. A number of mothers had no or very few contacts in any other areas of their social network map. A number of mothers had very small total networks of 6 or less people. They also had very limited contact with services and those services listed were those necessary to meet the most basic and important needs (e.g.: health, housing and income) and even then contact was very minimal. Schools were the other main point of contact for people who had children of school age.

Formal services make up 21% of parents' social networks. Services listed by this group of isolated parents were those which they had to have contact with in order to survive, (Centrelink, Housing, and GP/medical services). Parents listed these services even though contact with them was occasional (e.g.: annual compulsory interview with Centrelink) because the services were important to them. Results were also skewed by one parent with a very high number of services – see the case study of Parent A on page 39. Formal services accounted for 15% of the social networks of parents in Tracey's (1990) US study.

Types of Support

Three main types of support were then analysed in the Social Network Maps. These were:

- practical or concrete support (e.g. giving you a lift, helping you with a big chore, looking after your belongings or children for a while)
- emotional support (comforting you when you are upset, being with you in a stressful situation, listening to you talk about your feelings, e.g. parenting challenges)
- advice and information (e.g. who would give you information on how to do something, help you make a big decision, teach you how to do something new, for

Social Networks of 20 parents:

All parents identified at least 1 member of their own or their ex-partner's extended family

Average social network size of 14 people (median was 13.5)

Network size ranged from 5 to 37 people

On average 41% were either household members or extended family

On average 19% were friends

On average 21% were formal services

11 had no contact with clubs or organizations

9 had no contact with neighbours

7 had no contact with work or school

2 had no contact with friends

example: if you were having trouble with baby sleeping, eating, or with the children's behaviour).

Participants were asked to identify with each person/organization in their network whether they would 'almost always', 'sometimes' or 'hardly ever' be able to rely on them with that type of support and these results were numbered and entered into a grid.

Not quantity but quality

The social network maps also showed that the sense of being supported or the quality of support matters more than the size of the support network. Some people with quite large networks were not very satisfied and though on the face of it they appeared well supported, once forms of support were analysed, they were unable to draw on many people in their networks when they really needed to.

Parent A had the largest social network of the parents interviewed (total of 37 including 9 services and 15 family members). She had some contact with a number of services, primarily health services in relation to her child's ongoing health issues, however she recorded no services specifically to support her and reported feeling very isolated. When asked what kind of support she needed she answered 'someone to call and ask me how I'm going once a week', echoing the theme from others of 'someone to check in on me'. She had a large family, however she reported that she was usually in the role of helping out other family members and support was not reciprocal.

Quality was also perceived when there was a balance of concrete, emotional and information/advice support. Some mothers reported that they had plenty of emotional support but were severely lacking in practical support or vice versa and this inevitably lead to a lower level of satisfaction with their support network.

The social network maps show that these 20 mothers rely most heavily on family and informal networks for **emotional support** in particular and less so for **practical support**. However, these mothers relied equally on formal (services) and informal (friends, family) networks for support with **advice and information**. The greatest areas of need identified by mothers were for **practical support** and **advice and information**.

Only one mother rated formal services highly in relation to emotional support (and that was due to a relationship with a particularly supportive worker), and 2 mothers rated formal supports highly for practical support.

10 mothers rated formal supports highly for information and advice. This means that the one area where mothers were most likely to seek support from formal services was in relation to **information and advice** to assist with parenting.

Informal supports included people in the household, other family, friends and neighbours. Each of these groups was examined in detail in the interviews. Analysis of the 20 social network maps showed that more than half of the parents who participated in these interviews identified that they were **not satisfied with their informal networks**. This usually reflected: (1) conflicted or ambivalent reliance on family; (2) absence of support and community engagement; or (3) lack of robustness and fragility of informal networks.

Conflicted and ambivalent reliance on family

'Family' consistently emerged as the most frequent and significant source of contact and support in the last 3 months for the cohort of 20 parents who took part in in-depth interviews. Family contacts were broken down into: parents (17) which included mum, dad or mum and dad); siblings (13); ex-partner's extended family (8); ex-partners/fathers of children (5); and a grandmother (3).

On average one third of support networks were perceived as critical of decisions, parenting choices or lifestyle.

We attempted to measure aspects of the quality of relationships in each person's network by asking participants to rate the level of perceived criticism in each relationship. Participants identified an average of one third of their networks as being sometimes or almost always critical of their decisions, parenting choices or lifestyle.

Each participant's top 3 (most highly rated) support people were then analysed for the type and level of support provided and the level of perceived criticism, to see whether there was

Top 3 informal supports

Mum and dad – but 13 people said their mum or dad were sometimes or almost always critical of them – 4 said mum hardly ever critical)

Siblings – but 4 people said their siblings were sometimes or almost always critical of them – 1 said siblings are hardly ever critical

Neighbours – but 4 said neighbours are sometimes or almost always critical of them – 1 said neighbours are hardly ever critical

any relationship between the two. Whilst family dominate the list of most important support people, they also emerge for many participants as highly critical, thus indicating conflicted and potentially stressful relationships. This is reinforced by qualitative data collected during interviews. Additionally, some parents had no contact with their extended family at all.

Interestingly, those services that were identified in the top 3 supports, that is participants would almost always go to those services for a particular kind of support, were seen as hardly ever critical and very supportive.

Fragility of informal networks

Parents tended to be reliant on one or two people in their network, even if networks were quite large. For a significant number of parents these supporters were often themselves at risk or needing support. Their main support people were either older children, neighbours, friends or family with substantial health, developmental or life factors impacting on their ability to help. Fragile and small networks such as these may lack the robustness to cushion or mediate against unexpected life events or even the everyday demands of raising small children. For some parents there was also a foreboding sense of having nowhere to turn in an emergency. For others there was a reluctance to ask for supports from people whom they felt were equally stretched.

As one parent said

I appreciate the help from my mother and sister so much because they are so limited in their ability to help my mum's got a permanent disability and my sister had a serious accident and she's trying to look after my parents she's back and forth between the doctors and just barely coping (59)

The majority of parents did not belong to any clubs or community organizations and did not participate in any regular or ongoing recreational activities. Four parents were involved in religious based organizations. Although they all reported not having much social support or connectedness through those associations it was still important to them either because of what it provided for their children or in terms of their faith and sense of meaning. One parent attended a playgroup but said that she was finding it difficult to build any meaningful connection with the other mothers. One parent was a member of Narcotics Anonymous and Alcoholics Anonymous and found the support provided through those groups central to her

wellbeing.

Only one mother out of the 20 parents interviewed was part of a playgroup. Parents reported experiencing multiple barriers to their participation in playgroups including transport, costs or not having friends or contacts in playgroups.

A small number of mothers in the larger group of 55 were involved in playgroups and a number of others also raised issues about attending or accessing playgroups. One mother gave an example of a playgroup she was part of which disbanded because they could not find an affordable community space to meet in:

Only one mother out of the 20 parents interviewed was currently part of a playgroup. Parents reported experiencing multiple barriers to their participation in playgroups including friends or contacts in playgroups.

