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Engaging hard-to-reach families and children

NATASHA CORTIS

ILAN KATZ

ROGER PATULNY

Improving the lives of Australians



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Community Services and Indigenous Affairs**

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Stronger Families and Communities Strategy 2004–2009

NATASHA CORTIS

ILAN KATZ

ROGER PATULNY

National Evaluation Consortium (Social Policy Research Centre
at the University of New South Wales, and the Australian Institute of Family Studies)

Improving the lives of Australians

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Administrative Arrangements Orders changes

In December 2007, Administrative Arrangements Orders were announced that created a new Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to replace the former Department of Families, Community Services and Indigenous Affairs (FaCSIA).

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For more information

Research Publications Unit

Research and Analysis Branch

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs

Box 7576

Canberra Business Centre ACT 2610

Phone: (02) 6244 5458

Fax: (02) 6244 6589

Email: publications.research@fahcsia.gov.au

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Executive summary

This report documents one of three themed studies undertaken as part of the national evaluation (2004–2008) of the Stronger Families and Communities Strategy (SFCS) 2004–2009 for the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The study explores how Communities for Children, Invest to Grow and Local Answers projects and activities have engaged clients who may be considered hard-to-reach. Using interviews with key informants in a sample of projects, the report explores the key research questions:

- How, and how effectively, have services receiving Local Answers, Invest to Grow, and Communities for Children funding engaged hard-to-reach populations? What challenges have they faced? What would help improve reach and engagement?

A background literature review shows the term hard-to-reach does not have precise meaning, but tends to be used in three ways to refer to:

- populations underrepresented in service provision
- service users (or potential service users) who may be invisible to or overlooked by service providers
- service users (or potential service users) considered, for various reasons, to be resistant to services (Doherty, Hall & Kinder 2003).

The success of strategies that service providers use to engage and retain these three groups of hard-to-reach clients is important to evaluators, policy makers and service providers because these marginalised groups are often the main intended beneficiaries of interventions. It is also important to know who benefits from interventions because programs may achieve their goals by improving the wellbeing of those populations easiest to assist. Programs may therefore improve aggregate wellbeing but may exacerbate inequality if hard-to-reach populations are left behind. Another important reason for studying engagement with hard-to-reach families is to improve program design to meet the needs of the most vulnerable more effectively.

Background literature

A review of background literature highlights the individual, provider, program, neighbourhood and social factors affecting access and engagement of hard-to-reach groups in the early intervention field. Individual factors affecting service readiness and refusal include:

- access to information
- attitudes to help-seeking
- fear
- misperceptions about services
- communication difficulties
- hostility to interventions by family members
- daily stresses and complexities.

In terms of the provider factors that make a difference to reach and engagement, previous studies identify that service promotion strategies matter, along with appropriate outreach and entry points, staffing, and client-centred practice approaches in which relationship building plays a central role.

In terms of program factors, existing literature identifies funding and funding structures as most pertinent to engaging hard-to-reach groups. Whereas adequate, stable and long-term funding promotes smooth service delivery and reduces staff turnover, short-term funding can contribute to program instability which risks disrupting processes of relationship building with hard-to-reach groups. Other factors considered important include:

- delivering services via a non-profit auspice (although there is much variation among non-profits)
- targeting interventions to vulnerable families early in a pregnancy
- mixing specialist and generalist, targeted and universal services
- using single entry points for an array of coordinated services
- ensuring transport, child care and appropriate scheduling.

Literature also identifies neighbourhood and social factors as impacting on services for hard-to-reach families. Social norms and expectations, social disorganisation and poor social capital in a community can impede engagement, as can social and geographical isolation (and associated transport difficulties), the absence of a service network or ‘initiative fatigue’ in a community.

Who is hard-to-reach?

Most of the interview participants from Communities for Children, Invest to Grow and Local Answers identified Indigenous families as the most hard-to-reach group,¹ along with young parents, fathers, and those not using other services. However, participant responses show that defining which groups are considered hard-to-reach depends on the context. Community context is especially important. In non-metropolitan settings, for example, isolated families and those with transport difficulties were identified as particularly hard-to-reach. Staffing resources and context also matter, with the presence of a liaison officer or outreach worker helping ensure that the intervention is able to engage with target populations. Some participants were also reluctant to label any groups as hard-to-reach, feeling the label detracts from the notion that client engagement is a responsibility of services not individuals.

Other factors that influence the specific definition of hard-to-reach concerns the groups that services are aimed at and how clients are recruited. Those targeting activities to the mainstream tended to find several groups underrepresented, including Indigenous people, young mothers and fathers. Many targeting particular populations (for example, culturally and linguistically diverse families or young parents) found subgroups within their target group to be hard-to-reach (for example, Afghan mothers or young fathers). In some instances, participants considered populations not part of the target group to be hard-to-reach. For example, in a project primarily (but not exclusively) targeting Indigenous young parents, non-Indigenous young parents were considered difficult to engage.

Strategies

Participants identified several strategies for engaging hard-to-reach families. These can be understood in three general categories:

- intervention design and practice
- networks and partnerships
- staffing.

In the first category, ensuring interventions were fulfilling relevant needs in the community emerged as important, along with effective outreach and promotion; ensuring non-stigmatising entry points and the use of natural gathering places; providing food and incentives; and spending the time required to build relationships with vulnerable groups. Networks and partnerships were also important for identifying needs, finding and reaching clients, building capacity, and ensuring continuity. In terms of staffing, strategies included employing community members and ensuring staff were appropriately skilled. For Communities for Children, participants believed the inclusive ethos of the program helped enable activities to be well adapted to meet community needs.

Challenges

Despite the strategies employed, several challenges to reach and engagement remained. Interview participants from Local Answers and Invest to Grow projects identified a series of factors that continue to impede their attempts to engage hard-to-reach populations. Some were finding it difficult to identify and reach clients, given their invisibility in services and in the community. Many also found the complexity of client needs and circumstances presented challenges to engagement, including family breakdown, homelessness, lack of education, family violence and substance use. Participants also highlighted perceptions and social stigma as barriers to engagement, along with transport, especially in non-metropolitan areas.

