

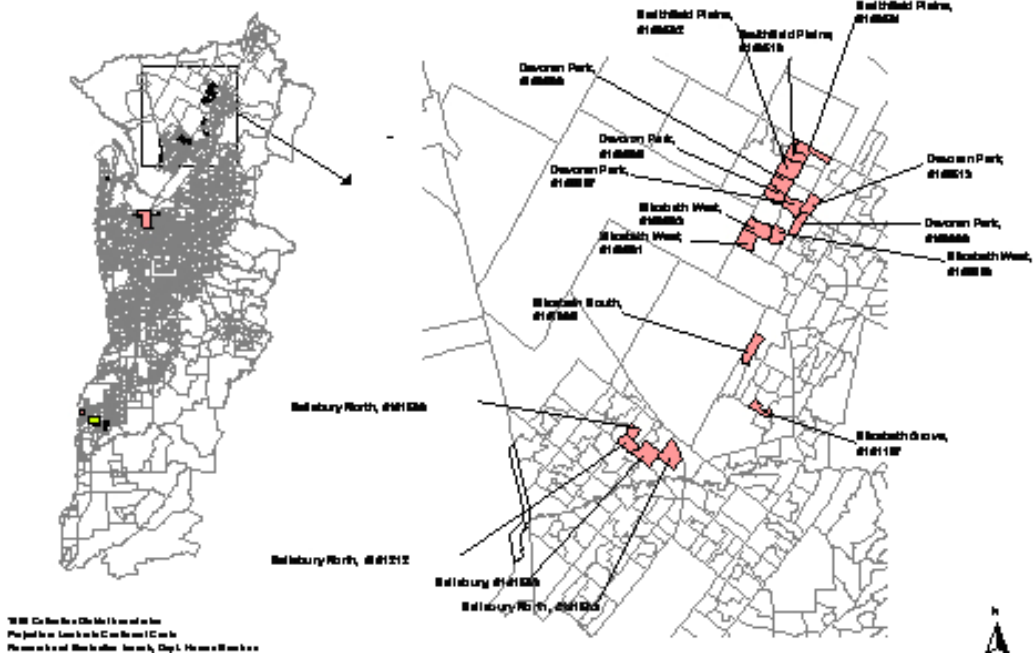
APPENDICES

Appendix A: Collection Districts included in the Families at Risk study (Data source: ABS 1996 Census)

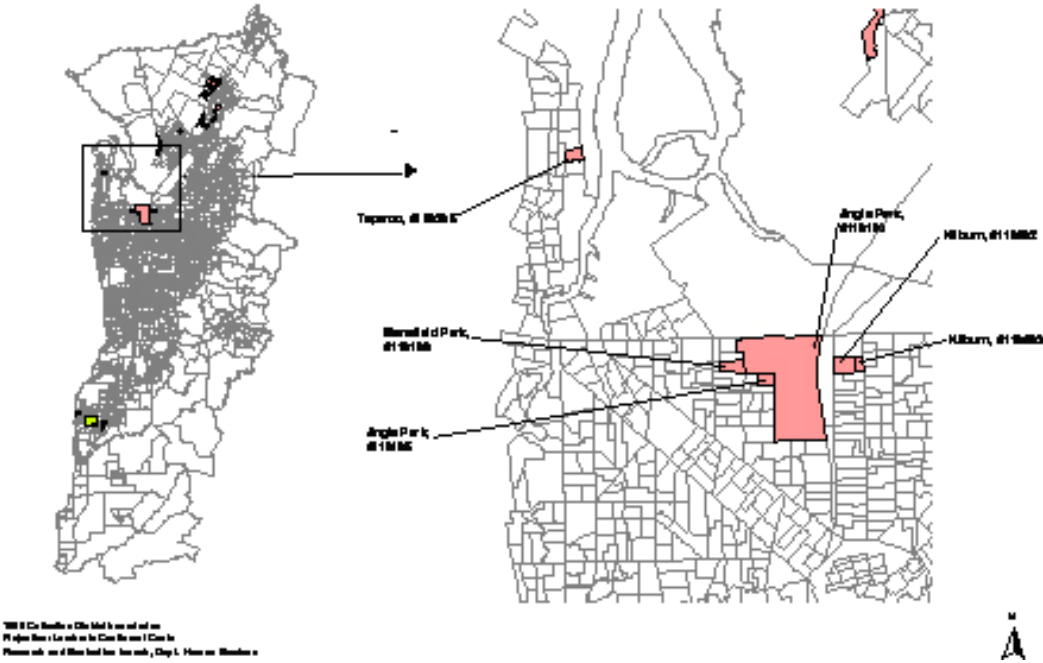
Collection District	Statistical Local Area	Suburb	1996 SEIFA (Index of disadvantage)	Total households with children 0-4*	Proportion of households with children 0-4* %	Total SAHT Household*	Proportion of SAHT households in CD* %	TOTAL Households*
4141508	Salisbury	Salisbury North	556.453	93	35.77	194	74.62	260
4141212	Salisbury	Salisbury North	569.945	78	33.05	182	77.12	236
4140501	Munno Para	Smithfield Plains	575.026	62	26.5	157	67.09	234
4110403	Enfield - Pt A	Kilburn	575.33	27	25.71	96	91.43	105
4140607	Munno Para	Davoren Park	598.765	37	21.76	112	65.88	170
4110402	Enfield - Pt A	Kilburn	600.768	51	24.52	184	88.46	208
4140510	Munno Para	Smithfield Plains	603.762	44	27.33	112	69.57	161
4141503	Salisbury	Salisbury North	604.528	105	33.12	253	79.81	317
4140502	Munno Para	Smithfield Plains	606.693	61	32.28	124	65.61	189
4140609	Munno Para	Davoren Park	616.278	37	21.14	92	52.57	175
4141107	Elizabeth	Elizabeth Grove	616.442	33	25	107	81.06	132
4141509	Salisbury	Salisbury North	622.609	32	27.35	69	58.97	117
4110104	Enfield - Pt B	Angle Park	624.853	35	26.32	112	84.21	133
4081303	Noarlunga	Hackham West	629.176	37	19.47	130	68.42	190
4140513	Munno Para	Davoren Park	632.229	22	31.88	51	73.91	69
4081206	Noarlunga	Huntfield Heights	639.304	39	18.75	163	78.37	208
4110108	Enfield - Pt B	Mansfield Park	641.21	54	21.77	175	70.56	248
4110105	Enfield - Pt B	Angle Park	642.917	37	21.64	119	69.59	171
4140808	Elizabeth	Davoren Park	646.938	22	26.83	52	63.41	82
4100205	Port Adelaide	Taperoo	655.038	76	41.08	156	84.32	185
4140601	Munno Para	Elizabeth West	657.525	69	32.7	104	49.29	211
4140606	Munno Para	Davoren Park	662.318	55	25.82	91	42.72	213
4140603	Munno Para	Davoren Park	666.184	106	34.64	153	50	306
4141006	Elizabeth	Elizabeth South	669.675	29	26.36	68	61.82	110
4140608	Munno Para	Davoren Park	681.605	64	31.07	146	70.87	206
4140602	Munno Para	Davoren Park	688.568	60	20.07	142	47.49	299
4141005	Elizabeth	Elizabeth South	689.23	82	27.61	166	55.89	297
4141108	Elizabeth	Elizabeth Grove	691.481	74	29.96	140	56.68	247
4140512	Munno Para	Smithfield Plains	693.525	24	24.49	31	31.63	98
4140905	Elizabeth	Elizabeth East	694.217	70	31.39	125	56.05	223
4081308	Noarlunga	Noarlunga Downs	696.31	34	19.43	138	78.86	175
4140509	Munno Para	Smithfield Plains	700.625	27	24.11	56	50	112
4081201	Noarlunga	Noarlunga Downs	701.596	43	19.28	186	83.41	223
4141007	Elizabeth	Elizabeth South	708.414	66	23.91	154	55.8	276
4140806	Elizabeth	Elizabeth Park	712.785	84	27.54	142	46.56	305
4140503	Munno Para	Smithfield Plains	714.089	74	35.24	104	49.52	210

Appendix B: Maps of Collection Districts included in Families at Risk Study

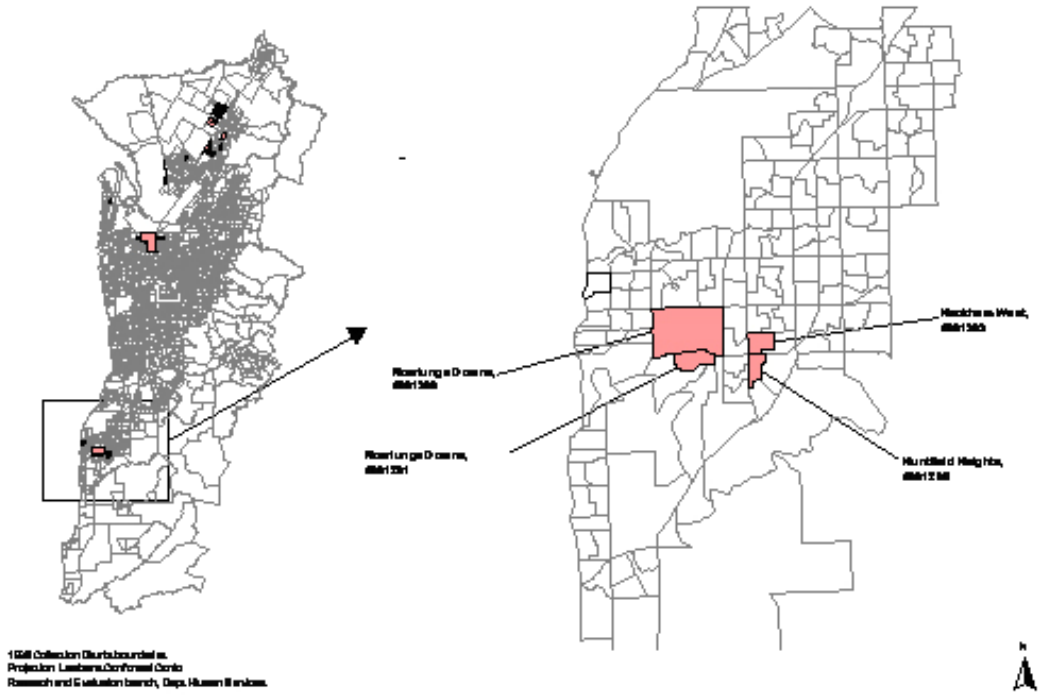
Selected Collection Districts in Northern Suburbs



Selected Collection Districts in Inner North-West Suburbs



Selected Collection Districts in Southern Suburbs



APPENDIX C: Families at Risk survey interview schedules

**Families With Young Children
Their Strengths and Their Needs**



**Families With Young Children Project
Interview One**

2001

This is a collaborative project between
the Flinders University (Phillip Slee and Rosalind Murray-Harvey),
the University of South Australia (Helen Cameron),
the Department of Human Services (Julia Cranney and Tony Woollacott), and
the Women's and Children's Hospital (Peter Baghurst).
Research assistants are Stephanie Jarrett, Kate Martin, Judith Saebel, Jennifer Schaffer,
Paula van Gelder, and PhD research student Miranda Roe.