Our playgroup broke up because we couldn't find an affordable appropriate venue. There should be a database of rooms that are available for free and more support for playgroups to continue. It's an important connection for under 5's. We spent heaps of time looking for a room and just ended up giving up. (49)

In general parents said that social contact usually revolved around family with some mothers maintaining regular friendship networks, whether by phone, in person or via email or Facebook. However for some parents keeping up with their social network was problematic:

My friends have sort of passed me b .y... I was isolated at the refuge, I feel like I did all this on my own, and people don't know how much it changed me and no pats on my back (33)

I don't think I really have support at all I find that especially when I became a single mother after, it's more hard to actually go in that [my] community and I don't feel like I fit in there because family is very important where I come from it's a culture clash (39, mother from a diverse cultural and linguistic background)

POSITIVE EXPERIENCES OF SERVICES

SERVICES IDENTIFIED IN TOP 3 SOCIAL SUPPORTS

Parents who identified a service as a significant source of support (in their top 3) talked about what an important role those services played in supporting them in their parenting and wellbeing. Services that were identified in the top 3 supports, that is participants would almost always go to those services for a particular kind of support, were seen as hardly ever critical and very supportive. These services were most highly rated when it came to seeking information and advice, and not as highly rated for concrete or emotional support. One parent said:

I love the day care. I thank god every day that I got [my child] into this place because they're just fantastic they're helping so often (47)

Other services identified in the top 3 supports by one or more parents were: specific General practitioners, women's refuges, Centrelink, North Ainslie preschool, the Salvation Army, Majura Primary School, childcare centres (not identified), the Academic Skills Centre (University of Canberra), ACT Health Social Worker, Alcoholics Anonymous, and WIREDD (Women's Information, Referral and Education on Drugs and Dependency), the community housing program at Northside Community Service, and the Health First 24 hour helpline.

I went to Centrelink and told them. I talked to the social worker who was really good. There were many problems and I didn't know where to go for help I'm very appreciative of all the help I've had and its getting me through... this uni course, that's why I told them, the minute I get the job, I don't mind paying the tax or anything, but just get through this time(46)

Top 3 formal supports:

General Practitioners

Women's refuges

Centrelink

North Ainslie Preschool

Salvation Army

Majura Primary School

Childcare centres

Academic Skills Centre
(University of Canberra)

ACT Health Social Worker

Alcoholics Anonymous

WIREDD (Women's
Information, Referral and
Education on Drugs and
Dependency)

Community housing
program at Northside
Community Service

Healthfirst 24 hour
helpline

The Refuge – [Worker] was my social worker and the amount of stuff she found out there to help me she got me housing(13)

Other services that were identified positively by two or more parents as being supportive, but not in their top 3 supports, included large Commonwealth government agencies, ACT government services and local non-government services, including local GPs, Majura Primary School, local childcare centres, Health First, Care and Protection, Therapy ACT, and Centrelink's JET² program, although they commented that it is difficult to find out about this and initially access it. A complete list of services appears at Appendix A. Some comments from parents included:

Care and Protection are fantastic – they don't hassle me and they never forced anything on me. I have a lot of time for people working in Care and Protection(5)

At the Academic Skills Centre I have a very good tutor she is the one always [helping] at this hard time I think I'm not very confident with the language proficiency so Centrelink gave me resources to go, to have a free language course for 3 months the tutor found out about it for me (46)

QUALITIES PARENTS APPRECIATE IN WORKERS AND SERVICES

The positive experiences of services reported by parents were fundamentally about how they felt they were treated. Three main responses emerged which describe how parents want to be treated when interacting with services: humanising, responsive and honest relationships with workers. These qualities are not only the tangible provision of practical assistance; they are also an orientation or attitude to service delivery. In combination they help to engender trust and contribute to a parent's willingness to engage with services and allow themselves and their children to receive support.

² (JET) Jobs, Education and Training is a Centrelink program which provides extra help with the cost of child care for parents undertaking activities such as job search, work, study or rehabilitation as part of an activity agreement, to help them enter or re-enter the workforce. JET Child Care can help meet the cost of child care by paying most of the 'gap fee' not covered by Child Care Benefit for the hours of care needed to do approved activities.

'Humanising' relationships with workers

Parents who are financially poor and parenting on their own may feel particularly vulnerable to criticism and scrutiny, which acts as a further barrier to accessing services. 'Humanising' relationships demonstrate to parents that they are equally deserving of respect, that they have inherent dignity. Such relationships are more likely to create a space where parents can recognise the need for and accept help (in the case of statutory or intensive services), or ask for help and enter into constructive working relationships where services get alongside parents. 'Humanising' relationships also entails beginning with the conscious assumption that the parent is doing their best, given their current resources and limitations, until proven otherwise. Parents talked about this concept in this way:

.... she was my saving grace and was so nice about it she was never condescending about it or anything [she] seemed to enjoy her job and really enjoyed seeing people get back on their own two feet (59)

Its hard when you go to see someone and you do feel judged and your child is being looked at as a lab rat Shepherd Centre are great, they treat you like a human being (48)

I'm waiting to be put into a parenting course with Care and Protection I wanted to do it myself because I admit I need help and if you're a new mum of course you're going to need help with things like that Usually I just sit there and if they ask do I need help I'll go nup and then the Care and Protection worker said 'what's the main thing I need help with?' and I said my main one at the moment is parenting because I get impatient real easy and I get angry (12)

Basic services such as easy access to language interpreting make an extremely important contribution to the development of relationships which are 'humanising'. One parent who came from a refugee background, felt very comfortable approaching Centrelink whenever she needed to because she felt confident that they would willingly get an interpreter for her.

Sometimes I talk broken, doesn't matter, I not be shy, I try and talk. Centrelink too, I go and tell, they not understand, they call interpreter (36)

Responsiveness

Some parents explained that they knew their lives were complex and recognised that they needed help with multiple issues at the same time if they were to keep their heads above

water. Their narratives highlighted how important it was for services to be responsive to parents' needs. They meant here the degree of flexibility and creativity allowed by the organisation and the individual willingness of the worker to work creatively, 'bend the rules', or 'go the extra mile', to respond appropriately to a parent.

.... she'd just listen to what I had to say and not tell me, oh it's not my job to listen I can't help you with this, but she'd say I know so and so who works over here why don't I give them a call (59)

I call [my sponsor] every night like I'm a member of Alcoholics Anonymous an entire life sort of thing (9)

I had a lot of stuff going on after he was born and my, like I went and saw the midwife and so they ended up doing a support program with me and they would just come around like, you know, I didn't need them practically to do anything, but just that support because I felt so isolated and you know, like I didn't really have help from people and so they'd come and they'd visit that was really valuable and they kept coming until he was like 6 months old (9)

Qualities that parents appreciate in workers:

- Respect
- Flexibility
- Honesty

Services which actively collaborate and develop a culture of collaboration appear to have a head start when it comes to responsiveness.

I've got a little circle at the moment when it comes to my daughter where Therapy ACT, daycare and Care and Protection all are intertwined and they all feed and share when it comes to information because

they're trying to help [my child] as much as they can (5)

Honesty

Parents also explained that they find it easier to respond to workers who are honest as long as that honesty comes with a 'good bedside manner' (honesty that is respectful, humanising and coupled with appropriate support or referral as above). For example, a parent spoke about a time when a Centrelink staff member was unable to help her, but still treated her in a very caring manner and referred her elsewhere:

It depends a lot on the worker, but also on your attitude (58)

Another parent spoke at length about the frustrations she experienced when she felt services did not provide her with information or were not honest with her:

And also like just with his feet. I've been to 2 podiatrists and two physiotherapists, and only now I'm understanding more of what I need to do about his feet. They've only given me pieces of information. And also you need to find out everything you can about whatever you think the problem is, just so you have enough information about it because they won't give it to you, they haven't been giving it to us and some of the questions I ask, sometimes I get a response from them as though 'Why did you bother asking that question, that's a silly question' (48)

Another parent recounted how hearing from Care and Protection an honest appraisal of her situation and that the threat of removal was very real, helped her to respond:

Our case was at one stage really severe to the point where the kids were going to be taken away from us and since we found out that, that's when we did a complete 360 (5)

One parent told of how she had lived with post natal depression (PND) since the birth of her first child, now aged 9. When she visited a baby clinic (MACH) with her new baby, she met a nurse who she felt was 'on her side', and so began the process of linking her in with the supports she had been needing for a long time:

Initially the difference was Gungahlin and that wonderful nurse she's the one that put me in contact with everyone and then one of the social workers rang me and I was having a particularly bad day and that started me getting the help I needed. She is from the child health and women's program. I spoke to a woman who runs it who was amazing and she recommended me to a social worker who specialises in that sort of thing, and she has been visiting me every 2 weeks. It has been amazing the more help you get the less you have those bad days (7)

MAIN BARRIERS TO BEING 'THE BEST I CAN BE'

Most sole parents in Inner North Canberra are well informed and make good use of the extensive range of parenting resources available in Inner North Canberra. However, another group of parents in the cohort of 55 parents (around 37%) regard themselves as not at all well connected to either informal or formal supports and have a strong sense that sole parents are judged by their families, their communities, and the services which are funded to assist them.