Staffing remains an outstanding challenge. Many services required outreach workers, and although they tried to ensure staffing difficulties did not affect service quality, there were ongoing difficulties in recruiting and retaining both generalist and specialist workers. Some felt these were exacerbated by the short-term nature of the projects. These shortages appeared more acute outside of metropolitan areas.

The short-term nature of funding also emerged as a challenge for how services could build relationships with hard-to-reach groups. Indigenous families and young people in particular were seen as requiring extra time to build rapport and trust. Extra funding to support after-hours work was seen as necessary for services seeking to engage fathers, whose working patterns meant services were required in the evening, which could strain staffing resources. Interview participants also described how initiative design and challenges in working with other services could also impact on hard-to-reach groups, with some new services in an area requiring extra time to build cooperation with local providers.

Overcoming challenges

In terms of additional supports required to overcome challenges, adequate and ongoing funding were seen as integral for properly serving hard-to-reach groups. Insecure, short-term funding was seen to contribute to staffing insecurity and risk disrupting relationship building. Participants also felt short-term funding and staffing instability constrained the commitment their services could make to vulnerable clients and the community. Many felt the timeframes expected of them were inadequate for building trust and relationships, and ensuring sustainable outcomes for the most vulnerable.

Overall effectiveness

Overall, interviewees from Local Answers, Invest to Grow and Communities for Children identified similar groups to be hard-to-reach, with participants from all programs highlighting that who is considered hard-to-reach depends largely on context. Many of the strategies employed to engage hard-to-reach groups were similar, such as employing outreach workers, using soft entry points, and collaborating with services working more closely with target groups. Challenges unresolved by the SFCS model include inadequate time to affect change, and staff shortages or instability which could disrupt relationship building.

Importantly, while these challenges are not fully resolved by the SFCS model, they cannot be clearly attributed to the SFCS programs. Rather, challenges of reach and engagement are likely to characterise services for families and children more generally. While it is difficult to compare each part of the strategy due to differences in research methodology used for each, evidence did not emerge suggesting Communities for Children, with its place-based and collaborative ethos, is vastly superior for reaching and engaging hard-to-reach groups. The recommendations arising relate to activities within all strategy programs and to the child and family service sector more generally, including the need for longer-term, more sustainable funding arrangements to minimise disruption to relationship building processes, promote staffing stability, and support specialist outreach workers.

Impact of Communities for Children on hard-to-reach families and children

In addition to the qualitative analysis outlined above, the Stronger Families in Australia (SFIA) dataset was analysed to assess the relative impact of Communities for Children on hard-to-reach and other families (who might not be considered hard-to-reach). Overall, the findings for both these groups were consistent with the main findings of SFIA—that the Communities for Children initiative had small but important positive impacts in most domains, with a few negative impacts, mainly in the physical health domain (possibly attributable to increased parental sensitivity to their children’s physical health issues). Hard-to-reach families were more likely to participate in community activities of various types, a particularly positive finding for Communities for Children. Parents who were not hard-to-reach, on the other hand, were much more likely to report increases in unmet service needs. These findings indicate that Communities for Children was equally effective for the general population in Communities for Children sites, hard-to-reach and not-hard-to-reach families. This confirms that the efforts of Communities for Children sites to engage with hard-to-reach families seem to have been effective.

1 Introduction

1.1 Background to the themed study

This report documents one of three themed studies undertaken by the Social Policy Research Centre (SPRC) and the Australian Institute of Family Studies (AIFS) for the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) as part of the national evaluation (2004–2008) of the Stronger Families and Communities Strategy (SFCS) 2004–2009. As set out in the national evaluation framework, the themed studies are part of the cross-strategy evaluation which is designed to explore particular issues in depth across the Communities for Children, Local Answers and Invest to Grow programs. Two other studies address how SFCS has addressed the needs of fathers and Indigenous populations. As this report is about hard-to-reach populations generally, it encompasses material relating to fathers and Indigenous families. However, issues for these groups are explored more thoroughly in the national evaluation themed study reports prepared specifically about these groups, using different methodologies (see Berlyn, Wise & Soriano 2008; Flaxman, Muir & Oprea 2009).

1.2 Study aims

This research establishes how Communities for Children, Local Answers and Invest to Grow services and activities have engaged—and sought to engage—families and children considered hard-to-reach, the challenges encountered, and how additional supports might enhance reach and engagement. Exploring these problems was important for SFCS 2004–2009 and other community-based initiatives, as this provides insight into the appropriateness of services and access for those populations most in need. Access and appropriateness matter because initiatives such as SFCS may have achieved goals of strengthening families and communities by focusing support on those easiest to help rather than populations with more severe vulnerabilities, risking exacerbating inequality and marginalisation of those most in need (Milbourne 2002). Assessing how initiatives engage the hard-to-reach also helps clarify what works with varying populations and in different service and community contexts, which groups of SFCS users are most likely to achieve outcomes and who may be missing out, and how targeting and engagement might be improved in future interventions. One of the specific goals of the SFCS evaluation is to establish—for Communities for Children—the extent to which the initiative helped the most disadvantaged children, and hard-to-reach families and children often fall into this category.

1.3 Research question

The research explores the key question of ‘how, and how effectively have services receiving SFCS funding engaged and sought to engage hard-to-reach families and children?’ After reviewing relevant research in Section 2, the report explores the following questions in the context of SFCS 2004–2009:

- ▶ How do service providers understand the term ‘hard-to-reach’ and which groups do they find are hard-to-reach?
 - In what ways does the meaning of hard-to-reach vary in the different social and service settings in which SFCS projects operate?
 - Which groups have projects and initiatives sought to target?
 - What strategies have they employed?
- ▶ What factors have helped service providers engage hard-to-reach groups and what challenges have they encountered?
- ▶ What changes might be made to policy and program design to help encourage child and family service organisations to more effectively engage hard-to-reach groups?