Family ID: _____

Interviewer: _____ Date: _____

Interview One

Location (Suburb): _____ Collection District No: _____

Address: _____

Dwelling type (e.g., unit, house): _____

Contact person for the family: _____

Phone: _____

Relationship to the child(ren): _____

Children

Number and ages of children 0-7 years:

Boy(s) _____ Girl(s) _____

Number and ages of children 8 years and over:

Male(s) _____ Female(s) _____



(For parents: This is NOT a test, so there are no right and wrong answers. You do NOT have to answer a question if you don't want to. For confidentiality reasons, this front page with name and address will be kept separately from the rest of the information provided.)

PARENTAL SOURCES OF HELP AND ADVICE

In this part of the interview, we are trying to find out who families might turn to in times of need. The following situations are common for many parents of young children (0-7 years). Perhaps some of them have been true for you. If they haven't, maybe you could imagine who you might turn to in these situations that I am going to describe to you.

Physical Health Domain

In this section, we are looking at physical health. The following physical health situations are common for many parents of young children (0-7 years). Perhaps some of them have been true for you. If they haven't, maybe you could imagine who you might turn to in these situations that I am going to describe to you.

1. Hypothetical situation: Your child becomes unwell, and feels hot and feverish.

Has this ever happened to you? Yes No

What did/would you do FIRST? _____

Did/Would you seek help or advice? Yes No

If yes, at what point, and who did/would you first call for help or advice?

2. Hypothetical situation: Your child wakes up in the middle of the night having difficulty breathing.

Has this ever happened to you? Yes No

What did/would you do FIRST? _____

Did/Would you seek help or advice? Yes No

If yes, at what point, and who did/would you first call for help or advice?

3. Have any of your young children (0-7 years) been diagnosed with an ongoing physical problem or illness, or have an ongoing physical problem or illness that you are concerned about? (Remember that you do not have to disclose this.)

Yes (include age, gender, and issue): _____

No

4a. In the last 12 months, how many times have you turned to family, friends or neighbours for help or advice regarding child sickness or injury?

Person called upon (e.g., partner, child's grandparent or other relative, friend, neighbour, babysitter)	No. of times	Reason(s) (include age in years or months and gender of child) (Remember that you do not have to disclose this.)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

4b. In the last 12 months, how many times have you turned to community support for help or advice regarding child sickness or injury?

Type of community support (eg., neighbourhood house, school, community centre, community group, mothers' club, parent child centre, play group, church centre, self-help group, local library, etc.)	No. of times	Reason(s) (include age in years or months and gender of child) (Remember that you do not have to disclose this.)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

4c. In the last 12 months, how many times have you turned to a doctor, specialist, ambulance, hospital, or other health service or professional, for help or advice regarding child sickness or injury?

Type of service (e.g., doctor, hospital, Child and Youth Health, Parent Helpline, community health centre, naturopath, physiotherapist, RDNS, etc.)	No. of times	Reason(s) (include age in years or months and gender of child) (Remember that you do not have to disclose this.)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

5. At what point or in what circumstances do you seek help or advice regarding your child's physical health?



Developmental Domain

In this section, we are looking at child development. The following child development situations are common for many parents of young children (0-7 years). Perhaps some of them have been true for you. If they haven't, maybe you could imagine who you might turn to in these situations that I am going to describe to you.

6. Hypothetical situation: Your child is not walking at age 18 months.

Has this ever happened to you? Yes No

What did/would you do FIRST? _____

Did/Would you seek help or advice? Yes No

If yes, at what point, and who did/would you first call for help or advice?

7. Hypothetical situation: Your child is still often wetting the bed (or soiling his/her pants) at age six.

Has this ever happened to you? Yes No

What did/would you do FIRST? _____

Did/Would you seek help or advice? Yes No

If yes, at what point, and who did/would you first call for help or advice?

8. Hypothetical situation: You are worried that your child is not talking properly for his or her age.

Has this ever happened to you? Yes No

What did/would you do FIRST? _____

Did/Would you seek help or advice? Yes No

If yes, at what point, and who did/would you first call for help or advice?

9. Have any of your young children (0-7 years) been diagnosed with a developmental or disability problem, or have a developmental or disability problem that you are concerned about? (Remember that you do not have to disclose this.)

Yes (include age, gender, and issue): _____

No

10a. In the last 12 months, how many times have you turned to family, friends or neighbours for help or advice regarding child development or disability?

Person called upon (e.g., partner, child's grandparent or other relative, friend, neighbour, babysitter)	No. of times	Reason(s) (include age in years or months and gender of child) (Remember that you do not have to disclose this.)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

10b. In the last 12 months, how many times have you turned to community support for help or advice regarding child development or disability?

Type of community support (eg., neighbourhood house, school, community centre, community group, mothers' club, parent child centre, play group, church centre, self-help group, local library, etc.)	No. of times	Reason(s) (include age in years or months and gender of child) (Remember that you do not have to disclose this.)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

10c. In the last 12 months, how many times have you turned to a doctor, specialist, hospital, or other health service or professional, for help or advice regarding child development or disability?

Type of service <i>(e.g., doctor, hospital, Child and Youth Health, Parent Helpline, community health centre, naturopath, physiotherapist, RDNS, etc.)</i>	No. of times	Reason(s) <i>(include age in years or months and gender of child)</i> <i>(Remember that you do not have to disclose this.)</i>	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

11. At what point or in what circumstances do you seek help or advice regarding development needs of your children?

Behavioural Domain

In this section, we are looking at child behaviour. The following behavioural situations are common for many parents of young children (0-7 years). Perhaps some of them have been true for you. If they haven't, maybe you could imagine who you might turn to in these situations that I am going to describe to you.

12. Hypothetical situation: Your baby seems to cry a lot for none of the usual reasons.

Has this ever happened to you? Yes No

What did/would you do FIRST? _____

Did/Would you seek help or advice? Yes No

If yes, at what point, and who did/would you first call for help or advice?

13. Hypothetical situation: Your child often refuses to do what he or she is told.Has this ever happened to you? Yes No What did/would you do FIRST? _____
_____Did/Would you seek help or advice? Yes No If yes, at what point, and who did/would you first call for help or advice?

_____**14. Hypothetical situation: Your child is very shy and clingy and won't go to others or may be reluctant to go to kindy or school.**Has this ever happened to you? Yes No What did/would you do FIRST? _____
_____Did/Would you seek help or advice? Yes No If yes, at what point, and who did/would you first call for help or advice?

_____**15. Hypothetical situation: Your child is often in conflict with other children and is often rejected by them.**Has this ever happened to you? Yes No What did/would you do FIRST? _____
_____Did/Would you seek help or advice? Yes No If yes, at what point, and who did/would you first call for help or advice?

_____**16. Hypothetical situation: Your child is often deliberately breaking things.**Has this ever happened to you? Yes No What did/would you do FIRST? _____
_____Did/Would you seek help or advice? Yes No If yes, at what point, and who did/would you first call for help or advice?

17. **Hypothetical situation: Your child is a very picky eater (e.g., will not eat anything but bread every day).**

Has this ever happened to you? Yes No

What did/would you do FIRST? _____

Did/Would you seek help or advice? Yes No

If yes, at what point, and who did/would you first call for help or advice?

18. **Have any of your young children (0-7 years) been diagnosed with a behavioural or emotional problem, or have a behavioural or emotional problem that you are concerned about? (Remember that you do not have to disclose this.)**

Yes (include age, gender, and issue): _____

No



19a. In the last 12 months, how many times have you turned to family, friends or neighbours for help or advice regarding child behavioural or emotional problems?

Person called upon (e.g., partner, child's grandparent or other relative, friend, neighbour, babysitter)	No. of times	Reason(s) (include age in years or months and gender of child) (Remember that you do not have to disclose this.)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

19b. In the last 12 months, how many times have you turned to community support for help or advice regarding child behavioural or emotional problems?

Type of community support (eg., neighbourhood house, school, community centre, community group, mothers' club, parent child centre, play group, church centre, self-help group, local library, etc.)	No. of times	Reason(s)(include age in years or months and gender of child) (Remember that you do not have to disclose this.)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

19c. In the last 12 months, how many times have you turned to a doctor, specialist, hospital, or other health service or professional for help or advice regarding child behavioural or emotional problems?

Type of service <i>(e.g., doctor, hospital, Child and Youth Health, Parent Helpline, community health centre, naturopath, counsellor, RDNS, etc.)</i>	No. of times	Reason(s) <i>(include age in years or months and gender of child)</i> <i>(Remember that you do not have to disclose this.)</i>	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

20. At what point or in what circumstances do you seek help or advice regarding behaviour or emotional needs of your children?



