Is there really such a thing as 'hard to reach' families?

How placed based responses can help

Alana Laundry - Angela Carr - Sue Durance
The Benevolent Society (TBS)

- We help people change their lives through support and education
- We speak out for a fairer society where everybody thrives
- We’re Australia’s first charity
- We’re a not-for-profit and non-religious organisation
- We’ve helped people, families and communities achieve positive change for 200 years
Setting the scene

• One of the biggest challenges facing community service agencies is facilitating service access by those who most need them.

• This presentation will discuss a number of place based responses that The Benevolent Society’s North Gold Coast Early Years Centre (NGCEYC) has developed to increase (and maintain) access by those ‘hard to reach’ clients.

• Those responses will be presented through case studies that have been analysed to identify common themes regarding:
  
  ➢ what worked
  ➢ what challenges did staff face
  ➢ how did staff overcome those challenges
The Early Years Centres (EYCs)

- In Queensland, TBS is funded by Office of Early Childhood Education and Care (OECEC) to provide 3 Early Years Centres (EYC):
  
  ‘to build on the existing network of child and family support services and move to a more integrated service delivery system’.

- The OECEC define integration as:
  
  ‘the coordination of holistic service provision, by service sectors/providers working together in partnership (for example: child care, early childhood education, family support services, employment and health services)’ (OECEC, 2010; p.4)

- More specifically, the OECEC specifies that the EYCs
  
  ‘provide a one-stop-shop service supporting the health, wellbeing and safety of families who have young children aged 0 – 8 years’ (or who are expecting a child).

- The OECEC also identifies the need for EYC services to target particularly marginalised and high risk populations, including: Aboriginal and /or Torres Strait Islanders, South Sea Islanders, Culturally and Linguistically diverse populations, children with a disability, and other ‘vulnerable’ families.
North Gold Coast Early Years Centre (NGCEYC)

NGCEYC is currently meeting its funding requirements by working with a range of government and community partners to provide a range of child and family services. Partners include:

- Kalwun (Aboriginal and Torres Strait Islander) Development Corporation
- YMCA
- Gold Coast Drug Council
- Queensland Health
- Child Youth and Mental Health
- Education Queensland (Nerang, Labrador, Coomera Springs, Musgrave Hill and other state schools)
- Child care centres
- Gold Coast City Council
- Child Development and Behavior Service (CDABS)
NGCEYC child and family services

- Playgroups (general and targeted)
- Parent education, training and group work (Circle of security, You make the difference, Incredible years)
- Family Support services
- Kids in Focus
- Child health clinics (including child health nurses, midwives, lactation consultants, social worker, psychologist and Indigenous Health worker)
- Access to speech therapist and psychiatrist
- PIEC
- Connect to Kindy and other outreach services
- Healthy and Active programs (focusing on gross motor programs for children and healthy eating)
- Steps to Prep
Client representation

Compared to the local population, NGCEYC clients over-represent

- individuals who identify as Aboriginal and/or Torres Strait Islander
- individuals who identify as being culturally and linguistically diverse

![Bar chart showing ABS Population Data Comparison: NGCEYC (%)]
Comparison across SEIFA indices suggests that NGCEYC clients tend to reside in the Gold Coasts most disadvantaged communities:
Other vulnerable families

Isolated and disadvantaged due to:

• Negative attitudes to help-seeking
• Fear
• Misperceptions about services
• Communication difficulties
• Hostility to interventions by family members
• Daily stresses and complexities (Cortis, et al, 2009)
Case Studies
Case study 1: Muslim women

Entry

• Aim was to identify areas where families who were not engaged in mainstream services congregated

• Team scouted various parks, and observed a group of Muslim women in a park near local mosque

• Team attended the park and introduced themselves

• Initially only one woman engaged, the rest turned away and pulled their burkas tight and only spoke in Farsi
Relationship building

- Team continued weekly visits (always advising the women that they would be there the following week)
- The women were not always there, if one woman was sick or had something on, the others did not attend
- Women enforced a physical barrier by sitting in a tight circle, with their backs to the team - but they would allow their children to engage in the playgroup activities
- Team devised strategies to counteract this, such as setting up activities at ground level to be in closer proximity to the women
- Gradually the women began to talk in English, leading the team to realize that they had been protecting themselves until they felt safe
- They also began to loosen and remove their burkas as trust increased
- They began opening up and discuss their issues and concerns relating to their children
Engaging

• TBS attempted to introduce a Muslim staff member to the group but this was not successful and the women failed to attend after her visit.

• We observed that the male children were verbally and physically aggressive to their mothers and to their female siblings and friends. They would hit, push and yell at their mothers and siblings. (This was challenging for the staff as they felt as if they should protect the female infants, role model to the mothers and discuss this gently with them).