Rather than being designed as a rigorously controlled effectiveness study, an exploratory approach was adopted, using qualitative data to capture the experience and practice wisdom of key informants. In addition to the qualitative study, which includes Invest to Grow and Local Answers as well as Communities for Children, the Stronger Families in Australia (SFIA) dataset was analysed (see Section 8) to provide insight into how effective Communities for Children had been for families who could be considered hard-to-reach compared with families who were not hard-to-reach.

1.4 Qualitative methodology

After obtaining ethics approval from the University of New South Wales Human Research Ethics Committee, a review of background academic literature, program documents and evaluation studies was conducted to identify documented benefits and challenges of engaging hard-to-reach groups in child and family services, the engagement strategies used, and how these can be improved (see Section 2).

The qualitative component of the study involved interviews with key stakeholders in a sample of Local Answers, Invest to Grow and Communities for Children projects and sites, to establish how initiatives have sought to engage with hard-to-reach groups in practice. The methodology differed between the SFCS programs, to reflect the uniqueness of the Communities for Children model and to allow data to be collected about Communities for Children at the same time interviews were taking place for other components of the evaluation, thereby minimising participant burden.

For Local Answers and Invest to Grow, telephone interviews were conducted with representatives from 20 projects, including six funded under Invest to Grow. Participants were from a mix of projects, including those explicitly seeking to target a hard-to-reach group or groups, and those not specifically seeking to do so (who may, in the course of their activity, have found particular groups were hard-to-reach).

In all interviews, participants were asked to explain:

- who they were targeting
- which groups (if any) they found hard-to-reach
- their experiences of seeking to engage particular groups
- challenges encountered
- what they think would help them to better engage these groups in their activities (see Appendix A).

Methodology differed slightly for Communities for Children. To minimise the burden on respondents, relevant questions were embedded in the interview schedules used in the 120 interviews conducted in the 10 sites used for the fieldwork component of the national evaluation's Service Coordination Study (Purcal et al. 2009). While participants from Local Answers and Invest to Grow included managers, coordinators or project staff, Communities for Children informants held a wider range of roles, including Facilitating Partners, members of Communities for Children Consultative Committees, service providers and other stakeholders (see Appendix B for interview questions).

2 Background research

2.1 Defining hard-to-reach populations

Although the definition of hard-to-reach groups varies between programs and there are no clear criteria for defining who should be included as hard-to-reach, the term is usually used to refer to sections of the community who are eligible for services or programs but are difficult to involve in a given activity (Barrett 2008; Brackertz 2007; Coe et al. 2008). In early intervention and prevention, the term captures the following three groups, each of which also provides a different frame of reference for thinking about hard-to-reach families (Doherty, Hall & Kinder 2003).

- **The underrepresented:** groups that are marginalised, economically disadvantaged or socially excluded, whose disengagement from opportunity makes them underrepresented in social programs. This frame highlights how social, economic and cultural structures of disadvantage and exclusion can contribute to difficulty in ensuring that interventions reach particular groups.
- **The invisible or overlooked:** families who may slip through the net when service providers overlook or fail to cater for their needs. This second frame focuses on how models of service provision may leave some groups under served or alienated, and it draws attention to service providers' responsibility in ensuring access and appropriateness.
- **The service-resistant:** those who choose not to engage with services, including those who may feel wary about service involvement (for example, for fear of children being removed).² This frame emphasises individual characteristics and behaviours, including unwillingness to seek help due to lack of awareness of needs or services, and wariness due to prior service experience. More than the other two, this emphasises **individual responsibility** for service receipt and engagement, a frame which risks stigmatising the hard-to-reach as personally deficient.

Each of these groups includes people not being served, but who service providers and policy makers believe would benefit if they were more involved. These categories capture slightly different sources of marginalisation that may separately or together impact on vulnerable individuals and groups, so that some may be simultaneously hard-to-reach in the sense of being underrepresented, invisible or service-resistant (Barrett 2008; Doherty, Hall & Kinder 2003).

Critique of the term hard-to-reach centres on its complexity and potential to stigmatise. Researchers, service providers and advocates sometimes prefer not to use it in the latter sense, feeling a focus on individual service resistance detracts from barriers arising from the ways services are delivered (Barrett 2008; Doherty, Hall & Kinder 2003). Indeed, there is a growing body of research (summarised by Katz, La Place & Hunter 2007 and Sawrikar & Katz 2008) that indicates that potential client groups often perceive services as hard-to-reach because they are either irrelevant, inappropriate, inaccessible or stigmatising. Thus, the concept hard-to-reach is probably best understood in terms of the relationship and engagement between services and potential client groups, rather than as specific characteristics of either services or service users.

A further criticism of the concept of hard-to-reach is that it is usually constructed and controlled by practitioners, rather than being a concept with which service users would identify (Barrett 2008). Indeed, most studies of hard-to-reach populations, including this one, are limited by being based on practitioner rather than service user perspectives, in part because difficulties in providing services to marginalised groups also makes them difficult to involve in research.

The term **engagement** also requires further explanation. In the context of initiatives for hard-to-reach families and children, engagement generally refers to the processes for facilitating involvement in services (in other words the 'front end' of service provision: referral pathways, information and access to the service). However, as Katz, La Place and Hunter (2007) point out, engagement also consists of processes and systems that facilitate continuing participation in the program or service. Although the techniques are generally similar for both aspects of engagement, there are some differences, which are indicated in this report.

Typically the term hard-to-reach includes one or more of a number of disparate groups of families and individuals, including:

- Indigenous Australians
- fathers
- culturally and linguistically diverse groups
- mentally or physically ill parents or parents with a disability
- parents of mentally or physically ill children or children with a disability
- parents who abuse substances
- teenage parents
- homeless families
- mobile or itinerant families.