We asked questions of interview participants about what helped and what hindered parents from being the 'best' parent they could be. We used the expression 'the best I can be'

because it was the phrase used by a very young parent (18 years old with a two year old child) early in the interviews.

Several overarching messages emerged from the interviews which we think contribute to the knowledge we have about vulnerable families whom services find 'hard to reach'. We have called these: 'want to move forward but cannot'; 'fear and shame'; 'just don't know what help is out there'; and 'some contact but not connected'.

Key messages from parents who want to move forward but can't

Want to study or work but cannot get flexible, affordable child care

Need help at home 'someone to check in on me'

Want support from other people like me but can't find them

Even a few dollars too much to pay

WE WANT TO MOVE FORWARD BUT CANNOT

Participants who were interviewed consistently identified common aspirations.

These are:

- to be a good parent
- to obtain further skills and qualifications so that they can get better jobs in the future
- to find employment which would enable them to increase their financial means but would at the same time enable them to spend the right amount of time with their very young children.

These aspirations were strongly articulated in the phone survey and again emerged in the interviews. Many were able to identify skills and strengths they had drawn on which had enabled them to come through very challenging experiences. There was a clear narrative around the need for self-reliance and independence and actively creating a positive future for their children and themselves.

I am very resourceful (19)

I want to expand our horizons, meet new people, have new experiences and try and overcome the challenges and obstacles I'm lucky that I have some of the strengths I do have I'm trying to work everything out (59)

I thought the whole time – what can I do for these people, how can I help? [referring to

residents in her area in public housing flats] but you know I have survived here. I really want to be a nurse and do paediatric nursing and I want to go actually to remote areas and help these Aboriginal kids if I can (39)

Parents who were interviewed referred to a wide range of personal skills and aspirations:

Once I finish Uni I don't want to continue getting single parent benefit. I want to work, have a balanced life I'm very appreciative of all the help I've had [referring to income support] and its getting me through I never got any information on services (46)

I usually teach ballet, I am accredited for ballet and jazz and hop hip and break dance. I used to teach them in after school care. And now I am teaching ballroom dancing it is really fun I love to dance. I am also accredited for gymnastics, physical education (28)

However parents expressed frustration at feeling hampered in their attempts to pursue their goals for themselves and their children. One parent put it this way:

I tell you one area that is a bit useless. I don't know how, or why it's needed when you're on a single parent pension, they have this system with Centrelink where you have to go along to a meeting every so often to see how you're going. I personally think it's a perfect opportunity they're paying the wage of someone I go along if I was going along and I was saying OK look I'm really interested in studying teaching, could you help me with resources, you know because it's a time issue for me (19)

Some of the barriers parents identified were personal (lacking confidence or know how), others were about lack of opportunities and response to their efforts. Parents consistently identified the following as barriers to them 'moving ahead':

Cannot get flexible, affordable child care

Access to flexible and affordable child care was a major barrier for parents wanting to get ahead. Reasons for needing child care varied. Most participants commented on the need for someone to care for their children so that they could pursue further study or employment. Parents want child care that is affordable and flexible including at night and on weekends.

I had to give up Uni because I couldn't afford more child care (61)

I need day care. I want to go back to work to complete my apprenticeship (38)

Child care so I can study at night (24)

It [work] is from 4 to 7 or 4 to 8. There is no childcare in the entire state or territory that can go after 6 o'clock, which will take them at that kind of hour (28)

I've been trying to get traineeships but no one wants to hire me I'm not as flexible as anyone else others say I can do anything I want, 8 to 5 I come in and say at the moment I'm only available 3 days because I'm not putting [my child] in fulltime [care] until I get fulltime If I could I'd do accounting, maths I love it I want to go to CIT and do accounting(31)

I'm finding it really difficult and I've been told I need to go on 15 waiting lists and you know I had the opportunity of starting a job and I can't get him into daycare so I can't work and then that creates sort of some depression and then more of the isolation stuff and when I don't have family to look after him or you know, even friends that could look after him, it gets really isolating like I love staying at home with him but I'd like to do more. (9)

Parents also wanted small amounts of child care so that they could be relieved of the relentless tasks involved in caring for small children on their own; to be able to hand the baby/child over to someone else just as many two parent families are able to do when the going gets tough.

I've done it about 4 or 5 times now, I ring up and then go, oh waiting list, waiting list, waiting list and to be honest its left me balling sometimes, like I have been balling, going, I'm never going to be out of my house, I'm always just going to be in my house until he goes to school(9)

To have a night off. I study and live in a noisy area. There are parties every night and it's hard to sleep. I need time to myself occasionally, like one night off a month. Childcare needs to be flexible (49)

Time for me, so good childcare [participant not well supported by family or friends and no neighbour support at all]. I hate where I'm living (13)

Someone to babysit my kids just 20 minutes a week for myself (7)

Parents with low levels of practical support described the stresses and dilemmas they experience as a result of being the sole carer for young children. One obvious cost is that parents' needs can go unmet for long periods of time as it is just too difficult to address them:

I'm supposed to go to get emergency dental treatment and I have to be at the dentist at 7.30 in the morning with 3 kids who's going to look after the 3 kids while I'm seeing the dentist? the last time I went was so traumatic so I've been putting it off for too long(59)

I don't know what I would do with the children if I got really sick (28)

Need help at home – someone to 'check in on me'

The plea for a small amount of relief from the relentlessness of caring alone, and the extreme isolation without any interaction with another adult is poignantly depicted by the interviewees:

[any support I want?] someone to just check in on me once a week (29)

I think well, you've got no concept of what it's like to look after 3 kids this age [under 5], by yourself, around the clock you've got no idea (59)

[just want] someone to just check in on me once a week (29)

Even just a phone call just to talk to someone another adult, just a few minutes every day, and not have to go out to do it I just need someone to talk to every so often and I just don't have it (48)

Parents spoke about what can only be understood as the dangerous nature of relentless caring without help in the home

I'm OK now now I think I'm doing great back then I think I could have done with a lot more. I'd just sit there and either cry or anything cause I just lost the plot I had no patience with her (31)

I thought I'd never get that weak to do those type of things, um, I thought of suicide several times, I even tried it, like those type of thoughts I didn't want to be around my kids I hated them, I rejected them(5)

Want support from other people like me but can't find them

A number of parents articulated a desire to get together with people like themselves to share their experiences, to exchange information or just to connect and socialise.

I think more help with the parent groups because the ones I got printed off I thought that's not me(13)

For some it was important that they could be the ‘helper’ as well as the ‘helped’ and meeting parents like themselves would give them this opportunity.

I’d really like to meet people who I felt I had something in common with I want to feel I belong somewhere that I’m able to give as much as I take I don’t like to be somewhere and just be in need of help, I like to be somewhere where I can look after my kids and whatever I do in addition to that, be a valuable contribution to the environment that I’m in (59)

One of the parents interviewed made the following observation about the difficulties she faced going to the usual groups with other parents of young children who are partnered:

I was in a playgroup for the first year of my daughter’s life. I only told one person in the playgroup that I was a single mum. I didn’t want to relive the story and explain it to everyone people treat you differently so I pretended. Most of the time they were talking about ‘I need a new cleaner’ and things like that. It was so different to my experience (49)

Even a few dollars is too much to pay

All parents spoke about living on a financial knife edge and what this actually meant for accessing services that they would like to offer their young children. Several parents spoke about the difficulties they had with Child Support Payments and about managing the interface between their income support arrangements and child support:

Everything operates in arrears and you know, you have to struggle on much less and then live in hope that the child support is going to be paid anything that requires me to pay is affected whereas if CSA had a system where they were able to collect on a fortnightly basis you wouldn’t be in such a position at the end of the month (19)

The above young woman then described how she could not take her children to ‘gymtots’ for this reason. Other parents indicated that although child care costs were greatly reduced for parents on their own, even a few dollars a week in effect made this an impossible option.