Child Care Domain

21. When you feel tired and in need of a break from looking after the children, what do you do?

- I never feel the need for such a break
- Keep going
- Wish for a break, but have no-one to ask
- Get help from partner, family, friends or neighbours
- Use a child care service for this

22. In the last 12 months, who have you turned to for child care or babysitting?

Person / service called upon <i>(e.g., partner, child's grandparent or other relative, friend, neighbour, babysitter, child care centre, family day care)</i>	When, for how long, and how often? <i>(e.g., occasional few hours during day, o'night once per week, Mon-Fri in work hours, alternate weekends)</i>	Reasons for calling on child care <i>(e.g., for emergencies mainly, to keep appointments, an evening out, work or study, child's contact with others)</i>	Reason(s) for choosing this person or service	How helpful? (VH) (H) (BH) (NH) (UNC)

23. Hypothetical situation: You suspect that someone was abusing one of your children.

What would you do FIRST? _____

Would you seek help or advice? Yes No

If yes, at what point, and who would you first call for help or advice?

24. At what point or in what circumstances do you call for help or advice in managing the everyday care needs of your children?



Financial Resources Domain

25. What would you do if you ran out of money (*e.g., before pay-day*) and you needed:

food? _____

clothes or nappies for your child? _____

to pay the rent? _____

to get the fridge or other appliance fixed? _____

to get petrol for the car? _____

to get medicine for your child? _____

26. In the last 12 months, how many times have you sought financial help or advice?

Person / service called upon (<i>e.g., partner, child's grandparent or other relative, church welfare, community welfare, or government welfare service, lending body, etc.</i>)	No. of times	Reason for needing assistance (<i>Remember that you do not have to disclose this.</i>)	How helpful? Very helpful (VH) Helpful (H) A bit helpful (BH) Not helpful (NH) Uncertain (UNC)

Summarising Questions About Your Main Sources of Help and Advice

27. Overall, if you were to seek help with your child(ren), what kind of help would you say you used most of all and why?

a) Family b) Friends c) Neighbours d) Medical services e) Community services

f) Social services f) Other (*e.g., books, media, internet, etc.*) _____

28. Overall, compared with other families with children of a similar age, how would you measure the level of help that your family requires for your children?

Much more help A little more help About the same amount of help Less help Much less help

ABOUT PARENTING: STRENGTHS AND RESOURCES

In this part of the interview, we are interested in family strengths, resources, and competencies.

The Parental Self-Report Inventory

Please note how accurately the following statements describe how you feel. Please read each item carefully and circle the statement which is true for you. All of your answers will be treated with complete confidence. There are no right or wrong answers.

	Completely False	Mainly False	Uncertain	Mainly True	Completely True
1. I think I am a good parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I don't have much confidence in my ability to help my children learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am confident that I can work out any normal problems I might have with my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It really makes me feel depressed to think about all there is to do as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel confident about being able to teach my children new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel I'm doing a good job taking care of my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know enough to be able to teach my children many things which they will have to learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Overall, how confident are you about parenting?

Very confident	Confident	A little less confident than I'd like	Far less confident than I'd like
----------------	-----------	---------------------------------------	----------------------------------

Parenting Satisfaction

Now I would like to ask you about how satisfied you are with being a parent / caregiver.

1. At this point in your life, how satisfied are you with being a parent?

1 A great deal	2 Quite a bit	3 A little	4 Not at all
-------------------	------------------	---------------	-----------------

2. How often do you feel bothered or upset as a parent?

1 Never	2 Occasionally	3 Often	4 Most of the time
------------	-------------------	------------	-----------------------

3. How happy are you with the way your children have turned out so far?

1 Very happy	2 Happy	3 A little happy	4 Not at all happy
-----------------	------------	---------------------	-----------------------

30. How old were you when you first became a parent? _____

Parenting: In Your Own Words

This set of questions gives you the opportunity to speak briefly or at some length, about life as a parent of young children.

1. What are the good things in an average week of your life as a parent or caregiver in this family?
2. What are the more difficult things in an average week of your life as a parent or caregiver in this family?
3. What are the everyday demands in an average week of your life as a parent or caregiver in this family?
4. Which of the pictures below presently best describes your usual mood as a parent?



①



②



③



④



⑤



⑥



⑦

5. What helps you most now in your task as a parent of young children?
6. What do you do that helps you cope when things get a bit much?
7. What would help you most as a parent of young children, that you do not presently have, or have enough of?

8. Which picture below presently best describes your average day as a parent?



a



b



c



d



e

9. Overall, which picture best describes how much support you feel you now have as a parent? *(Please circle ONE option)*



No-one



1-2 people



3-4 people



Many

10. Do you feel that your neighbourhood is a safe place? *(Please circle ONE number)*

- | | | | |
|----------------|---------------|------|----------------|
| 1 | 2 | 3 | 4 |
| No, not at all | Somewhat safe | Safe | Yes, very safe |

11. Generally speaking, would you say that

- | | | | |
|---|---|---|--|
| 1 | 2 | 3 | 4 |
| Most people in this neighbourhood can be trusted? | Some people in this neighbourhood can be trusted? | Very few people in this neighbourhood can be trusted? | You can't be too careful in dealing with people in this neighbourhood? |

12. In this neighbourhood, people keep an eye out for each other's children.

- | | | | |
|--------------|-------------|----------|------------|
| 1 | 2 | 3 | 4 |
| A great deal | Quite a bit | A little | Not at all |

13. How many community groups / organisations *(e.g., church, sports, school, political, parent, neighbourhood)* do you belong to? *(Please circle ONE number)*

- | | | | |
|------|----------------------------|-------------------------|-----------------------------|
| 1 | 2 | 3 | 4 |
| None | Very few
(e.g., 1 or 2) | A number
(e.g., 5-6) | A lot
(e.g., 10 or more) |

14. How many times have you moved during the last five years? _____



Summarising Question About Your Children

31. Could you tell us about any concerns you may have for each of your young children aged 0-7 years: for example, physical health, developmental, behavioural / emotional, including age and gender of child? *(Remember that you do not have to disclose this.)*



Demographic Information

I would like to ask you a few more questions about yourself and your family in general.

1. Your age (*in years*): _____ Gender: Male Female
2. Are you or your children of Aboriginal or Torres Strait Islander origin? Self: Yes No Children: Yes No
3. What is the country of birth of your children's parents and grandparents?

4. If you were born overseas, how long (*or since when*) have you been living in Australia?

5. Which language do you usually speak at home? _____

6. How long have you been living in this area? (*either in years or since when*) _____

7. Do you own, publicly rent, or privately rent, this dwelling? _____

8. How many people are there in your household, and how are they related to you?

Adults (*over 18 years*) _____

Children (*age and gender of each child; for infants under 12 months, record age in months*)

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

9. How would you describe your marital status?

Single Married Divorced Separated De facto Same-sex

Other (*please specify*) _____

10. What is your work status?

Employed Unemployed Home duties Student

Other (*please specify*) _____

11. How many hours/week of PAID work (*salary, wages, self-employed*) do you do? _____

12. How many hours/week of UNPAID work do you do?

1. Volunteer work _____ 2. Parenting/home duties _____

3. Other (*e.g., work for the dole*) _____

13. Your highest level of completed education (e.g., primary school, year level at secondary school, TAFE, university)

14. Can you tell me the approximate annual gross income of your household? That is, for all people in the household before tax is taken out. I'll read out some categories and could you please tell me into which one your household's income falls?

1. Up to \$12,000 2. \$12,001-\$20,000 3. \$20,001-\$30,000
 4. \$30,001-\$40,000 5. \$40,001-\$50,000 6. More than \$50,000
 7. Not stated/refused 8. Don't know

15. How many wage/salary earners are there in your household? _____

16. What is your household's main source of income?

1. Salary / Wages
2. Pension / Benefits
- | | |
|--|--------------------------|
| Aged / Widow's Pension | <input type="checkbox"/> |
| Service or Defence / War Widow Pension | <input type="checkbox"/> |
| Invalid /Disability Pension | <input type="checkbox"/> |
| Unemployment Benefit | <input type="checkbox"/> |
| Sickness Benefit | <input type="checkbox"/> |
| Parenting Payment | <input type="checkbox"/> |
| AUSTUDY/ Student/ Youth Allowance | <input type="checkbox"/> |
| Other pension / benefit | <input type="checkbox"/> |
3. Other (please specify) _____

17. Is the money that your household gets each fortnight enough to live on?

- | | | | |
|-----------------|----------------------|-------------------------------|------------------------------|
| Plenty of money | Some money left over | Just enough to make ends meet | Not enough to make ends meet |
|-----------------|----------------------|-------------------------------|------------------------------|

18. Do you have private health insurance? Yes No

19. Are your children covered by private health insurance? Yes No



Thank you for your participation.

We are hoping to meet again with some families to take part in Stage Two of the project, which involves more interviews. If you are among these families, could we contact you to invite you to participate again at a later date? Yes No

**Families With Young Children
Their Strengths and Their Needs**



Families With Young Children Project

Interview Two

2002

This is a collaborative project between
the Flinders University (Phillip Slee and Rosalind Murray-Harvey),
the University of South Australia (Helen Cameron)
the Department of Human Services (Julia Cranney and Tony Woollacott), and
the Women's and Children's Hospital (Peter Baghurst).

Research assistants are Anne Bolst, Stephanie Jarrett, Judith Saebel,
and PhD research student Miranda Roe.

Family ID: _____

Interviewer: _____ Date: _____

Interview Two

Location (Suburb): _____ Collection District No: _____

Address: _____

Contact person for the family: _____

Phone: _____



(For parents: This is NOT a test, so there are no right and wrong answers. You do NOT have to answer a question if you don't want to. For confidentiality reasons, this front page with name and address will be kept separately from the rest of the information provided.)

Relationship to the child(ren): _____

Household composition, noting changes since first interview *Date of Interview 1*

Life Events Survey

1. Could you check any of the following events that have occurred in your family during the last few years.

Place a tick (✓) in the YES column if the event has occurred; then if the item is ticked YES indicate how stressful it was at the time for the ADULTS in your family.