In the qualitative component of this study, we deliberately allowed service providers to define those client groups who are hard-to-reach, and have not therefore attempted to specifically address issues of engagement for all the groups mentioned above. This is not to say that these groups were not represented in the clientele of the SFCS 2004–2009 projects and initiatives. It is likely that attempts were made to engage with most of these groups in at least some of the hundreds of Communities for Children, Local Answers and Invest to Grow projects, services and initiatives.

Despite its complexity, the term hard-to-reach is maintained in the current study. However, the qualitative methodology provided participants scope to adopt and express their own definitions and understandings of hard-to-reach. Indeed, by recognising that the notion of hard-to-reach is socially constructed and fluid, the research allowed participants to demonstrate the frames, concepts and terminology prevailing in their service contexts, and themselves contribute evidence about who is hard-to-reach, and why, in different community, service and stakeholder contexts.

2.2 Factors affecting engagement of hard-to-reach families

McCurdy and Daro (2001) set up a framework for understanding why target populations (or subsets of them) may not utilise support services on offer, and why, after enrolling in a service, engagement may be difficult to maintain. This framework distinguishes factors relating to individuals, providers, programs and neighbourhoods, but recognises that there is considerable overlap between these factors. Indeed, the precise combination of factors influencing service access and participation vary widely, given the heterogeneous nature of hard-to-reach populations and the complexity of the issues involved (Coe et al. 2008). Notwithstanding, McCurdy and Daro's (2001) categories are used to capture the challenges and facilitators in engaging underrepresented, invisible or service-resistant families, as documented in previous studies.

Individual factors

In terms of individual factors, McCurdy and Daro (2001) posit that parents' beliefs, attitudes and needs will directly affect whether they seek and accept services. Attitudes toward services may be determined by parents' perceptions of risk and the potential costs and benefits of service involvement, along with readiness to change. In addition, McCurdy and Daro (2001) identify how willingness to engage with services can depend on experiences with other services in the past, and on family and friends whose approval or disapproval of services may influence service use. Indeed, Coe et al. (2008) found social isolation could make parents unlikely to seek out Sure Start services, and recommended using 'befrienders' or 'parent ambassadors' to improve take up among isolated families.

Information is also a critical determinant of individual attitudes to services and willingness to engage (Doherty, Hall & Kinder 2003). Others cite psychosocial concerns, such as:

- a lack of social confidence
- distrust of other parents and staff
- fear of the unknown and authority
- lack of history of help-seeking behaviour
- feelings of hopelessness or ‘not being ready’
- perceptions of services as irrelevant
- communication difficulties (Avis, Bulman & Leighton 2007; Koshinsky & Clipsal 2006, cited in Barrett 2008).

Frequent and regular contact with service staff may also be difficult where families face daily stresses and have chaotic routines, especially for care givers in low-income families, sole parents and those with children with disabilities, or where parents are experiencing complex problems like depression or postnatal depression, poor literacy, learning or communication difficulties, mental health issues or substance abuse (Garbers et al. 2006; Unger, Jones & Park 2001). The transience of some groups, because of frequent changes of residence or involvement in criminal behaviour, may also make contact and engagement difficult (Doherty, Hall & Kinder 2003).

Individual refusal to use services is problematic, as those who are unwilling to engage are often those with the greatest needs. Indeed, Barlow et al. (2005) point to evidence that women refusing services tend to be younger, less well educated, less likely to use health services and more likely to have poor pregnancy outcomes in terms of birth weight, breastfeeding, and gestation time. Other reasons for refusal may include hostility to interventions by some family members. In On Track, a crime reduction program for children in the United Kingdom, some fathers were found to resist social services or agency involvement with their families, and refused to cooperate. This was highly problematic, especially where they were a source of risk for children (Doherty, Hall & Kinder 2003). Similarly, in Hawaii’s Healthy Start Program, family members’ or partners’ reluctance to have a service provider enter the home contributed to mothers’ refusal to be involved (National Committee to Prevent Child Abuse, cited in McCurdy & Daro 2001).

In terms of understanding resistance to, and readiness for, service interventions, McCurdy and Daro (2001) identified a five stage process:

1. pre-contemplation (not thinking about using services)
2. contemplation (considering using service)
3. preparation (readiness)
4. engagement (action)
5. maintenance (sustaining involvement and preserving change).

Refusal and resistance to engagement are most common in stages one and two of the above process, although problems of engagement can arise at any point. Barlow and colleagues (2005) also point to some factors contributing to refusal to engage, finding many vulnerable families who refused were unable to understand information about service provision, while others felt too burdened by the complexity of their lives to be able to think about the possible benefits of a new service. Misperceptions and misgivings about services were also reasons to refuse, along with a lack of trust of professionals, and feeling family or other supports were sufficient (Barlow et al. 2005; Coe et al. 2008).

Provider factors

McCurdy and Daro (2001) identified the importance of awareness of, and sensitivity to, the cultural backgrounds of families, along with service delivery style—including communication style—and the manner in which service goals are framed to parents. Here we capture these, and provider factors arising from other studies, in terms of service promotion, outreach and entry points, staffing, relationship building and practice approaches.

Service promotion

In terms of service promotion to hard-to-reach groups, advertising in the usual ways such as through local newspapers has been found not to result in contact with those in most need (Howard & Chaplin 1997, cited in Stanley & Kovacs 2003). Promoting programs in positive terms, for example, as helping parents to raise happy and healthy children, may improve reach when compared with promotion strategies framing interventions as aiming to rectify parental deficit (Dumka et al. 1997, cited in Stanley & Kovacs 2003). Promoting interventions through less stigmatised (mainstream or universal) activities and agencies is also identified as a strategy for engaging vulnerable families (Watson 2005).

Outreach and entry points

For culturally and linguistically diverse groups, making first contact is recognised as potentially difficult. In Sure Start, having workers trained to reach special needs groups and perform outreach to these populations was recognised as important (Garbers et al. 2006). However, the ethnic matching of staff to the community is not universally perceived as an effective engagement strategy. For example, having workers with shared ethnic backgrounds has been found to give service users both a reason to use and a reason to avoid some Sure Start local programs, especially where communities are small and privacy may be compromised (Craig et al. 2007).