Another spoke of the impact of reductions in social security payments on her support network. The reductions were due to misunderstandings and lack of clear expectations. She was struggling with drinking and pot smoking during a particularly difficult phase in her life and had just been through rehabilitation, set up support networks and was going well. She

had been given a Domestic Violence exemption from the Child Support Agency. However, she was unaware that the exemption had run out after 12 months, and her income dropped without warning by \$150 a fortnight. She was subsequently unable to pay her bills and her phone and internet were cut off. She went into Centrelink to get help, waited 3 weeks for an appointment with a social worker, and then she was given a telephone allowance.

All the supports I had set up, all my little supports that were going to keep me, and I couldn't contact them and they didn't know what had happened to me, and it was a vulnerable period. I didn't get my phone on for ages and then my friend and family stuff started falling apart it wiped out the last quarter of the year it was very stressful having a very active kid running around everywhere (33)

FEAR AND SHAME

We asked parents to tell us more about the feelings of fear and shame that had been identified through the survey responses. A number of key themes emerged which help us to understand the kind of 'fear and shame' experienced by parents of young children on income support and the implications for their level of social connectedness including their service use. These are categorized here as: 'stressful and unsafe neighbourhoods; 'feeling judged and ashamed'; 'belief that using formal services is a sign of failure'.

Stressful and unsafe neighbourhoods

If they really want to provide safe housing for mothers and children they should think about where they put them I was desperate but I had to refuse the accommodation because it was so unsafe (46)

Contributing to a general lack of trust in services by parents with perceived low social connectedness is the distress they feel about living in public housing flats. Eight of 20 parents interviewed in depth spoke passionately about the despair of raising children on their own in these environments. This was a theme that further emerged in the focus group. Some parents tearfully expressed disbelief that events associated with family breakdown including choosing to raise their children in safer environments, had led to what they perceived to be a serious deterioration in their quality of life and the life opportunities they could provide their children.

....when I saw my first offer of housing I thought .t... what am I doing, why are they doing this to me they don't know who I am I felt they didn't understand who I

was I'm smart I have ambition I want to own my own house I appreciate having a car someone stole my baby's car seat I don't belong here I want more than this I feel embarrassed to say I'm in housing but I need it (13)

The social worker wrote a really good letter to housing explaining that as a single parent I couldn't get a rental place. But they [Housing] offered me a flat which was really unsafe I had to refuse the first accommodation I was offered because it was unsafe. It was a nice place but I was very worried about the neighbours – I talked to them. If they really want to provide safe housing for mothers and children they should think about where they put them (46)

See I lost my car, stolen, vandalised. They come to my car park, broke in and it's a write off so now I rely on buses (39)

Fearful for children's safety and wellbeing

Several parents spoke about their fears for their children's physical and emotional safety

.... the junkies downstairs and they're always banging and yelling and fighting and now the baby hears banging and she thinks it's the people downstairs and it scares her a lot too she comes running saying, 'mummy mummy are you OK are you OK'? (31)

I'm thinking I'm alright but what about my child what is this doing to my child? (39)

When I go outside my door I don't feel safe at all at all I expect not to have a car seat there or I expect to have my window smashed I don't want [my child] to grow up in a community that thinks that stuff is OK (13)

With public housing somehow they might consider how they might locate mothers or families in a better place than this complex because some people you can see them with these 40% alcohol bottles around and you can see that they're already red its 10 o'clock in the morning and they're not usually really violent to you but the children see them and they're growing up and also the nice playground, it looks nice but all around it is glass, broken glass and sometimes needles (39)

Lots of children play in summer with bare feet and my heart sinks when I see them run around with bare feet because lots of bottles have been broken and so I'm thinking if they consider to locate parents with children somewhere else the first week I

moved here I saw blood everywhere on the laundry floor so now I can't take my son to the laundry with me I turn on the TV and now he's used to it, he doesn't cry and bang on the door until I come back anymore I see bottles with blood on it in the laundry all the time (39)

Feel judged and ashamed

One parent said that living in the public housing flats contributed to a perception by service deliverers that she was not a competent parent:

When I mentioned to the nurse that I was having relationship problems and where I lived she became patronising – [her tone] changed. She thought that I lived in the government flats. I didn't but I was being judged for even living near them (11)

Others perceived a very high level of criticism by others about their parenting styles and a general lack of support:

I think it's because I'm young and [people think] I'm gonna stuff up all the time because I don't know what I'm doing I shouldn't care what people think but I do (31)

When people don't have children they can be really judgemental. 'Why don't you do this, why don't you do that' I was screaming out for help and I felt like I was going insane because no-one would help me it surprised me how many people are critical (33)

Sometimes you feel as though they think you are not doing enough as a parent but you are trying your hardest (48)

I was forever trying to prove that I was a good mother [parent referring to her interactions with a family support service worker] (59)

Before I had children, I felt like my own person. Since I had children I feel like I'm owned by society people are quite willing to look and judge but not to lend a hand people feel they can butt in and tell me what I'm doing wrong (58)

Others felt that workers did not always have the skills to put them at their ease:

Sometimes when you go and have meetings with people, it's just their attitude, they seem to look down on you, it makes you feel very uncomfortable so you don't want to go and do it again. Workers should do courses in how to communicate with single mothers, young mothers, people in [a] difficult situation (2)

Sometimes, having taken the risk of asking for help from charities, they were turned down and this made them less likely to ask for help next time:

Since that happened [being turned down for a food voucher] I don't want to be turned away again or be judged. People judge a lot. Charities need to prioritise people more. I really needed help but they couldn't help me. They didn't refer me anywhere else, they could have been nicer (37)

Some agreed strongly with the notion that fear prohibits them from using services, particularly fear of being labelled and judged as an inadequate parent by the service and by other parents:

[I think] fear is quite reasonable [from sole parents]. The element of do you want these people who access these services to know you? To some degree fear is warranted. The service delivery often has the effect that people who are very troubled or dysfunctional are all in the same group instead of going into mixed groups (26)

I feel judged sometimes. Some clinic nurses are nice but you can also leave feeling bad You feel as though your child is not up to scratch especially if it's the first child. You feel like a failure. You can also feel that with other families and children [that they judge you]. With services you hope they would be more understanding. Sometimes you feel as though they think you are not doing enough as a parent but you are trying your hardest (48)

I felt judged, uncomfortable, afraid because I thought I would be judged a bad mum going back to work. Also I thought that I would be the only one to care for my child [if] I had to go back to work (13)

Going to Centrelink and applying for the pension is a very degrading experience (62)

A number of parents spoke about using services being regarded as a sign of failure. They wished that it was more widely acknowledged that all parents have difficulty parenting so that sole parents would not feel like they have failed if they sought help:

.... I think that people feel that those sorts of organisations are for a certain type of person. Everyone needs them. You look like a failure if you use them maybe more

Key messages about feeling fear and shame:

Stressful and unsafe in the housing flats

Fearful for children's safety and wellbeing

Feeling judged and ashamed of where we live

community services ads or that everyone can have issues with children. It can be all sorts of people that have postnatal depression. It's not just single parents or people on low incomes, everyone needs help (7)

I felt like that at first, a bit afraid. I needed someone to give me a nudge. I needed encouragement from other people (1)

Others felt it had taken a great deal of courage to use services and that it was their desperate financial situations in the end that drove them to do so:

I felt humiliation at first [and it] stopped me using services. I had to swallow my pride. If you need help you just have to get on board (5)

Parents also spoke about cultural barriers to using services and suggested that parents from diverse cultural and linguistic backgrounds would not realize that they can ask for help and would only stumble across services which actively reached out to them in a very direct and culturally sensitive way:

.... culturally for south east Asians it's a shame to ask yeah they are current cultural factors so unless you ring and are giving information they won't ask, they are ashamed to do that (46)

Fear and shame were a major challenge for all but a small number of the parents interviewed.