	YES	NO	STRESS FOR ADULTS IN FAMILY (circle)		
			stressful	somewhat stressful	not stressful
1. Another child has been born into the family	3	2	1
2. The family has moved several times	3	2	1
3. Conflict among family members has increased	3	2	1
4. A child in the family has been hospitalised	3	2	1
5. There has been a death in the family	3	2	1
6. The family has faced greater than usual financial problems	3	2	1
7. A parent has been in an accident and hospitalised	3	2	1
8. Parents have separated	3	2	1
9. A parent has been unemployed	3	2	1
10. Parents have divorced	3	2	1
11. The family home has been broken into	3	2	1
12. The family has had psychological counselling	3	2	1
13. Other people have moved into the family home	3	2	1
14. A parent is away from home frequently	3	2	1
15. There has been less marital harmony	3	2	1
16. A family member has been robbed/attacked	3	2	1
17. A child in the family has had psychological counselling	3	2	1
18. Parents have changed jobs	3	2	1
19. The family has used social welfare resources	3	2	1
20. There has been a serious illness in the family	3	2	1
21. There have been consistent discipline problems with one or more children	3	2	1
22. The family has experienced discrimination because of their cultural background	3	2	1
Any other events? (describe)	3	2	1

Location, Mobility, and Neighbourhood

1. In what areas (e. g., suburbs) have you lived over the last 5 years?



3. Why do you live where you are now living?

4. Why did you move in the last 5 years?

(from the list below, please circle all options that apply, and briefly describe)

- a. your children's health and wellbeing _____
- b. your own health and wellbeing _____
- c. sense of safety and personal security _____
- d. access to support (formal and informal) _____
- e. links to the community you are living in _____
- f. improved ability to care for your children _____
- g. financial reasons _____
- h. allocation of public housing _____
- i. lease ended _____
- j. eviction _____
- k. change in family relationships _____
- l. other _____

5. Why did you leave the last place?

6. How much choice do you have about where you live?

7. How has living here affected:

- | | Favourably | Unfavourably | No change |
|---|--------------------------|--------------------------|--------------------------|
| a. your children's health and wellbeing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. your own health and wellbeing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. your sense of safety and personal security? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. your access to supports (<i>both formal and informal</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. your links to the community you are living in? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. your ability to care for your children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. your personal happiness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. any other? (<i>describe.....</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Do you have your own car to use when you need to? Yes No



9. How likely is it that people living in your neighbourhood could be counted on to try to stop:

		very likely	likely	neither likely nor unlikely	unlikely	very unlikely
a.	children skipping school and hanging around your street corners or local shopping centres?	1	2	3	4	5
b.	young people spray-painting graffiti on local buildings?	1	2	3	4	5
c.	young people harassing an older person in the street?	1	2	3	4	5
d.	young men fighting in a local street?	1	2	3	4	5
e.	drug deals going down in view of people in the neighbourhood?	1	2	3	4	5
f.	the local childcare centre threatening to close due to budget cuts?	1	2	3	4	5

10. How much do you agree with each of the following statements:

		definitely agree	agree	neither agree nor disagree	disagree	definitely disagree
a.	People around here are willing to help their neighbours.	1	2	3	4	5
b.	This is a close-knit neighbourhood.	1	2	3	4	5
c.	People in this neighbourhood can be trusted.	1	2	3	4	5
d.	People in this neighbourhood generally don't get along with each other.	1	2	3	4	5
e.	People in this neighbourhood do not share the same values.	1	2	3	4	5

11. How do you feel?

By placing a tick in **one** box for **each** of the following statements, please indicate how much you agree or disagree with each one.

	strongly disagree	disagree	agree	strongly agree
a. I feel that I'm a person of worth, at least on an equal basis with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that I have a number of good qualities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am able to do things as well as most other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel I do not have much to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I take a positive attitude towards myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. On the whole, I am satisfied with myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I wish I could have more respect for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I certainly feel useless at times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. At times I think I am no good at all.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12. How do you handle things?

By circling a number for each of the following statements, please indicate how much you agree or disagree with each one.

		not at all true	hardly true	moderately true	exactly true
a.	I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
b.	If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4
c.	It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
d.	I am confident that I could deal efficiently with unexpected events.	1	2	3	4
e.	Thanks to my resourcefulness, I know how to handle unforeseen circumstances.	1	2	3	4
f.	I can solve most problems if I invest the necessary effort.	1	2	3	4
g.	I can remain calm when facing difficulties because I can rely on coping abilities.	1	2	3	4
h.	When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
i.	If I am in trouble I can usually think of a solution.	1	2	3	4
j.	I can usually handle whatever comes my way.	1	2	3	4

13. What would give you more control over your life now as a parent or caregiver?

14. As a parent or caregiver, what do you do to keep on top of things?

15. Has being a mum (dad) or caregiver been what you expected?
Why/why not?

16. How do you see your child's (children's) future?

a. positive things:-

b. negative things:-

Service use

19.

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

b. How would you prefer these services to be provided? (*eg phone, home visit etc*)

c. How do you find out about the services that you need?

d. Do you use community support services? Yes No

If 'yes' which community support services?

Why do you use these community support services?

e. Why don't you use (other) community support services?



20.

a. Are there any services that you have wanted to use but did not, in the last 12 months? Yes No

b. Which services and for what reasons were you unable to use them?

1.	The service is too expensive.
2.	I find it difficult to get there.
3.	The service is not open when I need it.
4.	The staff are not helpful.
5.	Waiting lists are too long.
6.	The staff keep changing just as I get to know them.
7.	Tried and found unsatisfactory.
8.	You/the situation are ineligible for the service.
9.	The staff don't understand enough. (describe.....)
10.	Other reason. (describe.....)

Services working together with you, for you and your family

21.

- a. Have you ever had to use more than one service at the same time for any of your children? Yes No
- b. If 'yes', which services?
- c. And if 'yes', how well do you think the services worked together with you? Well Not well
- d. What were some of the things that you found worked well?
- e. What were the most common problems you found with services not working well together?

22. Do you have any suggestions about how services could work better together with you, to help you and your family?



About schools, kindies, playgroups, and child care services.**23. What do the following services have to offer you as a parent?**

- schools
- kindies
- playgroups
- child care

24. How do these services differ from other services for parents/families?

- schools
- kindies
- playgroups
- child care

**25. How much do your children like:**

- schools
- kindies
- playgroups
- child care

**26. How many of your friends' children go to the same school/kindy/
playgroup/child care as your child(ren)?**

None

A few

Many

Most

All

27. Concerns about children (*Age and Gender of Child.....*)

- a. Please list any concerns about your child's learning, development and behaviour.

- b. Do you have any concerns about how your child talks and makes speech sounds?

(Circle one): No Yes A little

Comments:

- c. Do you have any concerns about how your child understands what you say?

(Circle one): No Yes A little

Comments:

- d. Do you have any concerns about how your child uses his or her hands and fingers to do things?

(Circle one): No Yes A little

Comments:

- e. Do you have any concerns about how your child uses his or her arms and legs?

(Circle one): No Yes A little

Comments:

f. Do you have any concerns about how your child behaves?

(Circle one): No Yes A little

Comments:

g. Do you have any concerns about how your child gets along with others?

(Circle one): No Yes A little

Comments:

h. Do you have any concerns about how your child is learning to do things for himself/herself?

(Circle one): No Yes A little

Comments:

i. Do you have any concerns about how your child is learning preschool or school skills?

(Circle one): No Yes A little

Comments:

j. Please list any other concerns.

28. Is this child on medication prescribed by a doctor? Yes No

If 'yes', list medication:-

27. Concerns about children (*Age and Gender of Child.....*)

- a. Please list any concerns about your child's learning, development and behaviour.

- b. Do you have any concerns about how your child talks and makes speech sounds?

(Circle one): No Yes A little

Comments:

- c. Do you have any concerns about how your child understands what you say?

(Circle one): No Yes A little

Comments:

- d. Do you have any concerns about how your child uses his or her hands and fingers to do things?

(Circle one): No Yes A little

Comments:

- e. Do you have any concerns about how your child uses his or her arms and legs?

(Circle one): No Yes A little

Comments:

f. Do you have any concerns about how your child behaves?

(Circle one): No Yes A little

Comments:

g. Do you have any concerns about how your child gets along with others?

(Circle one): No Yes A little

Comments:

h. Do you have any concerns about how your child is learning to do things for himself/herself?

(Circle one): No Yes A little

Comments:

i. Do you have any concerns about how your child is learning preschool or school skills?

(Circle one): No Yes A little

Comments:

j. Please list any other concerns.

28. Is this child on medication prescribed by a doctor? Yes No

If 'yes', list medication:-

27. Concerns about children (*Age and Gender of Child.....*)

- a. Please list any concerns about your child's learning, development and behaviour.

- b. Do you have any concerns about how your child talks and makes speech sounds?

(Circle one): No Yes A little

Comments:

- c. Do you have any concerns about how your child understands what you say?

(Circle one): No Yes A little

Comments:

- d. Do you have any concerns about how your child uses his or her hands and fingers to do things?

(Circle one): No Yes A little

Comments:

- e. Do you have any concerns about how your child uses his or her arms and legs?

(Circle one): No Yes A little

Comments:

f. Do you have any concerns about how your child behaves?

(Circle one): No Yes A little

Comments:

g. Do you have any concerns about how your child gets along with others?

(Circle one): No Yes A little

Comments:

h. Do you have any concerns about how your child is learning to do things for himself/herself?

(Circle one): No Yes A little

Comments:

i. Do you have any concerns about how your child is learning preschool or school skills?

(Circle one): No Yes A little

Comments:

j. Please list any other concerns.