• Women began to disclose examples of emotional, verbal, physical and financial abuse from their husbands.

• One Caucasian Australian woman attends the group who married an Egyptian and converted to Islam admitted to struggling with cultural differences, particularly in relation to her children, bed time routines and discipline. It came out that she felt as if she did not belong to either culture, and was very isolated, and up until talking with our staff, had no-one to discuss this with.
Facilitating

• Most of the children do not attend kindy.

• Staff were able to facilitate a kindy placement for one family, as the mother was expecting a baby with significant cardiac condition requiring surgery, and she needed respite.

• Staff arranged a referral through Child health and to the hospital social worker, who organized special child care benefit for the child to attend kindy.

• Some of the women want their children to attend kindy but there are barriers particularly in completing the Centrelink forms and declaring income, and the women are reluctant to do this.
Integrating

• An elderly Muslim man attends the group occasionally, who is the father, uncle and grandfather of some of the members. He carries a lot of authority and staff observe that the women are a lot more reserved when he is present, and they believe he visits to check in on how our staff are engaging with the women.

• Child health Nurse attends once a month and does informal assessments of the children. She has facilitated a referral to a psychologist for one mother who had concerns about her child’s behavior. She has also provided information on child development in Farsi.

• Flyer for the program has been put up at the local mosque in recent months and there has been an expression of interest in volunteer home visits form a mother who has two children under 2 years and is pregnant with her third child.
Case Study 2: Meagan’s story (all names changed)

Entry

• The EYC operates a Breakfast Club at Meagan’s school

• Both the Benevolent Society’s Community Development Project Officer and the Early Childhood Educators noticed Meagan looked sad, only spoke when spoken to and answered in monosyllables without any eye contact – she also needed a new school uniform

• The EYC’s Community Development Project Officer introduced the Kids in Focus Family Support Worker to Meagan’s family at a function that he organised in their housing estate
Relationship building

• Meagan’s mum (Janice) was receptive to practical support – including help with daily needs, school uniform and books

• During provision of that support she opened up about her own alcohol abuse and that of her estranged husband.

• Janice said that she wanted to become abstinent from alcohol so the KIF worker proposed a reduction on alcohol intake to a level that she thought manageable.

• She was able to maintain the reduction for some of the time but found she binged more heavily after a period of reduced alcohol use, so she decided she would go to be detoxed from alcohol altogether.
Engaging

- Janice left the detox services prematurely but continued her Home Visits with the Kids-In-Focus Program on a regular weekly basis.
- During that time, she started to explore and come to terms with issues underlying her substance abuse.
- Janice persevered with her abstinence from alcohol while her ex-husband (who was still living with her) continued to drink daily.
- She preferred not to attend self-help groups so the KIF worker gave her strategies to manage her cravings and encouraged her to take up an activity outside the home.
- She decided to go on long walks daily and eventually started exercising at the local gym which opened until late at night when she needed it.
- The exercise helped to reduce her depression.
Facilitating

• Janice started to notice her children’s needs and their behaviours, including those that presented parenting challenges. The KIF worker talked through associated strategies with her.

• Janice started to walk Meagan to school each day and to meet her at the school and walk home with her in the afternoons. This provided opportunities for Meagan to have some private time with her mother and they both got to know each other better.

• Janice started to do some work from home that a friend had given her. This kept her occupied and helped raise her self esteem but there wasn’t much money coming into the home. TBS offered her brokerage to meet her needs and the KIF worker helped her develop a budget to manage the money she had.

• After discussing how she could improve her financial situation Janice said she didn’t feel ready to get a job at that stage of her recovery, but was encouraged to look at study options. She chose a course of study at TAFE that would help her find work. She completed the course with the help of an exceptionally helpful TAFE teacher.
Integrating

• Seeing her mother more active in her own life and more attentive to her; Meagan began to develop faith and confidence in her mother’s ability to improve both their lives.

• Meagan welcomed the KIF worker’s visits and started to chat about school and her activities outside school.

• The KIF worker also spoke with Meagan’s teenage brother. Initially, he said very little but, as time went by, he said talked about his mother getting a computer and what he could do with it.
Case Study 3: Dads Splash and Dads for Dads

Entry

- NGCEYC identified that relatively few fathers used the service, other than to access the first Child Health Check.
- Identified work clashes and predominance of women clients as barriers to their involvement.
- Developed “Dad’s Splash” – free five week swimming lesson program just for Dad’s and their children – held on the weekend. This is paid for using brokerage dollars and always has a waiting list.
- Over 100 Dad’s attend per year and many of their children go on to access other EYC groups or services.
Dads for Dads

Engaging

• To facilitate a service pathway for Dads to follow after completing Dads Splash, NGCEYC have recently started a Dad’s playgroup.