Fear and ex-partners

In the focus groups held with parents, themes of separation, relationships with ex-partners and the need for post-separation and post domestic violence support tended to feature much more strongly than in interviews. These women felt that people in interviews had probably understated the extent of their hardship particularly with regard to relationships with ex-partners:

I didn't talk about this in the interview, but it's such a big area, particularly around custody. What if I say I'm not coping and ask for help and this gets reported and then my ex somehow uses it to say 'see'. There are huge risks in asking for help. People can use your fear of losing your children against you (58)

JUST DON'T KNOW WHAT'S OUT THERE

Unless they had a personal connection through friends or family or had been engaged in a

highly supportive service (like the IMPACT³ program) for some parents there seemed to be no gateway to services that might help them. Many parents may have been given information about services at some stage, particularly around the time of the birth of their first child, but because the information may not have had immediate relevance at that time and was not part of an ongoing supportive relationship or point of contact, it has been lost.

Lack of knowledge about services

Many parents spoke about not knowing what services might be able to assist them:

There's not a need for more services, just more advertisements and information about them (28)

I didn't know any of those services existed (51)

Its hard to find information, there's not much information around about playgroups and things like that other than the phone book and the internet and that's confusing and hard to use (60)

Just don't know what's out there:

Don't know about existing information portals

Not sure who to trust

Missed opportunities by universal services

Missed opportunities by universal service providers

Some spoke about missed opportunities when they could have been given more information but were not:

.... Would have been good to find out about the refuges earlier because my life would have been so much simpler [not having to stay with ex] (13)

.... [Centrelink compulsory interview once a year with 18 year old sole parent of a two year old] one of those people on the desk I waited 50 minutes and I told them is someone going to put another dollar in my meter or what because I made it pretty clear I wasn't happy to have to wait another 50 minutes she just sat on the computer and said is everything still the same?. I said yes and she said alright you can go and I'll do it myself (31)

When something is new you don't know what questions to ask They make a lot of

³ IMPACT is an ACT government integrated support program for parents who are currently receiving treatment for opioid addiction and who have children under 2 years.

assumptions. Not being given the complete picture, or enough information (48)

They [services] haven't put me in the right direction I was screaming out for help and I felt like I was going insane because no-one would help me(7)

Being not eligible for a service happens a lot. Services being too hard to access also happens a lot. For example I didn't know about Therapy ACT. You'd think schools, MACH nurses, someone would have told me about them. It's a problem there are so many services and it's hard to find out about them (62)

MULTIPLE SERVICE USE BUT 'NOT CONNECTED'

A small group of parents had had contact with a number of services but expressed frustration or disappointment at their inability to get the support they felt they and their children needed. These parents were often confronting complex and multiple issues in their daily lives, for example mental health, history of family violence, history of drug and alcohol use, serious concerns about their children, as well as poverty and other forms of disadvantage.

'Sacked' by services

Some parents felt they had been sacked or side lined by services or had been on the referral 'merry-go-round'. For some it seemed that their 'issues' were too difficult for services and that they didn't fit neatly into any one services' target group. For others, they had made repeated attempts to access services and for a variety of reasons such as staff turnover, program changes, issues around service access, eligibility and scope, were unsuccessful. Others had been on waiting lists for long periods of time. One parent put it this way:

not a single organisation has been able to say yeah we see where you're coming from, we can see you've got all of this going on, we can help here, here and here it's a case of well the only thing we can do is this and if you want any of these things you will have to go there I'm so sick of asking for help, grovelling and pleading and you know when you have so little pride

Contact with services but do not feel connected:

Traumatic lives

Fundamental lack of trust in institutions

Feel they have been sacked by services – 'too hard'

Positive role of child care and schools and other normal non stigmatising places

.... I'm so sick of asking and having to swallow my pride every single time (59)

I found that a lot of people were very happy to wash their hands of me when they got some tick or goal of their own done. I found with mental health like it was, you know so simplify the problem, here is a list of groups and here is our rehab officer that will take you to the shops a few times, there is no follow up, you are not feeling that someone is listening to you and you say you are OK just so you don't have to go through another pointless interview and then you feel guilty because you need the help but then you think that it is still too much. The trouble is I don't want to go through another set of baseline interviews (33)

A mother of 3, reported having had a very positive experience of support from a worker, however when she obtained public housing [after a period of very unstable housing and intermittent homelessness], she moved and was no longer eligible for the service due to her new address. When we interviewed her she had been on various waiting lists for more than 9 months and was quite distressed about the lack of support from services, despite repeated attempts on her part.

Traumatic lives, a fundamental lack of trust in institutions

Other parents expressed a lack of trust in formal institutions. Though this may in part be due to a traumatic and complex life history, these parents represent one of the most vulnerable and at risk parent populations and therefore one of the most important populations for services to engage successfully with.

.... I don't trust people in organisations never got any help from them so I don't trust them at all I don't like them and I do not trust them ..I don't trust many people with my daughter that's why I don't ring no one for help. If I can't do it I ring my mumor the doctor I'm not going to ring no one else (38)

I wasn't sure where to go for help fear of what might happen, of confidentiality being broken. It's a lot of work to get help and overcome fears (49)

There are huge risks in asking for help. People can use your fear of losing your children against you (58)

Yeah I think somehow my trust is all gone (33)

Positive role of childcare, schools and other normal, non-stigmatising places

The positive role of normal, non-stigmatising places such as schools, childcare centres, and other universal services was also highlighted repeatedly by parents, including those who did not trust other services.

One parent who had been engaged with a number of tertiary services and had children with high support needs, talked about the important role that her son's school had played in helping her get back on her feet. Through the school she had found a valued role as a volunteer, had connected with a supportive and active community of parents and teachers, and had eventually found part-time employment in a supportive environment.

DISCUSSION

This research indicates that around two thirds of parents in Inner North Canberra raising children under five and in receipt of Parenting Payment Single from Centrelink report high parental efficacy, are well connected to formal and informal supports and know where to get parenting information when they need it. They are well informed and make good use of the extensive range of parenting resources available in Inner North Canberra. However, another significant group of parents (around 37%) regard themselves as not at all well connected to either informal or formal supports and have a strong sense that single parents are judged by their families, their communities, and the services which are funded to assist them.

FORMAL SERVICES ARE IMPORTANT SOURCES OF SOCIAL SUPPORT

This study confirms the important role that positive relationships with service providers can play in assisting isolated parents with very young children. The key message from parents was that they felt safe asking for assistance from services and individual workers who were responsive, honest and respectful or humanising. It is interesting that although some parents were clearly fearful that they may be judged as parents and even feared having their children removed, there are examples in the research of parents feeling well supported by Care and Protection Services, appreciative of their honest assessment of what needed to happen to keep their children safe, and appreciative of the efforts made to link them with support services.

It is also apparent that very isolated parents really want support services to outreach to them, to bend the rules and actively work together with other services to support them in the way that an ideal extended family might do so. Interestingly only one person in this study of 55 parents, including in the 20 in depth interviews, volunteered concerns about infringements of their privacy by formal service providers. Parents did however express some regrets that services did not show sufficient interest in them or really understand the challenges they were facing.

BUILDING THE CAPACITY OF INFORMAL NETWORKS

The findings support other research which indicates that while informal networks are important for emotional support they also tend to be ambivalent and fragile. Clearly formal

services cannot and should not replace family or informal support. However, given the level of vulnerability of informal support networks, there is potential for services get along side and build the capacity of these informal networks (Katz & La Placa, 2007).