28. Is this child on medication prescribed by a doctor? Yes No

If 'yes', list medication:-

29. Your health

Please read this carefully:

We should like to know if you have had any medical complaints, and how your health has been in general, *over the past few weeks*. Please answer ALL the questions simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Have you recently:

a - been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual
b - lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
c - felt that you are playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less useful
d - felt capable of making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable
e - felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
f - felt that you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual
g - been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual
h - been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able
i - been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
j - been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
k - been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual
l - been feeling reasonably happy, all things considered?	More so than usual	About same as usual	Less so than usual	Much less than usual

30. In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

31. What do you think is the best age to become a parent, and why?

32. How does looking after young children affect your paid work?

33. How old were you when you left school (for the first time)?

34. Can you please tell me the approximate total WEEKLY gross income of your household? *This should also include pensions and allowances that members of your household receive each week. From the categories below, please choose the one that best describes the weekly income of this household.*

- | | | | | | |
|------------------------|--------------------------|-------------------|--------------------------|-----------------|--------------------------|
| 1. Nil income (\$0) | <input type="checkbox"/> | 2. \$1-\$39 | <input type="checkbox"/> | 3. \$40-\$79 | <input type="checkbox"/> |
| 4. \$80-\$119 | <input type="checkbox"/> | 5. \$120-\$159 | <input type="checkbox"/> | 6. \$160-\$199 | <input type="checkbox"/> |
| 7. \$200-\$299 | <input type="checkbox"/> | 8. \$300-\$399 | <input type="checkbox"/> | 9. \$400-\$499 | <input type="checkbox"/> |
| 10. \$500-\$599 | <input type="checkbox"/> | 11. \$600-\$699 | <input type="checkbox"/> | 12. \$700-\$799 | <input type="checkbox"/> |
| 13. \$800-\$999 | <input type="checkbox"/> | 14. \$1000-\$1499 | <input type="checkbox"/> | | |
| 15. Not stated/refused | <input type="checkbox"/> | 16. Don't know | <input type="checkbox"/> | | |

35. Dwelling type: free-standing house semi-detached house unit

36. Do you own, publicly rent, or privately rent, this dwelling? _____



Thank you for your participation.

Appendix D: The relationship between service providers and parents in family support services

QUESTION GUIDE

Questions relating to the wider social context

When you think about parenting, what ideas from the world around you most influence your thoughts and feelings about parenting?

What is 'good' or effective parenting? What kind of relationship between a woman and her children do you look for as ideal?

How does your being a sole parent / unemployed / poor / ill / non-English speaking etc. contribute to your experience as a parent?

What are your ideas / experiences of 'community'? Who or what is your 'community'?

How does you both being women contribute to your experiences of this service relationship?

Questions relating to the perspective of the service provider

The 'problem'

Thinking back to when you first listened to X's story - how would you have explained it to someone?

Where did your ideas about the problem come from?

Many people would explain the problem in terms of X's deficit - how is it that you have different ideas?

The service relationship

Tell a story of when your relationship with X has been most helpful to the problem(s).....

What ideas (dominant discourses) make an equal relationship more or less available to you?

What listening position have you been trained to take up?

When, if ever, has self-doubt played a role in your relationship?

Are there times, looking back, where there would have been a preferred way of working with X (closer to your aspirations)?

The provider role

What are your aspirations for your work with families / parents / mothers?

What challenges your achievement of your aspirations?

What are your most valued resources (that contribute to the effectiveness of your work with families / parents / mothers)?

Parenting

What are, from your experience, situations in parenting that most challenge mothers?

Can you generalise from your experience about what resources for coping families who 'get through' have that families who continue to struggle don't?

What ideas about parenting are you aware of influencing you?

Name some things that bring criticism (of yourself / of others) alive about parenting....

Questions relating to Organisational or Institutional factors

You've come together around this issue/problem in an organisation context (not a friendship) - how does this influence the way you see each other?

When you (service provider) listen, are you influenced by ideas of context (eg. social and economic, gender factors), organisation (eg. Administrative categories, expectations, policies), client deficit?

How does your organisation (policy, structures, processes, relationships) support or hinder you in this (partnership) work?

Are there things about the way the service is organised or delivered (eg. Only in groups, appointment times, location etc) that are more or less helpful?

Questions relating to the perspective of the service user

The 'problem'

What was the problem / issue you brought to the relationship with (service provider)?

What ideas about the problem did you bring? Who or what influenced you to have those ideas?

How is it that it is seen as a 'problem' (not just something that happens)?

How did the 'problem' influence you to view yourself?

Why did you seek help for this problem / issue and not for other challenges you would have experienced?

What influenced you to choose this service not another one (eg. GP)? What ideas about this kind of problem led you in this direction?

Service relationship

What ideas did you have about yourself at the beginning of this relationship? At the end?

Did (service provider) influence you to change your views of yourself? In a positive way? A negative way?

When you first spoke to (service provider) what did she do that gave you an idea of how she viewed you in relation to the problem?

How did other / previous service experiences have you viewing yourself?

Parenting

If you were giving advice to family support services re what parents find most challenging - what ideas would you put forward?

Which ideas (about parenting from the world around you) are helping?

Which ideas had / have you seeing yourself as lacking?

Name some things that bring criticism (of yourself / of others) alive about parenting....

What are your aspirations for your own life / for your family?

What are your most valued resources (that contribute or have contributed most to your family / your own well-being or survival)?

APPENDIX E: Northern metropolitan area plans and services

Various strategic plans and agendas relevant to the health and well-being of disadvantaged families and living environments in the outer northern suburbs have been developed in the past decade. One example, the Agenda for Children and Families in the North, was developed in 1998 through a broad consultative process led by the Women's and Children's Hospital, Adelaide {Baghurst, 1998 #843}.

The areas of 'priority need' identified through this planning process were:

- Child mental health services
- Prevention of child abuse
- Diagnosis and treatment of Attention Deficit Hyperactivity Disorder
- Services to deal with violence in the family
- Promotion of parenting skills
- Lack of therapy services.

To date, this planning process has not been completed nor implemented in the way it was intended. Examples of other Federal and State Government initiatives which have been established in the same region in the past decade, and which have not been sustained, have included: the Priority Schools Program; the Carelink program in the Elizabeth and Munno Para areas in 1991; the 'Keeping Families Together Program' of 1995; the Para Districts Counselling Service; and the Northern Suburbs Family Resource Centre. The South Australian Government has a plan for the Northern region of Adelaide – *A vision for the North* – which promises to deliver a co-ordinated, whole of government strategy; restore the strength of the community; build the economy; and rebuild the sense of security and opportunity in the North. In late 2002 the Office for the North, which represents a partnership

between three northern local governments and seven state government departments (health, welfare, education, housing, transport, environment and business) was established to develop and progress this ‘vision’⁸⁰. The mothers who participated with their service providers in the in-depth interview component of the *Families at Risk* study were residents of one outer northern suburbs local government partner, the City of Playford. The Playford Council hosts the Playford Partnership, a formal chartered agreement between the Commonwealth, State, non-government and Local government sectors to work collaboratively to facilitate urban regeneration and the development of social capital and community sustainability. Represented on the Partnership along with the Playford Council are the Commonwealth Department of Family and Community Services, South Australian Departments of Health, Family and Youth Services, Education, Training and Employment, and the non-government sector represented by Mission Australia and Anglicare. The Playford Partnership, *Community Wellbeing Plan 2002-2012*, identifies desired outcomes related to economic prosperity, community well-being and regeneration of the region’s most disadvantaged living environments⁸¹.

‘Parenting Xchange’⁸² is one example of a Playford Partnership project. It involves Playford Council (Family Links Worker), Para West Adult Re-entry School, The Women’s and Children’s Hospital, Adelaide and Infoxchange, a not-for-profit enterprise company focused on the delivery of a wide range of information technology solutions for community building. The aim of Parenting Xchange is to foster social networks and improve access to information technology for ‘at risk’ new mothers and particularly:

- sole mothers

⁸⁰ Office for the North: www.dtup.sa.gov.au/office_north Accessed 28/11/2005.

⁸¹ www.playford.sa.gov.au/webdata/resources/files/Final_Community_Plan_2002 Accessed 28/11/2005

⁸² <http://www.parentingxchange.infoxchange.net.au/public/about.shtml> Accessed 28/11/2005

- mothers who live in households where no adult is employed
- mothers who are isolated from mainstream participation in schooling, training, work and other community institutions
- mothers who are new to the neighbourhood and have limited social networks.

A snapshot of services for families and young children

Commonwealth Government services provided or funded under the heading Family Support include income support provisions such as Family Tax Benefit and Child Care Benefit, funding programs such as the Family Relationships Services Program, Stronger Families, Stronger Communities, and a number of domestic violence and child abuse prevention programs. Family support services funded by the South Australian Government include Child and Youth Health Services⁸³, Community Health Services, Parenting SA, the Family Development Fund which funds non-government agencies to provide services and Community Benefit SA which funds one-off projects and charities {Government of South Australia, 2002 #777}.

Antenatal services are funded by a variety of sources including Medicare, Commonwealth Government, State Government and private health insurance and provided publicly and privately by a range of workers including General Practitioners (GPs), midwives, obstetricians, Aboriginal health workers and other primary health care service providers. Public health services that provide antenatal and birthing services for women living in the northern metropolitan area of Adelaide include the Women's and Children's Hospital, Lyell McEwin Hospital and Northern Women's Community Health Service (community midwives).

⁸³ This agency became the Children, Youth and Women's Health Service in 2004.

The largest single agency providing **community-based child and family health services** is the Children, Youth and Women's Health Service (CYWHS). It provides a screening program, free health checks at key developmental stages, parenting information and advice from child health centres, through pre-school visits and via the Internet. A universal nurse home visiting program is provided to all families with a newborn in SA to establish each family's level of need and provide the appropriate support. For families needing additional support a sustained home visiting program (34 visits over 2 years) can be offered. The CYWHS strategic plan⁸⁴ 2005-10 defines six strategic goals that echo other state, national and international 'early years' frameworks:

- A population health approach
- Focus on prevention, health promotion and early intervention
- Address health inequalities, in particular in relation to the health and well-being of Aboriginal people
- Provide specialist services for children, young people and women across the State
- Ensure quality and integrated health services

The South Australian Child and Adolescent Mental Health Program (CAMHS) provides therapeutic services to children, adolescents and their families who experience social, emotional and behavioural problems, as well as professional support to schools and other services. The Northern CAMHS Service (the Division of Mental Health) is administered from the Women's and Children's Hospital, and

⁸⁴ <http://www.cywhs.sa.gov.au/Content.aspx?p=348>

has three metropolitan area teams including one at Elizabeth. The Division of Mental Health provides a continuum of care including hospital based inpatient and outpatient psychiatry services, hospital to home transition, maternal and infant psychiatry services, community based forensic psychiatry, intensive day programs, metropolitan and country mental health services, school support services and mental health promotion programs.