Barrett (2008) also comments that while similarities between parents and providers can increase the likelihood of engagement, this is not closely associated with better outcomes. Skills in listening and connecting with families have been found to be more important than demographic similarities (Barrett 2008). Others emphasise informality and flexibility at entry points (for example, accepting referrals from outside the area), and ‘starting from where people are at’ as particularly important factors at entry points for hard-to-reach populations (Doherty, Hall & Kinder 2003).

For those who are hard-to-reach in terms of ‘slipping through the net’ or being invisible or overlooked, engagement is understood to relate to provider recognition of user needs and capacity to innovate to meet unmet needs (Doherty, Hall & Kinder 2003). In On Track, providers used bridging strategies such as home visits, telephone reminders of appointments, and working out of hours; they also sought to put families’ and children’s needs above those of the organisation (Doherty, Hall & Kinder 2003).

Service venues have also been identified as important for ensuring that service provision is offered in places that are not stigmatising, and where clients are not required to travel extensively (Doherty, Hall & Kinder 2003). Indeed, locating services where parents are, such as through neighbourhood or home visits, is also seen as a way to improve reach and engagement, although bringing families into centres for parenting education is recognised as effective for breaking down isolation (Stanley & Kovacs 2003).

Staffing

Staffing is another challenge for providers working with hard-to-reach clients. This includes ensuring services have appropriately experienced staff with the skills required to effectively recruit and retain hard-to-reach groups. Problems recruiting and retaining staff may be exacerbated where risks of working with target groups are high, for example, where the safety of service providers is threatened, as this makes the work unattractive (Doherty, Hall & Kinder 2003).

For culturally diverse families, hiring bilingual staff and involving community leaders in outreach and engagement strategies is seen as important (Unger, Cuevas & Woolfolk 2007), although the ethnicity of service providers tends to be less important to engagement than the staff–client relationship in general (Forehand & Kotchick 1996). Indeed, work skill and style is more important than ‘fixed attributes’ (Katz, La Place & Hunter 2007; Moran, Ghate & van der Merwe 2004). For those working with men, specific engagement techniques may be required, although engaging fathers may not be prioritised in social work training where notions of men as threats, as irrelevant to family care, or as absent may dominate (Scourfield 2006).

As well as enhancing staff continuity and quality, staff-related strategies for improving engagement generally include fronting services with local community members or outreach workers to improve trust, and limiting the perceived distance between staff and service users, to ensure users feel comfortable (Doherty, Hall & Kinder 2003). Recruiting service users as workers has also been identified as a way to both engage users and improve the status, self-confidence and skills of service users who were initially hard-to-reach, facilitating their transitions (Barrett 2008).

Practice approaches

Practice approaches are also recognised as important provider factors. Relationships are critical to successful practice and recognised as the catalysts for successful engagement with vulnerable families (Barrett 2008), although building relationships with hard-to-reach populations is recognised as time intensive because it must be built in small increments. Stanley and Kovacs (2003) highlight the importance of engaging individuals directly and in person, as well as engaging all family members—especially male authority figures—and providing incentives like food and social activities.

Having the time and resources to build relationships prior to group interventions, for example, through one-to-one visits to parents, is understood to help service users to build self-esteem and help overcome anxieties about service participation (Avis, Bulman & Leighton 2007). Even reminder or follow up phone calls are important for helping to clarify the service process and address any emerging concerns before they prevent attendance (Moran, Ghate & van der Merwe 2004). Indeed, parents reported that personal communications were most effective in encouraging participation in Sure Start (Avis, Bulman & Leighton 2007). Time for one-to-one relationship building may also provide the insight necessary to build formal supports around informal networks, which is recognised as important to effective help and help-seeking (Katz, La Place & Hunter 2007).

As well as having time to build relationships early, low caseloads throughout the intervention will ensure providers have adequate time with families, as developing trust and relationships with hard-to-reach groups requires extra time (Stanley & Kovacs 2003). Flexible practice and program content is important, as is allowing participants to set their own goals. Doherty, Hall and Kinder (2003) also found some professionals preferred not to use structured assessment tools for hard-to-reach groups, as ‘pen and paper’ exercises were seen to alienate those with negative experiences of school and service provision.

In terms of supporting parents of disabled children, engagement strategies include focusing on parents’ own concerns and perceptions of their needs, recognising parents’ expertise, and building relationships with parents (Sloper 1999). Employing a staff member with expertise in this area has also been identified as a factor increasing access to relevant services and activities, with these workers best able to support families through transitions to early years settings, advise colleagues, and run specialist groups (Pinney 2007).

Program factors

Program funding

In terms of program factors, adequate and stable funding is identified as essential to accessing hard-to-reach groups as it promotes smooth service delivery and reduces staff turnover, thereby reducing service disruption and client disengagement (McCurdy & Daro 2001; Unger, Cuevas & Woolfolk 2007). Services under pressure to be more cost effective may adopt a one-size-fits-all approach, which risks compromising the flexibility required to meet diverse family needs (Unger, Cuevas & Woolfolk 2007).

Stanley and Kovacs (2003) also highlight how funding impacts on service characteristics, with underfunding contributing to staffing shortages, overworked staff, inflexible or restrictive opening hours, and an inability to provide the transport and child care necessary to promote access among the most vulnerable. Davies and Oke (2008) point out the importance of flexible funding, including access to brokerage to help highly vulnerable families avert chaos or crisis.

Barrett (2008) found funding constraints and short-term funding tend to hit hard-to-reach families harder than routine work with other client groups, with outreach work described as the first casualty. Managers find insufficient funding or a lack of continuity in funding arrangements impacts most on those with complex needs and those for whom relationships take a long time to develop, as these groups cannot be effectively helped by short-term measures.