This research showed that for this group of parents, family and friends tended not to be very helpful in connecting them to the kinds of networks which open up opportunities for wider participation in the local community. It supports previous findings that parents who are financially poor have difficulty finding a way to reciprocate the small favours that lie at the basis of community involvement. They cannot afford for example, to drive other parents to activities and they are fearful of reciprocal babysitting with parents they do not know and do not particularly trust.

Playgroups can be enormously supportive and an ideal place for sharing of parenting strategies however, for this cohort, there were multiple barriers to their participation in playgroups, including feeling judged or not belonging, cost, transport, not having friends or contacts in playgroups. Indeed the interviews with particularly vulnerable parents showed a very low level of participation in local community activities. The favourable comments made about their positive experiences with normal, non stigmatising places like schools and child care indicate that there may be a greater role for targeted services to work alongside the informal networks that develop in these places 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.

LINKING ROLE THAT COULD BE PLAYED BY 'FIRST TO KNOW' SERVICE PROVIDERS

The research points to the potential that some service providers have to link parents with services and support. Three providers of services that have regular contact with parents and who could leverage this contact more productively to connect parents with the broader service delivery system are general practitioners (GPs), Centrelink and Housing.

For example the findings support other research (Slee, 2006) which underscores the importance of the GP as a critical source of information, referral, and support to parents who have limited financial means and who are raising young children on their own. However parents said there were difficulties for them in accessing appointments and finding a GP, particularly a GP who bulk bills. Due to the time constraints (appointments are usually 15 minutes) referrals to other support services were generally not forthcoming as a result of these brief encounters, although there were some notable exceptions to this.

Only a handful of participants mentioned Centrelink as a ‘service’ which provides them with information and support, and no participant mentioned the public housing agency in this way. We however became aware that all participants are required to attend a compulsory interview with Centrelink at least once a year and most participants, as public housing tenants, find themselves in ongoing dialogue with the local Housing Department.

This raises the question of how the opportunities that clearly exist for both of these major human services agencies to support isolated parents and connect them with services and information could be more effectively leveraged. Not only do many parents raising children on their own have limited ‘bonding’ capital with family and friends, and ‘bridging capital’ with new networks of people who can offer them additional social resources, practical advice and day to day assistance, they also have limited ‘linking’ capital with formal institutions such as government agencies and the non government sector (Woolcock & Narayan, 2000). Strengthening links to these agencies increases social capital and social inclusion.

Schools and child care also fall into the category of ‘first to know’ agencies. These have the potential to connect parents and children to specialised services and access the resources that come with them onsite, particularly if they take a collaborative approach to caring for children. The research indicated that a number of parents view these agencies favourably as helpful and supportive places.

FLEXIBLE AFFORDABLE CHILD CARE

One important issue to emerge from this survey is parents’ perception that they cannot obtain child care to relieve stress when they urgently need it. Nor can they obtain the child care essential to allow them to take up opportunities for employment and for future study. Parents in receipt of income support with children under five knew that when their youngest child turns six they will be required to enter into an ‘Activity Agreement’ with Centrelink and that their income support payment will be transferred to the Newstart rate. They expressed frustration and confusion about how it was possible for them to develop skills and to acquire casual employment during the early years of their children’s lives in the absence of high quality and flexible child care.

Furthermore the availability of urgent child care for parents who are themselves often young and under considerable stress, and who are endeavouring to care for children at the most developmentally critically times of their lives, continues to be of major relevance as a form of primary prevention for very young children. The plea for ‘just 20 minutes’ relief a

week for a parent raising young children in extreme isolation is not only poignant but dangerous in the context of known risk factors for child abuse and neglect (Crane & Davies, 2000).

ENOUGH MONEY – THE BASIC BUILDING BLOCK OF PREVENTION

Parents in this research are telling us that having enough money to live on and having somewhere safe to live are their highest priorities. A number of parents spoke of the importance of receiving their Centrelink payments and the catastrophic impact of a reduction in payments. They recalled episodes when a breakdown in communication between service providers (such as between Centrelink and the Child Support agency) resulted in reductions to their payments, increasing their level of stress and isolation and having demonstrable impacts on the already meagre resources they and their very young children have at their disposal. We noted instances also where state/territory service providers clearly had information about the circumstances of parents (such as, for example, the case of ongoing domestic violence preventing a parent from attending a compulsory Centrelink interview) but did not think to mediate this situation with Centrelink, to prevent a reduction in payments.

Charities are very important in times of crisis but a number of parents did not know about these or had discovered them by chance. They also had difficulty establishing the bona fides of some agencies and relied again on personal networks to confirm who they could trust. We noted that a number of activities for children such as ‘Gymberoo’ or ‘learning to swim’ became possible only with the help of charities. Sometimes parents were turned down and they found this humiliating.

SAFE ENVIRONMENTS FOR CHILDREN

Parents with very young children are greatly appreciative of public housing in actual houses in safe neighbourhoods but they do not feel safe in the Housing flats. They consistently described environments which have all the hallmarks of ‘domestic violence’, including verbal abuse and threats of physical violence. Some parents described threats from neighbours, witnessing loud fights and arguments and feeling extremely unsafe in their own homes. Other parents described ex partners who broke down doors, and engaged in actual violence in the presence or hearing of children (not just their own but children in the other flats).

Parents repeatedly said their property, such as baby car seats, cars, strollers, etc., was

stolen. They spoke of an absence of trust in the flats and that they did not feel comfortable making friends in this environment. Several said they declined offers by friends or relatives to visit them at home and they would not let their children invite friends home from preschool or school. A number spoke about the tangible negative impacts of this environment on their very young children.

TURNING CONCEPTS INTO PRACTICE

The Working in the Grey research project was undertaken in order to assist services to improve the way local early childhood and family support services work with vulnerable families, especially families whom services find ‘hard to reach’. Through assisting services, the project sought to improve the social connectedness and capacity of parents and the safety and life chances of their very young children in Inner North Canberra.

Working in the Grey was consciously directed at the local area – the Inner North of Canberra – as the focus of increased collaboration between services. This local research project has increased the knowledge base for services working with vulnerable families and has contributed to the development and extension of collaborative strategies across the system in order to effectively support vulnerable families. These outcomes have already begun to emerge in response to the active dissemination of the research. Interest in the research was widespread across Canberra and a much larger group of agencies became involved than initially envisaged.

To maximise access to the research by stakeholders, presentations of the research took place on three levels to:

1. policy and decision makers with high levels of responsibility in relevant state and federal government departments and agencies (ACT Department of Housing and Community Services, Centrelink, ACT Families, Directors of Regional Community Services, The ACT Children’s Plan Interdepartmental Committee, the Australian College of Child Protection Practitioners)
2. frontline staff and service delivery personnel (see discussion of the Community Network Forum below),
3. parents who participated in the research.

A key part of the project was a workshop ‘From Isolation to Connection’ carried out under the auspice of the ACT Children’s Plan’s Community Network Forums. The forum aimed to explore the practical meaning of collaborative strategies for reaching isolated parents. The Principal Researcher outlined the findings from the research and strategies for collaborative practice that included the concepts of ‘supported linking’ and ‘assertive outreach’. Representatives from ‘first to know’ agencies (Centrelink, ACT Housing, Maternal and Child

Health) presented their responses to the research. Participants discussed the findings in small groups and were asked to explore how the findings and the concepts might be used to build more collaborative practice across the service system in order to support parents whom services find hard to reach.

The workshop attracted 85 participants, significant interest, media coverage and led to the following outcomes:

- Increased services' understanding of vulnerable parents experiences
- Increased services' knowledge of the importance of 'first to know' agencies (Centrelink, Housing, GPs and Maternal and Child Health nurses)
- Provided important opportunities for networking between first to know agencies and other agencies
- Provided the opportunity to explore how specific collaborative strategies might work in practice.