The Department of Health's Community Health Services provide a range of services to children and families including one-to-one support, group programs and community development. Community Health and Women's Health services are the main providers of counselling and support services related to domestic violence and sexual abuse.

Children, Youth and Family Services (CYFS) is a division of the Department for Families and Communities (DFC) which has a mandate to promote and provide community services to those in need under the *Family and Community Services Act 1972*. CYFS provides a range of services for 'families in need' including emergency financial assistance and financial counselling (victims of domestic violence are significant users of these services), as well as administering concessions provided by the State Government (for power bills, council rates, public transport and so on). Through Community Benefit SA and the Family and Community Development program DFC funds non-government agencies, neighbourhood houses, community centres, community groups and local government agencies to provide a range of community and family support and social welfare services.

Care and education for young children

The Department of Education and Children's Services (DECS) as well as the non-government sector provide care and education services for young children. Childcare services are mainly provided by the non-government sector and may be home based or centre based. Family Day Care (FDC) services provide care for up to seven children (four under school age) in the home of an approved care provider. Centre based childcare services include 'long day care' and 'occasional' care. The cost of these services to families is subsidised by the Commonwealth Childcare Benefit (CCB) according to a means-test. CCB also subsidises Outside School Hours Care (OSHC). State Government involvement in childcare is mainly in the provision of occasional care services which operate in conjunction with preschools (for example, to support parent enrolment in TAFE courses). Children in childcare and OSHC who have additional needs⁸⁵ are supported by Special Needs Subsidy Schemes to subsidise the employment of additional support staff and additional remuneration for FDC providers who provide care for eligible children.

The Playgroup Association, funded by both Commonwealth and State governments, supports a network of playgroups across SA and there are a number of early literacy programs provided by DECS which target families who are not accessing other children's services.

Under the *Children's Services Act 1985*, the State Government funds a preschool education system which enables children to access four sessions of preschool each

⁸⁵ 'Additional needs' include developmental delay, disability, learning difficulties, speech and communication issues, behaviour problems, autism, and children from culturally and linguistically diverse backgrounds.

week, one year prior to entering the school system, at little or no cost to the parent. Aboriginal children and children with additional needs can access preschool for a longer period of time. The Preschool Support Program supports access to preschool services for children with disabilities, developmental delay or additional needs.

Alternative care and child protection

The alternative care system is funded by the State Government to meet the needs of parents who are unable to care for their own children and where their extended family and social networks are unable to assist. The DFC provides contracting and contract management of alternative care services through a range of Government and non-government service providers under the *Children's Protection Act 1993* and the *Family and Community Services Act 1972*. Care and protection services, including case management and placement, are provided for children who are living in alternative care from CYFS district offices across South Australia.

CYFS has a lead role under the *Children's Protection Act 1993* for South Australia's statutory response to child abuse and neglect, including initial assessment, investigation and follow-up casework.

Housing

South Australian Government housing assistance is provided through: the SA Housing Trust and Aboriginal Housing Authority (public housing, rental assistance, rental subsidies); the Community Housing Authority (rental subsidy);

and the joint Commonwealth-State funded Supported Accommodation Assistance Program (SAAP).

Appendix F: Families at Risk - Research methodology

Research aims:

1. To employ an innovative sampling procedure to establish contact with a sample group of families who are at risk.
2. To document the demographic indicators, as well as person (parent and child), family, and community characteristics of risk and resilience, including the extent of service use among the families.
3. To examine differences between families who are high and low service users on various factors including child adjustment, social capital, personal and family strengths, available resources, and barriers to resources use.
4. To utilise the research findings at a community level to promote some common understanding between the service providers and families of the way in which barriers to service use can be overcome.

Project Stage One

District Selection

The target population of the *Families at Risk* project were disadvantaged families with young children (0-7 years). Hence, metropolitan Adelaide collection districts (CDs) were selected on the basis of very low Australian Bureau of Statistics (ABS) SEIFA *Index of Relative Socio-Economic Disadvantage* scores (ABS Census, 1996) and relatively high percentage (~20-35%) of families with young children. The final sample consisted of 17 outer northern Adelaide CDs, 6 inner north-west CDs, and 4 outer southern CDs (see Appendix A for selected details about the 27 CDs). These 27 Collection Districts represented some of the most disadvantaged neighbourhoods in Australia, all falling within the bottom 1.5% of all CDs in Australia ranked by the SEIFA index. Participants in the in-depth interviews for the thesis component were drawn from the outer northern CDs only.

Street and Household Selection

To ensure that the target number of around 500 families was enlisted for the project from the selected areas, it was necessary to make contact with as many eligible families as possible within each collection district (CD). In practice this meant attempting to make contact with every house in every street. To prevent

long time delays for participating families between the first and second project stages the processes of contacting, inviting and interviewing caregivers were commenced and completed (as far as practical) in a single CD before starting on another.

Letter of Introduction

The first contact with households was through a Letter of Introduction. A few days before embarking on doorknocking in a CD, field interviewers hand-delivered this letter into every home letterbox in that CD. The letter explained the project, and let householders know that project interviewers would be doorknocking in their area over the next few weeks. Hand delivery by interviewers themselves enabled them to develop their field work sheets of household addresses, and gain an overview impression of the CD neighbourhood.

House to House: Identifying Eligible Families

Field interviewers worked in pairs for reasons of personal safety, support during the interview process, and post interview de-briefing. Houses were doorknocked in the order of the letter drop for each CD, and the date, time of door knock, and the outcome marked on the work sheet as follows:

N = No-one home

U = Unoccupied

I = Ineligible (that is, a household with no children 0-7 years)

M = Miscellaneous (then a note: eg. no access, locked gate)

R = Refuses interview, but eligible (then a note on reason for refusal)

L = Later booking made with eligible family (noting date and time of booking, and their phone number)

poss L = wants time to decide: in some instances field interviewers were invited to door knock again at a later time/day

A = Accepts interview invitation which is undertaken immediately

Households marked **N**, **U**, **M** and where appropriate, **poss L**, were then doorknocked up to twice again as required. The last doorknock attempt at contact took place on a weekend, and if no contact was made at this last doorknock, the Invitation Pamphlet was placed in their letterbox. This pamphlet outlined the project in further detail, and information about how to contact the project if they wished to participate.

Recruitment Procedure: At the Door

Field interviewers paid careful attention to their appearance and approach in order to avoid a bureaucratic or official ‘look’ and maximise a sense of friendly ease. They always called out a friendly ‘hullo!’ to accompany their knock on the door or ring of the doorbell. Knowing that it was a woman at the door was an important, re-assuring piece of information to some female householders. Field interviewers wore Flinders University staff identification badges at all times. The following words were spoken once eye contact had been made:

Good Morning, this is (Interviewer) and I am (Interviewer), and we are from the Flinders University for the Families With Young Children Project. We are inviting families who have at least one child seven years or younger to do an interview with us. Do you have a child or children in that age group?

In response to the answer ‘no’, the person was thanked for their time, and the interviewers moved on to the next house. If the answer was ‘yes’ and they indicated that they would like to hear more, the interviewer script continued:

The interview asks questions about what it is like to be a parent with young children, and about the help parents receive, or would like to

receive, when the children are young. Your anonymity is assured. The interview takes about an hour, sometimes a little longer, and you will be given \$20 cash at the end of the interview. The interview can take place now, or at another time or day that suits you. Are you interested in participating?

At just over forty percent of houses, the person declined and usually gave a short, polite explanation for that refusal. The interviewers would then wish them well and move on to the next house. Four and one half percent of eligible people were unable to speak English, and hence could not participate. To allay their possible concerns an Invitation Pamphlet was left with them, so that they could find out from English-speaking friends or relatives that the knock at the door concerned a non-threatening and voluntary matter. The invitation to participate was accepted by almost fifty five percent of eligible caregivers. Nearly thirty percent of these people opted to have the interview done immediately. The remaining seventy percent preferred to make a booking for another day. When this occurred, the Invitation Pamphlet was left with them after noting on the back page, the booking day, date, time, and contact phone number if they needed more information or to change the booking date or time.

Identification and Recruitment Procedure Results in Detail

5137 houses were doorknocked across the **27** districts. Sampling procedure results were as follows:

Identified ineligible households: **3594**. This was **70.0%** of total households.

- Identified eligible households: **915**. This was **17.8%** of total households.

Stage One interviews completed: **501**. This was **9.8%** of total households & **54.8%** of eligible households.

353 (70.5%) of these interviews were arranged through bookings either over the phone in response to the invitation letter or much more commonly, at the door.

148 (29.5%) interviews were conducted ‘on-the-spot’.

Eligible caregivers who could not, or did not want to participate: **373**. This was **40.8%** of eligible households (see Table 1 for examples of reasons given for declining invitation to participate).

Non-English speaking caregiver(s), who thus could not be interviewed within the project’s methodology/resources: **41**. This was **4.5%** of eligible households.

“Miscellaneous” (e.g., roaming dogs, locked gates, “No surveys” sign, or a refusal where it was not possible to identify if eligible): **150**. This was **2.9%** of total households. (See Table 2 for details.)

No-one home: **312**. This was **6.1%** of total households.

Unoccupied houses: **166**. This was **3.2%** of total households.