• The playgroup is facilitated by Jim, a father who has been accessing the service for over a year. Jim and his partner (Alice) were initially referred to NGCEYC to complete a parenting program and became FSW clients.

• The initial referral resulted from family problems associated with Alice’s PND, Jim’s unemployment and ill health, and financial difficulties. Both Alice and Jim are Indigenous and they have two children (aged three and one).

• Since the initial referral, the family have attended Sing and Move, 123 Magic, COS, You Make the Difference and Infant Massage. They have become well known to staff and other families.

• Consequently, Jim has identified a number of other fathers who he believes could benefit from NGCEYC involvement and support.
Facilitating

• Jim signed up as a volunteer.

• In early 2013, he started the Dads for Dads group

• Jim believes that the group will be slightly different to NGC EYC’s other groups, with its emphasis on dads and their needs, and how they engage with their children.

• Jim plays guitar and plans to introduce singing to the group.

• With his connections to local Indigenous elders, Jim also plans on bringing them to the group and discussing culture.

• The group is being supported by a male Community Development Worker and a dedicated FSW (who can deal with any concerns or issues that arise from group process).
Lessons learned

What next?
Be critically reflective

- Recognise the possibility that there are some groups of individuals who could benefit from the service but who are not accessing the service
- Think broadly, beyond the usual suspects of age, gender and ethnicity
Think openly

• Identify potential barriers to service access by the groups you have identified

• List what you have done to reduce those barriers and think about and list what else you could do.

• Think outside the square, ask for advice from as many people as possible, and don’t discount anything.

• Now, work through the list
Be authentic and respectful

- Go to where ‘hard to reach’ groups are
- Be clear in your intentions, plan and purpose
- Be consistent, reliable and willing to be tested
- Ask permission to engage and work where the client/s want to work
- Ask questions rather than making assumptions
- Respond to what is asked for rather than trying to anticipate needs
- Provide as many different kinds of service and resource options as possible until the client finds one that suits them
- Look beyond your own service and tailor what you do to the clients needs
- Acknowledge personal and cultural boundaries and choices
- Don’t expect immediate success
- Recognise trust as it develops but don’t over-estimate it
- Don’t try to change everything at once
Be sensitive to social norms and authority

• Do what you can do in terms of responding to requests, but don’t overstep the boundaries between your world and theirs

• Always consult before doing anything

• Observe authority and norms

• Mirror: Pay attention to how their behaviour changes with context and ensure that yours does too

• Recognise community authority and work with and through it

• Be transparent and invite community scrutiny
Be creative

• Recognise that developing trust and rapport involves more than talking
• Find ways to be seen and observed without intruding
• Find ways to work around barriers to achievement
• Be results focused and think about all of the different activities a person could use to achieve the same result
• Adapt/guide exploration of clients interests to include behaviours that will lead to the positive changes they seek
• Be open to change and explore learning as a two way process involving both you and the client/s
Monitor, reinforce and revise

- Monitor what is and isn’t working for the client
- Reinforce/celebrate what is working
- Revisit what isn’t working by exploring new options
- Strike when the iron is hot (respond to emerging needs as opposed to risks)
- Notice and support opportunities and respond to individual differences - If one person from a group takes advantage of an opportunity, others may be more willing to follow
- Get runs on the board - Facilitate easy gains to develop and maintain momentum
- Selectively notice, support, reinforce, encourage and adapt existing behaviours to meet relevant needs
Focus on the larger system

• Recognise structural barriers and advocate/use networks to overcome them.

• Build bridges to mainstream supports (including educating those supports or better still, facilitating opportunities for clients to educate them or even provide them - volunteers)

• Work as a team
  ➢ where possible work with multiple services and partners to increase the options you are able to provide and the likelihood you will be seen as useful
  ➢ the more partners involved, the more credibility you will have (at least one of them is likely to be accepted as part of ‘normal life’)
Be ready to take advantage of key transition points

- Plan for transition points (eg. starting school)
- Be at the transition point ahead of time
- Have bridges in place, and supports at both sides of those bridges
Reflect on, learn from and be inspired by your experiences

• ‘It takes time and persistence and consistency to develop the trusting relationships’

• ‘Hope spreads’
Summary

• Be critically reflective
• Think openly
• Be authentic and respectful
• Be sensitive to social norms and authority
• Be creative

• Monitor, reinforce, revise
• Focus on the larger system
• Be ready to take advantage of key transition points
• Reflect on, learn from and be inspired by your experiences
Thank you

Alana.Laundy@benevolent.org.au
Angela.Carr@benevolent.org.au
Sue.Durance@benevolent.org.au