At the time of writing this report some significant shifts in service provision were beginning to emerge influenced by a number of factors including the dissemination of the research findings:

- Creative new partnerships to increase 'assertive outreach' to vulnerable families. For example, creation of a partnership between ACT Housing and Woden Community Services (WCS) whereby every family applying for priority housing in the South of Canberra will be offered a contact with WCS. WCS will meet with families and, where possible, link them with services they require.
- Centrelink working together with state government and non government agencies. For example, an 'expo' of service providers such Legal Aid, Woden Community Services, Parentline, Conflict Resolution Services, Housing ACT, Directions (Drug & Alcohol) ACT now takes place on a monthly basis at the Centrelink office.
- The restructuring of service delivery models by some Regional Community Services to make services more holistic and remove barriers to access, for example, WCS.

The research indicates that isolated families access the universal service system i.e. Centrelink, Health, Housing, Education and Child Care.

It is after this contact that parents seem to fall through the cracks, often failing to get information or referrals to targeted and intensive support systems designed to help them.

- Plans to present the findings to the Division of General Practice on the intersections between medical and the wider social support system.

The research indicates that isolated families access the universal service system i.e. Centrelink, Health, Housing, Education or Child Care. It is after this contact that parents seem to fall through the cracks, often failing to get information or referrals to targeted and intensive support systems designed to help them.

Embedding assertive outreach and supported linking practices across the service system will greatly increase the ability of targeted services to make contact with families whom those services have found 'hard to reach'. It will open up a range of more collaborative strategies to ensure families are linked with other services they require. It will also increase the likelihood that services will be able to support parents to increase the safety and life chances of their children.

REFERENCES

- Armytage, P., Boffa, J., & Armitage, E. (1998). Professional practice frameworks: Linking prevention, support and protection. Paper presented at the Protecting Children: Innovation and Inspiration', Twelfth International ISPCAN Congress on Child Abuse and Neglect,, Auckland, New Zealand.
- Artz, S., Nicholson, J., Halsall, E., & Larke, S. (2001). A review of the literature on assessment, risk, resilience and need: The National Crime Prevention Centre Department of Justice.
- Australian Institute of Health and Welfare. (2008). *Child protection Australia 2006–07*. Canberra: AIHW
- Barnes, J., Katz, I., Korbin, J., & O'Brien, M. (2006). *Children and Families in Communities: Theory, Research, Policy and Practice*, Wiley.
- Barnes, J., MacPherson, K., & Senior, R. (2006). Factors influencing the acceptance of volunteer home visiting support offered to families with new babies. *Child and Family Social Work* 11, 107-117.
- Butterworth, P. (2003). Multiple and severe disadvantage among lone mothers receiving income support. *Family Matters*, 64(Autumn), 22-29.
- Cass, B. (2003) Inclusion/Exclusion in the Australian Welfare State. In D. Weiss (Ed.), *Social Exclusion: An approach to the Australian Case*. Frankfurt Am Main: Peter Long
- Cattell, V. (2001). Poor people, poor places and poor health: The mediating role of social networks and social capital. *Social Science and Medicine*, 52, 1501-1516.
- Crane, J., & Davies, L. (2000). Mothering and Child Protection Practice: Rethinking Risk Assessment. *Child and Family Social Work*, 5, 35-45.
- Currie, J. (2000). Early Childhood Intervention Programs: What Do We Know? Working Paper, UCLA & NBER
- Davies, C., & Oke, N. (2008). *Connecting with Frankston families: Examining service use for families in Frankston North, Karingal and Carrum Downs*. Melbourne, Victoria: Brotherhood of St Lawrence.
- FaHCSIA. (2008). Stronger Families Stronger Communities. Retrieved 9 October, 2008, from <http://www.fahcsia.gov.au/internet/facsinternet.nsf/aboutfacs/programs/sfsc-sfcs.htm>
- Forrest, R., & Kearns, A. (2001). Social cohesion, social capital and the neighbourhood.

Urban Studies, 38(12), 2125-2143.

- Fram, M. (2003). *Managing to parent: Social support, social capital, and parenting practice among welfare-participating mothers with young children*. Washington: University of Washington.
- Freiberg, K., & Homel, K. (2007). The Pervasive Impact of Poverty on Children: Tackling Family Adversity and Promoting Child Development through the Pathways to Prevention Project. In A. France & Homel, R. (Eds.), *Pathways and Crime Prevention: Theory, Policy and Practice*. Devon, UK: Willan Publishing.
- Ghate, D., & Hazel, N. (2002). *Parenting in Poor Environments: Stress, Support and Coping*. London: Jessica Kingsley
- Hayes, A. (2004, 2-4 August). *What works in early intervention and prevention: a critical reconsideration*. Paper presented at the ACWA Conference "Knowledge into action", Sydney.
- Jackson, A. (2004). Hard to reach clients: an international perspective presentation reproduced in appendix 4 of S.AThomas, C.J Browning, E. Kearney, A.C Jackson 2004, Innovation evaluation: interim stage 2 report to the Department of Human Services. School of Public Health La Trobe University.
- Karoly, L., Kilburn, R., & Cannon, J. (2005). *Early Childhood Interventions. Proven Results, Future Promise*: Santa Monica, RAND Corporation
- Katz, I., & La Placa, V. (2007). *Barriers to inclusion and successful engagement of parents in mainstream services*. York: Joseph Rowntree Foundation.
- Koren, P., DeChillo, N., & Friesen, B. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, 37, 305-321.
- Little, M. (1999). Prevention and Early Intervention with Children in Need. *Children and Society*, 13, 304-306
- Lyons, S., & Winje, C. (2007). *Helping Families Shine: Evaluation of the Family and Community Partnership Palm Beach County, Florida*. Chicago.
- Miranti, R., & Cassells, R. (2008). Social and Economic Trends for the ACT and Australia. ACT Public Service 'Take the Lead', Canberra 3 & 17 September 2008
- Schweinhart, L. J., Martie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. (2005). *Lifetime effect: The High/Scope Perry Preschool study through age 40*. Ypsilanti, MI: High/Scope Press.

- Scott, D. (2006). Towards a Public Health Model of Child Protection in Australia. *Communities, Children and Families Australia*, 1(1).
- Slee, P. (2006). *Families at Risk: the effects of chronic and multiple disadvantage*. South Australia: Flinders University.
- Tomison A, & Wise S. (1999). Community-based Approaches in Preventing Child Maltreatment. National Child Protection Clearinghouse Issues Paper Published by the Australian Institute of Family Studies, 11 (Autumn), 1-20.
- Tracy, E. M., & Whittaker, J. K. (1990). The social network map: assessing social support in clinical social work practice. *Families in Society*, 71, 461-470.
- Valentine, K., & Katz, I. (2007). *Cost Effectiveness of Early Intervention Programs for Queensland* : Social Policy Research Centre, UNSW.
- Walker, H., & Shinn, M. (2002). Structuring school based interventions to achieve integrated primary, secondary and tertiary goals for safe and effective schools In M. R. Shinn, H. M. Walker & G. Stoner (Eds.), *Interventions for Academic and Behavior Problems II: Preventive and Remedial Approaches*. Authors: Ed NASP publications.
- Whittaker, K. J., & Garbarino, J. (1983). *Social Support Networks: Informal Helping in the Human Services*. New York: Aldine de Gruyter Publishing company.
- Winkworth, G., & McArthur, M. (2007). Collaboration and systems of support for vulnerable children and their families: improving the interface between primary, secondary and tertiary interventions, *Communities, Children and Families Australia*, 3(1), 45-55
- Woolcock, M., & Narayan, D. (2000). Social Capital: Implications for Development Theory, Research and Policy. *The World Bank Observer*, 15(2), 225-249

APPENDIX A: THE SOCIAL NETWORK MAP DATA

Household

Household composition was as follows:

2 people (ie mother and one child) = 10

3 people = 4

4 people = 4

5 people = 1

7 people = 1

Other family

Family consistently emerged as the most regular and significant source of contact in the last 3 months.