Table 1: *Reasons Why Eligible Families Could/Would Not Participate in Interview One*

Reason(s) for refusing to participate ^{a,b}	N
No; No thanks; "Pass"; "I don't think so"	43
Not Interested; Don't want to do it/get involved; "We won't worry about it"	64
Annoyed/Angry/Threatening response	2
Won't be able to do it/I can't do it	2
We're OK; don't need support/money/etc	3
Parent sickness/injury	10
Child sickness/injury	3
Other adult family member sickness/injury/death	3
Busy (non-specific); "not available"	29
About to have/has new baby; "busy with young children"	9
Busy: work or study	5
Busy shifting house; Just moved in	8
Too many problems; "family situation"	7
"We'll contact you" (and they didn't)	24
Already involved in/already did/ another survey	2
Didn't like /had bad experience c, a previous Flinders survey	2
"Don't want anything to do with government services incl. DHS"	1
Contact through other household member: no luck	9
Possibly later: no luck with follow ups	19
Cancelled booking: no luck with follow ups	12
Not home at booking: no luck with follow ups	32
Interview discontinued	3
No Reason Recorded	85
Total	377

Notes:

^aA few 'refusals' have 2 or more reasons: hence there are 5 more 'reasons' than the 373 refusals noted here. ^bTitles here include a range of related responses.

Table 2: *Circumstances in Which the Eligibility of Families to Participate in Interview One Could Not Be Established^a*

Category	N
Access barred by locked gate/no access	29
High fence prevents assessment of safety of household environment	7
Access barred by dogs/"Beware of dog" sign	22
Access possibly barred by dogs	16
"No surveys" or "No door knockers" sign	25
Shift worker sign / do not disturb sign	3
"Sleeping baby" sign	1
Place appears unsafe; threatening/ offensive sign on door (no pamphlets left here)	3
Police siege: police tape across 5 houses (pamphlets left on another day)	5
Refusal before it could be ascertained if they were eligible	28
No reason recorded	11
Total	150

Note: ^aAfter contact had been attempted 3 times: pamphlet always left where possible.

Interview One Scheduling

The aim was to achieve four interviews per day, set at 1.5-hour intervals. While interviews usually lasted about 1 hour, the schedule needed to allow for some interviews taking longer. To account for travel between houses and interview length variation participants were given a ‘within 15 minutes’ arrival time. For example, the arrival time for an 11.15am interview would be given as ‘between 11.15 – 11.30 am’, to allay participants’ possible concerns if the interviewers did not arrive on time. While the aim was four interviews per day, a typical day achieved more often three, as it was mostly not possible to fill each of the scheduled time slots on a given day. For example, interview times after 3pm were generally not convenient for caregivers with school-age children. Hence, this time of day was regularly used for doorknocking rather than interviewing. In addition, some families phoned to re-schedule an interview at the last minute, or would simply not be home for the booked interview. With this schedule, it took two part-time interviewer pairs around 12 months to complete the five hundred Stage One interviews.

Interview One Procedure

Almost all participants invited the interviewers inside for the interview. Very few (5 participants) preferred that the interview take place outside. Often the interviewers were offered tea or coffee, and occasionally biscuits or cake which they always accepted in order to help facilitate a relaxed atmosphere. As young children were frequently present during interviews, it often took some time before interviewing could start, as children needed settling or distracting with activities. The interviewer, if at all possible, sat near the participant to enable her/him to both read and hear the interview questions and to see their answers noted by the

interviewer. To reduce interviewer fatigue the interviewers took turns to lead each interview.

First, the interviewer asked if the participant still had a copy of the Letter of Introduction. If they did not, another copy was given to them. Second, the interviewer read through the Letter of Introduction and the Invitation Pamphlet, and invited participants to ask any questions. Third, careful attention was paid to the Consent Form providing another opportunity to clarify with participants that their anonymity and confidentiality were assured, their freedom to not answer any question and to stop taking part in the interview or project at any time. Fourth, the interviewer requested and noted the participant's contact details on the cover page of the interview booklet for the purpose of possibly contacting them for a second stage interview. Participants were assured that their contact details would be torn out and kept separately from their interview responses.

Fifth, the interview was conducted. To maximise consistency, interviewers kept to the set wording of questions, rephrasing only when participants indicated that they needed help to understand a question. Commonly, the interviewers reassured participants that the interview questions had no 'right' or 'wrong' answers and that their experiences and opinions in any way they wanted to or were able to express them were of interest to the research team.

As stated above, most Stage One interviews lasted about one hour but a few took considerably longer (1.5- 2 hours). While the interviewers attempted to time limit interviews by sensitive steering onto the next question where necessary, this was sometimes not possible for one or more of the following reasons:

- the more children 0-7 years there was in a family the more information there was for the interviewer to document;
- a large number of problems with children also meant there was more information to document;
- many interruptions, for example phone calls, children needing attention, visitors, noise from the TV;
- some participants insisted on giving long, detailed answers and could not be ‘sensitively’ steered to the next question.

On completion of the interview participants were thanked for their participation and asked whether they would be prepared to participate in a second interview at a later date. Only one person did not want to give the interviewers any contact details and did not wish to be contacted again.

Project Stage Two

Selection and Recruitment

For Stage Two, 300 participants were randomly⁸⁶ selected from the 500 who had participated in Interview One. Given the high mobility of the sample, it was considered a realistic aim to contact and recruit at least 200 of these participants for the second interview. In addition, a decision was made to include in Stage Two all teenage caregivers who participated in Interview One. Out of these 28 teenagers, 20 were randomly selected. Hence, an additional 8 teenagers were added to the contact list for the second stage.

As far as was practical, participants were contacted in the order in which they were first interviewed with the aim of reducing the time delay between their first and second interview. To begin contact was made with a sufficient number of

⁸⁶ The random selection was carried out using the SPSS **Sample** command.

participants to fill between one and two weeks of scheduled interviews. Through this approach it was possible to reduce the time between making contact and interview thereby increasing the likelihood that the booking would be kept and that the participant might not shift house in the meantime. Using the contact details participants supplied in Interview One, the interviewers attempted to make contact by phone. If the number was no longer current, attempts were made to trace a new phone number and address through White Pages or the telecommunications provider. If these attempts were unsuccessful these participants were doorknocked, again three times where necessary and including a final weekend doorknock. At this last doorknock, to maximise the chance of making contact, an Interview Two Introductory Letter and Invitation Pamphlet including interviewer contact details were posted in their letterbox.

Phone disconnections and housing mobility meant that despite repeated attempts it was only possible to contact 223 out of the 308 selected participants. However, contact was made and interviews conducted with 22 caregivers who had moved since their participation in Interview One. In most instances, this was possible because they still had the same phone number. In a few instances, relatives were able to connect the interviewers to the participant who had moved. In two instances, the interviewers came across a family who had shifted by chance via doorknocking, because they had shifted into a house previously or presently occupied by another participating family. More details of contact and recruitment results are given below.

Contact and Recruitment Details

Number of participants contacted and interviewed: **208**. This included:

- **136** participants who were contacted and booked for interview via phone,

and who were still living at the same address

48 participants who, due to difficulties in contacting them via the phone, were contacted via doorknock, and were still living at the same address

22 participants who were contacted and booked for interview via phone, and who had shifted to a new house since Interview 1

2 participants who could not be contacted via the phone, had shifted to a new house since Interview 1, and who the interviewers came across via doorknocking by chance.

Number of uncontactable or untraceable participants: **77**. This included:

- **19** *uncontactable* participants who were possibly still at the same address — their phone number seemed current, and their address may have still been current. However, despite repeated attempts they did not respond to phone messages or Letter of Introduction and pamphlet deliveries.
- 4** *uncontactable* participants who had shifted to a new address.
- 54** *untraceable* participants — who had moved and attempts by the interviewers to trace new phone numbers and addresses were unsuccessful. Some participants supplied insufficient contact details in Interview One, which meant they were even harder to trace once they had moved house.
- 4** participants contacted but unable to participate because they had moved too far away (Barmera, Brisbane, Mt Gambier, and Whyalla).
- 1** participant not eligible because she no longer had a child in her care.

Table 3: *Reasons Why Eligible Participants Could/Would Not Participate in Interview Two*

Reason
Working now - no time to do it - thanks for the invite
Baby is due any day
Too busy
Very sick
No thanks
I'm flat out at the moment
You've got the wrong person
I'm working full-time and getting married soon
Not well
Chronic illness
Too busy and lots of problems
Message left with partner or other family member. "They will contact us if interested". No luck with follow-up calls.
(n = 15)

Interview Two Procedure

The settings and procedure for Interview Two and factors affecting how long the interview took to complete were similar to Interview One. One difference was that for their convenience two participants opted to have the interview conducted in a cafe at a shopping centre. The few participants that were contacted via doorknock were invited to be interviewed either immediately, or at another time or day that suited them better. A letter and pamphlet explaining the purpose of Interview Two as well as a second Consent Form were carefully explained at the beginning of each interview. As in Interview One, a payment for participation of \$20 was made at the end of the interview. Generally, the duration of Interview Two was slightly shorter than Interview One. At the end of each interview participants were asked whether they were willing to be contacted again for a third stage of the project. All participants accepted this invitation thereby enabling a Summary of Findings pamphlet to be sent to them some months later after preliminary analysis of the data.

Project Stage Three

The central task of the third stage of the *Families at Risk* project was to inform key stakeholders, including caregiver participants, service providers, and Department of Human Services policy makers, about the project's findings. The aims of this third stage were:

- to acknowledge the contribution of caregiver participants by providing information about the research findings and an invitation to provide further comment or feedback should they wish to do so;
- to raise awareness of the project's findings amongst service providers and policy makers engaged with service provision to families with young children;
- to encourage and contribute to ongoing dialogue between key stakeholders in order to identify service provision and research opportunities that may benefit families with young children, particularly for those at risk.

Feedback to Participants

A pamphlet with an overview of some of the project's key findings was posted to each participant's home address. The pamphlet included the project's web site address and other contact details to assist participants to contact the project if they wanted to provide feedback, receive more information, or engage in dialogue about the research. Producing an information pamphlet was considered by the project team to be preferable to conducting group forums or discussions with caregiver participants. It was considered beyond the scope and resources of the project to bring together caregivers, most of whom would be unknown to each other, to discuss the many complex and challenging issues raised by the research.

Feedback to and From Service Providers and Policy Makers

Service providers located in districts from which the research population was drawn were invited to attend one of two forums. One forum was located in Salisbury, close to the central and northern study areas and another in Noarlunga, the service provision centre for the study's southern districts. Using Department of Human Services network contact lists, invitations were sent to services providers and policy makers within health, education, early childhood services, housing and welfare, including government and non-government sectors.