Auspice

Auspice and the specialised character of services can also make a difference. McCurdy and Daro (2001) find parents will more willingly engage with services provided under non-profit than public auspices, especially if government departments are associated with statutory child protection. Their review of the US literature found that voluntary providers were perceived as closer and more in tune with local populations and their needs than government agencies who were feared because they were believed to have the agenda of removing children.

Targeting, specialisation and joined up services

In terms of the timing of engagement, pre-birth interventions are considered most effective, with parents thought to be more willing to accept advice and receive help in the prenatal months, especially early in the pregnancy (Larner, Halpern & Karkavy 1992, cited in McCurdy & Daro 2001).

In terms of generalist or specialist services, universal services have been found to fail to reach minority populations (Craig et al. 2007). Although targeted services may be more stigmatising than those aimed at the mainstream, they have been found to be more successful than universal services for reaching families with children with disabilities (Pinney 2007). On the other hand, however, specialist services have been perceived to be more distant from users, with those who have multiple, highly complex and interrelated needs being difficult for individual specialist services to reach (Doherty, Hall & Kinder 2003).

Indeed, people with needs that cut across traditional service boundaries may be better reached, engaged and served via 'wraparound', individualised service supports rather than a series of restrictive, categorical services (VanDenBerg & Grealish 1996). Indeed, Doherty Hall and Kinder (2003) also highlight the importance of multi-agency teams, blurring agency identity or specific agency roles, and adopting learnings from local voluntary groups. In terms of support for parents of disabled children, research points to a need for a holistic approach to needs assessment, and a single point of contact for the family (Sloper 1999). Discussing services for culturally diverse families, Unger, Cuevas and Woolfolk (2007) identify a need for increased collaboration and cooperation across agencies, as a way to increase capacity and leverage resources.

Pragmatic program factors

Koshinsky and Clipsal (2006) (cited by Barrett 2008) highlight how hard-to-reach status is constituted by pragmatic service provision factors, such as difficulty contacting families, poor transport provision, or poor match of schedules. For culturally and linguistically diverse groups, interpreter and translator services are obvious responses, as are celebrating important festivals and paying attention to dress and food requirements (Craig et al. 2007). Crèche facilities are also recommended, especially for parents with large families (Craig et al. 2007). In terms of engaging men, commentators are critical of female-dominated services which are only available during office hours, and suggested using dedicated practitioners focusing on fathering, and reaching fathers through fun and practical activities (Garbers et al. 2006). Brekke (1989) recommends using orientation sessions as pre-group preparation, especially for group work with men, as this helps weed out inappropriate group members and facilitate cohesion and bonding. For families in crisis, quick follow ups for referrals are important, with longer periods between contacts associated with attrition (Watson 2005).

Social and neighbourhood factors

Social norms and expectations

Scourfield's (2006) discussion of the position of fathers in child protection highlights how willingness to engage with services relates to deep-seated norms and expectations around social roles. Some men may avoid health and social workers, perceiving child wellbeing and development as women's business, or prefer not to face up to problems associated with their behaviour (Scourfield 2006). Similarly, service providers may also perceive fathers to be on the margins of family life and child protection practice.

Social disorganisation

In terms of neighbourhood factors, McCurdy and Daro (2001) perceive social disorganisation to contribute to unwillingness to engage with services, while social capital, which provides the neighbourhood with resources and environmental supports, improves parental engagement. This is problematic because those rich in social capital may be more willing to consider early intervention services 'because the prevailing ethos in the area is one in which residents seek out and expect to use a broad array of formal supports' (McCurdy & Daro 2001, p. 116). However, they may also have better access to informal or non-service supports.

Isolation and transport

Other neighbourhood factors relate to physical or social isolation of client groups, including transport and location. As Davies and Oke (2008) point out, in metropolitan areas service users report that public transport – or knowledge about using public transport – present major barriers to access, especially for mothers of small children with prams. This is more of a barrier in rural areas, where families may be particularly isolated and hard-to-reach if they lack transport and accessible community facilities within 'pram pushing distance' (Garbers et al. 2006). However, even when services have been locally-based, transport and physical access is particularly important, given the time constraints and complexity of circumstances among target families (Coe et al. 2008).

Service networks and initiative fatigue

In addition, in rural areas the absence of a network of services may make strategies to promote participation through referrals and other strategies for networking irrelevant (Garbers et al. 2006). A final neighbourhood-related barrier to participation is initiative fatigue, which may contribute to reluctance to become involved in some communities, where families are weary or suspicious of new services, especially where they are short-term (Doherty, Hall & Kinder 2003).

2.3 Summary

This section has outlined how hard-to-reach populations have been defined in previous studies, and the challenges and facilitators identified to affect reach and engagement. The discussion outlined three groups of hard-to-reach clients: the underrepresented; the invisible or overlooked; and the service-resistant (Doherty, Hall & Kinder 2003). These suggest slightly different sources of marginalisation, although they may separately or simultaneously contribute to the circumstances of hard-to-reach groups.

In terms of the individual factors affecting service readiness and refusal, previous studies identify access to information, attitudes to help-seeking, fear, misperceptions about services, communication difficulties, hostility to interventions by family members and daily stresses and complexities. In terms of provider factors that make a difference to reach and engagement, previous studies identify how services are promoted, the appropriateness of outreach and entry points, staffing, and practice approaches that prioritise relationship building.

Funding proved to be a key determinant of services' ability to engage hard-to-reach populations. Whereas adequate, stable and long-term funding promotes smooth service delivery and reduces staff turnover, short-term funding is found to disrupt processes of relationship building with hard-to-reach groups. Other

factors include engaging clients early in a pregnancy, mixing specialist and generalist services or targeted and universal services, using single entry points, and ensuring practicalities are appropriate, such as transport, child care and scheduling.