17 mothers listed their parents (mum = 9, dad = 4, mum and dad = 3)

13 listed siblings

5 listed ex-partners or father of their children

8 listed ex-partner's extended family

3 listed their grandmother

3 stated that the whole of their extended family is overseas

1 listed step-fathers

1 person had no contact with any of her extended family or her ex-partner's family

Work/school

5 mothers had no-one listed in this segment

5 mothers listed contact with teachers at their child's school

1 listed preschool

1 listed CIT or University teachers

2 listed university services

Clubs/organizations

11 mothers had no-one listed in the clubs/organizations field.

4 listed church or a religious organization

1 listed playgroup

Friends

5 had no friends listed

4 people listed 2 friends

1 person listed 3 friends

6 people listed 4 friends

1 person listed 5 friends

Note: 'friends' was not defined. For example, one person who listed 5 friends had contact with them only during playgroup once a week and did not feel she knew any of them well

enough to make contact outside of playgroup.

Neighbours

8 had no contact with neighbours

4 people listed 1 neighbour

2 people listed 2 neighbours

3 people listed 3 neighbours

Formal Services

GP/medical service = 13

Centrelink = 6

Childcare = 6

Housing = 2

Therapy ACT = 2

Salvation Army = 2

Northside Community Services = 2

Care and Protection = 2

MACH/health service = 2

Gungahlin Child and Family Centre = 2

Services listed by 1 parent only are wide ranging and include: PANSY (Post Natal Depression support group), Women's refuges, family relationship centre, Australian Federal Police, Domestic Violence Crisis Service, Women's Information and Referral Service on Drugs and Dependency(WIREDD), Parentline, Health First, psychologists (through the Allied Health

Scheme), Child Support Agency(CSA), and the Shepherd Centre.

APPENDIX B: CENTRELINK TELEPHONE SCRIPT

Centrelink telephone invitation

The script below attempts to incorporate the following important information, whilst remaining warm and non-threatening:

Explain the reason for the phone call.

Briefly explain the research project.

Briefly explain the relationship between the Australian Catholic University (ACU) and Centrelink, ensuring that the person understands that information is not passed between the two and there is no statutory link. ACU is a teaching and research institution.

Arrange interpreter if needed.

Explain the voluntary nature of the research, that no record of their choice will be made and that the person's income and link with Centrelink will not be effected in any way. The person can withdraw at any time without giving a reason.

Invite person to participate in a 10 minute interview 'to understand how often parents access early childhood and family support services in Inner North Canberra'.

If invitation is accepted, ask how the person would like to be contacted by ACU.

If consent is given, record contact details to be given to ACU, complete consent to release information form.

OK to provide just a first name and 2 phone contact numbers if possible (and best time of day to call if appropriate).

Thank participant for their time.

Follow up with any person who has questions, raises other matters or appears distressed.

SCRIPT

Introduction [for example 'Hello my name is _____ I am from

Centrelink]

[add any other details that Centrelink would like to provide at this point e.g.: I am from the Braddon Office etc.]

'I am phoning to invite you to participate in a short phone interview for a research project. Do you have a minute to talk about this?'

'We have been asked by the Australian Catholic University to invite parents with young children to participate in a 5 – 10 minute phone interview with a researcher. The University is doing a research project with parents of young children so that they can better understand how parents use early childhood and family support services in Inner North Canberra. Centrelink has no involvement at all with this project other than to make this initial contact with you.'

'The researchers will give a voucher to everyone who participates in phone interviews in appreciation of your time.'

'The research is completely voluntary. I won't be making any record of whether you choose to participate or not.'

'Have you got any questions?'

[Use attached information if needed]

'If you would like to participate, all we need is to ask how you would like the researchers to contact you.'

The researcher's names are Gail and Megan. They only need a first name and two contact phone numbers if possible.

I want to assure you that Centrelink will not pass on any other information to the researchers. Also the university will not tell Centrelink anything about the interviews and whether you end up talking to them or not. You can also withdraw or stop the interview at any time without giving a reason.'

Complete consent form and phone contact details

'Thankyou very much for your time. That is a great help. You will get a phone call from Megan or Gail in the next 2 weeks. They will be able to answer any further questions.'

'Would you like their phone numbers at the University?'

(Gail: 62091226, Megan: 62091219)

'Is there anything you would like me to help with or any information about Centrelink or other services you would like?' (BUILD IN HERE ANY SUBJECT CENTRELINK WOULD LIKE TO FOLLOW UP OR GET FEEDBACK ON, OR OFFERS OF PARTICULAR SERVICES/PROGRAMS)

Attachment A: Information letter to be provided to all participants for in-depth face to face interviews. It provides a lot more information than most participants will want at the initial phone contact stage, however some information may be useful.

INFORMATION LETTER TO PARTICIPANTS

RESEARCH PROJECT TO IMPROVE SERVICES TO FAMILIES WITH YOUNG CHILDREN IN NORTH CANBERRA

Dear Parents and Guardians,

We are writing to invite you to be part of a research project which aims to make early childhood and family support services more helpful for families with young children in North Canberra. This letter is designed to provide you with some information to help you decide whether you want to contribute to this research.

This project aims to find out what kind of support parents already receive from family and friends and how they make use of services that are designed to assist them. It also aims to find out what makes it hard for parents to use services and how this can be improved.

We are inviting you to participate in a confidential interview with a researcher.

The interviews

The researcher will ask questions about what services you have used in the past, your experience of using them, what has stopped you using services at times when you may have needed some help and what you think could be done so that the services could provide more support in the future.

The researcher will also ask questions about the support you receive from family and friends, including emotional and practical support. You can of course choose not to answer any of the questions.

Interviews will usually take around an hour of your time.

What will happen with my information?

The Australian Catholic University is gathering this information as part of the Communities for Children initiative in Inner North Canberra. We will write a report for the Australian Government and Northside Community Services and we will also work with services in the Inner North to put into practice the ideas suggested in interviews.

A summary of the report will be sent to all participants and you may also request a copy of the full report.

The interviews are completely voluntary – participants can choose to be involved or not, as well as choosing which questions are answered and which are not. At any stage, you can decide to no longer participate – without having to give a reason.

In our research, everything that is shared with researchers is confidential. This means that we will only use information for the purposes of our research project, and only with permission. The only time when this may not be possible is if the researcher has serious concerns about the health or wellbeing of anyone involved in the research. No one will be identified either by name or any other information in the research report. We may also write up the findings in an academic journal. However such articles will not identify you or your family.

With your permission, interviews may be audio taped to ensure that the researchers have an accurate account of what you say. However, if you request this, the tape can be stopped and the interviewer will take notes. The tapes will be used by researchers when writing the research report and will not be accessible to anyone outside the research team.

If you have any questions about the project, you can contact :

Dr. Gail Winkworth
or
Australian Catholic University
223 Antill Street
Watson ACT 2602
Phone: 02 6209 1226
Email:
gail.winkworth@acu.edu.au

Megan Layton-Thompson
Australian Catholic University
223 Antill St
Watson ACT 2602
Phone: 62091219
Email:
m.layton-thompson@signadou.acu.edu.au

This project is conducted with approval from the Human Research Ethics Committee at the Australian Catholic University. If, during the course of the research, you have

any complaint about the way that you have been treated or if you have a query that you think has not been dealt with by the project researchers, you may contact:

Human Research Ethics Committee Chair
Research Services
Australian Catholic University
Strathfield Campus
Locked Bag 2002
STRATHFIELD NSW 2135
Ph: 02 9701 4159
Fax: 02 9701

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If you are interested in participating in this research, please complete and sign both copies of the attached Consent Form, keep one for your records and give one to the researcher.

Yours sincerely,

Dr Gail Winkworth
Australian Catholic University