Approximately 30 people attended the northern forum and about sixty attended in the South. These forums, facilitated by the project's PhD student, provided a power-point presentation of the preliminary study findings as well as lively discussion that arose from forum participants' experiences and analyses of issues for at risk families with young children. Forum participants were encouraged to provide feedback to the project, either in writing on a sheet provided or verbally, to be noted by project team members. Several opportunities for further liaison and dialogue with service providers were created during these forums. In addition to these two forums, several small groups forums were held with invited policy makers from relevant state government departments including premiers, health, welfare, justice and education. The primary aim of these smaller forums was to provide information about the project to these stakeholders.

Data Analysis and Reporting

Analyses of the quantitative data collected in Interview One and Two were carried out using various versions of SPSS. The part-time data analyst employed by the project did the majority of this work, which was then used as a base for a draft of

the project's final report to the Australian Research Council⁸⁷, the project's report to the Department of Human Services⁸⁸ and for various other journal articles and conference papers developed by individual project team members.

Three members of the project team, including the PhD student, undertook an analysis of one specific aspect of the qualitative data recorded from open-ended questions in the survey interviews (*Parenting in Your Own Words*). Individually, they drew theme lists from the data and then in a series of meetings, in which they involved other colleagues, used a triangulated approach to agree on category definitions. Beyond this one aspect of the project's qualitative data, the PhD student made substantial use of qualitative data in her thesis research and argument.

⁸⁷ Flinders University, University of SA, Department of Human Services (SA), Women's and Children's Hospital, Adelaide. *Families at Risk: their strengths, resources, access to services and barriers*. Unpublished report of the ARC (SPIRT) funded project (December 2003).

⁸⁸ P. Slee, Flinders University of SA (to be published in 2006). *Families at Risk: the effects of chronic and multiple disadvantage*. Shannon Research Press, Adelaide.

APPENDIX G: IN-DEPTH INTERVIEW PARTICIPANTS - CLIENTS & PROVIDERS

CLIENTS

Client	Gillian	Karen	Mina	Kirsty	Sheila	Sue	Dianne	Heather	Margie	Liz	Lesley	Leanne	Emma	Talia
Age	25-29	25-29	30-34	20-24	25-29	35-39	20-24	30-34	25-29	40-44	30-34	20-24	25-29	30-34
Birthplace	Australia	Australia	Non English	Australia	Australia	Australia	Australia	Australia	Australia	Non English	Australia	Australia	Australia	Australia
Car	no	no	no	no	yes	no	yes	yes	yes	no	yes	no	yes	no
Time in current home (yrs)	2 to 5	less than 1	more than 5	1 to 2	1 to 2	2 to 5	2 to 5	more than 5	less than 1	2 to 5	1 to 2	1 to 2	more than 5	more than 5
Rent or own	public rent	public rent	public rent	private rent	private rent	own	public rent	own	own	public rent	public rent	private rent	own	public rent
Adults > 18	one	one	one	two	one	one	one	two	one	two	two	more than 3	two	one
No. of children	two	two	one	two	one	three	two	two	six	three	six	four	five	one
Children < 7	two	two	one	two	one	two	two	one	five	two	five	four	four	one
Marital status	widow	single	single	de facto	single	separated	separated	married	single	single	de facto	de facto	married	single
Work status	home duties	home duties	unemployed	home duties	home duties	home duties	home duties	employed	home duties	student	home duties	home duties	home duties	home duties
Education	year 10	year 9	year 10	year 11	year 11	year 11	year 9	undergraduate more than \$50,000	year 10	year 11	year 10	year 12	year 12	year 12
Income	don't know	don't know	up to \$12,000	\$12,001-\$20,000	up to \$12,000	up to \$12,000	up to \$12,000	\$50,000	no answer	\$12,000-\$20,000	don't know	don't know	\$12,001-\$20,000	up to \$12,000
Wage earners	none	none	none	none	none	none	none	two	none	none	none	none	one	none
Enough money?	not enough	just enough	not enough	not enough	just enough	just enough	just enough	some left over	just enough	just enough	some left over	some left over	some left over	not enough
Health Insurance	no	no	no	no	no	no	no	yes	no	no	-	no	no	yes

PROVIDERS

Provider	Emma	Julie	Wendy	Ruth	Judy	Jill	Nancy	Pat	Christina	Lisa	Debbie	Sarah
Age	45-55	45-55	45-55	45-55	30-34	45-55	40-44	30-34	25-29	45-55	45-55	45-55
Birthplace	Australia	Australia	Australia	oth_english	Australia community worker	oth_english community worker	oth_english	Australia	Australia	Australia	Australia	Australia
Profession	social worker	no prof qual	child care	social worker	group work, comm.dev, serv co-ord	parent support, counselling contract part time	family therapist	midwife	social worker	nurse	midwife	social worker
Main duties	counselling, comm.dev, advocacy contract full time	family support	child care parent support group work contract full time	counselling, serv co-ord	group work, comm.dev, serv co-ord	parent support, counselling contract part time	family support, advocacy contract full time	midwifery	family support, serv co-ord	child health, family support	midwifery	counselling, group work
Part time / full time		full time		full time	part time			part time	full time	part time	part time	full time
years in service	more than 20	more than 20	11 to 20	more than 20	less than 5	11 to 20	11 to 20	11 to 20	6 to 10	6 to 10	more than 20	11 to 20
years in current job	2 to 5	2 to 5	2 to 5	more than 10	2 to 5	2 to 5	less than 2	less than 2	less than 2	6 to 10	2 to 5	less than 2
Education enough money?	undergraduate	year 11	TAFE	post grad	TAFE	TAFE	post grad	undergraduate	undergraduate	post grad	undergraduate	post grad
	plenty	just enough	just enough	some left over	some left over	just enough	some left over	some left over	plenty	plenty	some left over	plenty

APPENDIX H: INFORMATION SHEET AND CONSENT FORM

The relationship between service providers and parents in family support services

What supports do parents of young children need? What works in meeting these needs?

These questions are the concern of a research project funded by the Australian government for 3 years from the year 2000. The project is called 'Families with Young Children: Their Strengths and their Needs' and is being undertaken jointly by Flinders University, University of South Australia, Women's and Children's Hospital and the Department of Human Services. The project aims to explore:

1. What help families seek and from whom they seek help.
 2. The resources or supports that families use *for* coping.
 3. The barriers to families accessing services they need.
- AND
4. How services could better meet the needs and support the strengths and resources of families.

This last area is the focus of the study I am undertaking as one part of this larger project.

I am a research student at Flinders University, a parent and active community member who has been involved as a social worker, teacher and manager in family and community services for more than 20 years.

My aim is to learn more about how services can work together with parents to meet the challenges of parenting.

I am seeking conversations with providers and parents from family support services in the northern metropolitan area of Adelaide which have a stated policy of working as 'equal' and 'respectful' 'partners' to 'empower' and strengthen parents in their caregiving role. The managers of these services have been asked to make this Information Sheet available to providers and parents who could contribute to the study.

The following broad questions will be explored through listening to the experiences and ideas of service providers and mothers of young children who use their services:

How can family support services best build the 'capacity' of families and communities to meet the challenges of parenting?

What is it about the relationship between provider and parent that 'empowers' or increases their capacity to act in chosen ways?

Each conversation will be between a service provider, a parent and me for about 1.5 hours. Following the conversation, participants will be asked to complete a short questionnaire to gather biographical information such as their age, number and ages of their children, source of income and so on.

The conversation will be taped and then typed up to assist me in analysing the experiences and ideas of providers and parents and arguing the implications for services. Participants will be given the opportunity to read the transcript of their interview and agree to its use by myself and by other members of the research team. I will keep participant's real names confidential at all times. Both the tapes and the transcripts will be stored at Flinders University to ensure the security of this confidential material.

To keep my research project to a manageable size and to enable a really in-depth study, I am seeking the participation of **mothers of children under 7 years old**. The complex and important needs of fathers who are primary care-givers will not be included in this study. Similarly, the support needs and relationships of parents of Aboriginal and Torres Strait Islander background with service providers will not be included in this study. There is valuable research and development work being undertaken by others to better meet the needs of ATSI families.

If you have been a 'partner' in helping or being helped to meet the challenges of parenting I would welcome your voluntary participation in this study. Please contact me for more information.

Miranda Roe
phone 8370 9246
miranda.roe@flinders.edu.au

THE FLINDERS UNIVERSITY OF SOUTH AUSTRALIA
SOCIAL AND BEHAVIOURAL RESEARCH ETHICS COMMITTEE

CONSENT FORM

I

hereby consent to my involvement in the research project entitled:

“The relationship between service providers and parents in family support services”

- The nature and purpose of the research project described on the attached Information Sheet has been explained to me. I understand it, and agree to taking part.
- I understand that I may not directly benefit by taking part in this study.
- I understand that while information gained in the study may be published, I will not be identified and information will be confidential.
- I agree to the interview being tape recorded to assist later analysis of the themes arising from all the interviews. I understand that my name or identity will not be revealed and that the taped material will not be made available to any other person.
- I understand that I can withdraw from the study at any stage and that this will not affect any aspect of my relationship with this service.
- My needs for support (such as child care, transport) to enable my participation in this project have been identified.
- I have had the opportunity to discuss taking part in this research project with a family member or friend and/or have had the opportunity to have a family member or friend present whilst the researcher was explaining the research project.
- I am aware that I should retain a copy of the Consent Form, when completed, and the Information Sheet.

Signed:

Full name:

Date:.....

I certify that I have explained the study to the participant and consider that she understands what is involved.

Signed:

Date:

For follow-up use:

I have read a transcript of my participation and agree to its use by the researcher as explained.

Signed:..... Date:

Appendix I: Increasing feelings of control over life as a parent

Figure 2 is the graphic representation of the themes identified from field interviewers' notes of responses to the open-ended survey question - "What would give you more control over your life as a parent?"

Figure 2 - Things caregivers said would give them more control over life (multiple themes per respondent possible)