Literature also identifies that neighbourhood and social factors affect service use for hard-to-reach families. Social norms and expectations, social disorganisation and social capital can impede engagement, as can social and geographical isolation and the associated transport difficulties, the absence of a service network, or initiative fatigue in a community. In addition some communities, especially remote Indigenous communities, lack the basic buildings or facilities to provide services and also lack trained staff to provide services. These are all significant barriers to service use by the local community.

To build on this small but growing evidence base, the following sections examine how activities funded under Local Answers, Invest to Grow, and Communities for Children have been reaching and engaging groups who may be considered hard-to-reach, using qualitative methodology (see Sections 3 to 7) and quantitative analysis (see Section 8).

3 Qualitative methodology

3.1 Local Answers and Invest to Grow

The same interview methodology was used for Local Answers and Invest to Grow. Participants were recruited from a list of 30 contacts provided by FaHCSIA. They were each contacted and invited to participate, and short interviews were conducted with the first 20 respondents to reply, including the target number of six Invest to Grow participants.

Participants were asked about the Local Answers or Invest to Grow projects they have been involved with, including their role, what the projects are aiming to achieve and which groups in the community their projects were trying to engage. They were then asked to identify whether there were any people who could be using the service but may not be for any reason, and what the main challenges to engaging these hard-to-reach groups were. Participants were then asked to describe anything the project was doing or thinking of doing to try to engage these groups, how successful these attempts were likely to be, and why. Finally, participants were asked what would help the project to better engage hard-to-reach populations, and to add any other comments about the issues raised in the interview, or anything else deemed relevant that had not been explored in the interview. To minimise pressures on participants, interviews were kept short at under 45 minutes, with most completed in around 20 to 25 minutes. Interview content was then coded thematically. Participants held positions as project officers, coordinators, managers and executive officers with responsibility for projects receiving Local Answers or Invest to Grow funding. Types of projects included:

- nutrition programs
- pregnancy education and support
- playgroups
- mentoring for at-risk youth
- parenting programs, including general programs and those targeting fathers, young parents and culturally and linguistically diverse groups.

Table 1 contains a list of the project type, target group and who the participants considered hard-to-reach.

3.2 Communities for Children

Interview methodology differed for Communities for Children. Rather than conducting interviews specifically about experiences of reach and engagement as for Local Answers and Invest to Grow, questions about hard-to-reach groups were included in the interview schedule used for the second round of fieldwork in a selection of Communities for Children sites as part of the national evaluation's Service Coordination Study (Purcal et al. 2009). Questions about the experience of engaging hard-to-reach populations were embedded in a broader set of questions asked to key informants from the network of services in Communities for Children sites. This involved 120 interviews undertaken in late 2007, in the 10 Stronger Families in Australia intensive fieldwork sites.

Differences between the methodology used in Communities for Children compared with Invest to Grow and Local Answers reflect differences in the program and evaluation models. Because Communities for Children is set up to effect change throughout service networks, program participants in this research came from a range of perspectives within the community and service networks, including project managers in Facilitating Partners, Communities for Children committee members, community partners and service providers, community members and government representatives including the FaHCSIA state and territory officers responsible for the sites. In contrast, participants from Local Answers and Invest to Grow were project officers, coordinators and managers involved in projects, with direct experience of implementation and frontline engagement of funded projects. However, many common issues arose in each of the SFCS strands.

As similar issues arose for each strand of SFCS 2004–2009, we have described these together, but have also highlighted specific issues for each of the strands when they arose. At the end of the report, we summarise the findings about whether the Communities for Children model in particular facilitated engagement with hard-to-reach groups, based on analysis of SFIA (see Section 8).

4 Who is hard-to-reach?

Participants' definitions of hard-to-reach groups ranged from all parents in a community, to nobody. However, all but one participant identified that some families or individuals were hard-to-reach. One participant from a Communities for Children funded service defined hard-to-reach rather literally, referring to families who could not be successfully engaged in the service after three visits. However, most used more fluid definitions, considering hard-to-reach families to be those perceived as difficult to engage due to their social circumstances, characteristics and behaviours, and their institutional relationships, such as not using health or other services. Some interview participants indicated that there would always be some groups that their services would not be able to engage, and while some were concerned about this, others accepted that not all services can reach all client groups.

Overall, Indigenous families were overwhelmingly considered the most hard-to-reach. Indigenous families were seen as the most challenging to engage, because of their experiences of multiple disadvantage and cultural differences. In some communities, Indigenous families were found to be difficult to initially identify. Where Communities for Children sites contained large Indigenous populations, they tended to be better set up to engage Indigenous families, although some with large Indigenous populations still reported difficulties in this area.³

Other groups mentioned were:

- families from culturally and linguistically diverse backgrounds, including, in some areas, new refugees
- those with low incomes or living in poverty
- young parents
- people with disabilities
- grandparents
- fathers
- families with child protection issues
- isolated families.

While responses include groups underrepresented, invisible and service-resistant, reflecting the insights of Doherty, Hall and Kinder (2003), the responses extend this literature by portraying who is hard-to-reach as largely dependent on project context, in particular community characteristics and which group projects were seeking to target.

Community characteristics also have an effect on which groups are found to be difficult to reach and engage. For example, in non-metropolitan settings, socially isolated families, those with transport difficulties (largely low socioeconomic status families) and those in very remote areas were identified as hard-to-reach. In a project aimed at strengthening families and communities in rural fringe and growth corridors, diverse language groups were seen as hard-to-reach.

Overall, hard-to-reach families were generally perceived as being synonymous with the most disadvantaged groups, but this was not always the case. For example, in one Communities for Children site, participants described how the hard-to-reach families did not fall into the usual categories considered indicative of social disadvantage, alluding instead to categories of families who may be overlooked in the terms of Doherty, Hall and Kinder (2003). In that community, hard-to-reach families were considered to be those moving into the new private housing estates from the city, who were under mortgage stress and whose high levels of isolation meant they required access to information about support.

In another site, children with special needs, such as those with disabilities, were perceived as difficult to engage if they were not using child care services, as their place outside existing service networks could render them invisible to service providers. A participant in another site perceived that families from particular religious

communities could be hard-to-reach, depending on the religious association of the agencies involved with Communities for Children. In this way, which groups are hard-to-reach depends on the specificity of service delivery context as well as community context.

In addition to their social circumstances, parent characteristics and behaviours were perceived by participants to make engagement difficult. Factors cited included being frightened or mistrustful, being involved with violence, substance abuse and addiction, and being ‘on the run’. Further, families’ institutional relationships were perceived to make them hard for services to reach.

Table 1 summarises the range of groups considered hard-to-reach in Local Answers and Invest to Grow projects. Commonly, being involved with child protection systems (or having been so in the past, or being fearful of being reported for abuse or neglect) were cited as factors making engagement difficult. Families were also perceived as difficult to engage if they were not involved with other services or families that ‘don’t show up in the usual places’ as one participant described, such as early childhood clinics, child care services or playgroups. Participants perceived that families may not be aware of services or may not trust services. Another service – involved in strengthening service delivery capacity through an initiative for early years workers – considered workers in private child care centres to be isolated and hard-to-reach in terms of engagement in professional development.

Another factor for services was their own targeting strategy. Some services believed their target group constituted a hard-to-reach group, for example, young parents, while another pointed out that young parents were generally hard-to-reach in the absence of a specific strategy, saying:

‘They are hard-to-reach if we don’t have targeted groups for them.’

Participant 19

Projects that served a broader section of the population tended to equate hard-to-reach with ‘higher priority communities’. One participant, for example, described an approach of targeting hard-to-reach or ‘higher priority’ families from within a universal model (in this case, Indigenous, culturally and linguistically diverse groups, young parents, and families who were socially or economically disadvantaged).

For a parenting project serving at-risk parents, hard-to-reach groups were seen as those sections of the population who were underrepresented in services: Indigenous people and young mothers and fathers. Indeed, the definition of who is hard-to-reach to some extent depends on a project’s reach and referral strategies. Several youth-focused projects, for example, (including those targeting young parents), relied on referrals from other services, and so found young people not accessing the mainstream health and support services to be hard-to-reach.

Most commonly, participants identified subgroups of their target group as hard-to-reach and engage. For example, Afghan refugee mothers were considered hard-to-reach and engage in a service aimed at culturally and linguistically diverse families generally. In a service for young parents, fathers were considered hard-to-reach, despite the efforts of a male youth worker. In part, social norms, expectations and behaviours make it difficult to reach and engage young fathers.

‘Young men think it’s not cool to talk about feelings, about how you’re coping. They’re looking at doing manly things, a lot of blokes. And most wouldn’t be having planned pregnancies. It’s hard to work out how to engage them in a way that isn’t too challenging for them.’

Participant 3

In another interview, young parents who had vulnerable upbringings themselves presented particular challenges.

‘They’ve had no opportunities to make positive connections as they were growing up. They’ve come from family backgrounds where there has been abuse. They may have difficulties with trust ... if they don’t have secure housing they tend to be moved through the refuge system, the short-term housing system. They’re moving a lot, and can’t establish connections because they move between workers. For some there’s domestic violence and the partners won’t let you engage with them. Also those that have their children very young, say under 18, they, from what I read and observe, struggle more with the tension between them as a teenager and parent ... there can be more trouble bonding with their baby.’

Participant 10

In other cases, participants pointed out that by targeting one hard-to-reach group, for example, Indigenous parents, they were effectively excluding other vulnerable groups who were not being served by local services.

In another project, which was aimed at training practitioners rather than delivering services, statutory child protection workers were found to be hard to involve. Similarly, in a project targeting fathers, in part through free legal advice, a subgroup of fathers was found to be hard-to-reach: high socioeconomic status men, who are likely to have access to commercial legal representation and are therefore less likely to access the sorts of services provided by Communities for Children community partners.

‘There’s no doubt that the dads who are a little better off are missing out, those higher socioeconomic status groups. They experience the same emotional trauma but for whatever reason they may not be getting the emotional support they need. They may be getting the legal advice but they’re difficult [for this service] to access. That’s partly to do with PR and partly the nature of the men.’

Participant 5

Finally, a few participants across the sites expressed reluctance to label any groups as hard-to-reach, preferring to place the onus on services to engage them. A project manager in a Communities for Children funded service articulated this perspective.

‘I don’t like to think any group is difficult to engage with. In community development you have to go out to the people, you can’t expect them to come to you.’

Site 5

Overall, the interviews suggest there are two broad categories of hard-to-reach clients. The first category consists of groups who are often underrepresented in service provision such as Indigenous Australians, members of culturally and linguistically diverse communities, young parents and fathers.

The second category is strongly related to community characteristics and the context of service delivery, in particular the targeting strategy adopted. For example, whereas more universally targeted services report challenges in reaching underrepresented groups such as Indigenous families, young parents and fathers, more tightly targeted services still found subgroups to be hard-to-reach. Targeted services may also find that specialising to meet the needs of one marginalised group could risk marginalising others. Thus, hard-to-reach groups may variously refer to groups underrepresented in a universal setting, target groups themselves, subgroups of target groups or groups other than those specifically targeted, who may be overlooked or invisible to service providers. These interviews therefore confirm that there is no accepted definition of hard-to-reach, and reinforce that the concept depends on the context in which the project is being delivered.

Table 1: Summary project characteristics—Local Answers and Invest to Grow

Identifier	Project type	Target group	Which groups are reportedly hard-to-reach	
1	LA	Early intervention	Parents of young children who are at-risk (includes postnatal depression)	<ul style="list-style-type: none"> • Indigenous • Young mothers • Fathers
2	LA	Mentoring	At-risk youth	<ul style="list-style-type: none"> • Those not using other services
3	LA	Parenting program	Young Indigenous parents	<ul style="list-style-type: none"> • Non-Indigenous • Those not using other services • Young fathers
4	LA	Pregnancy education and support	Younger women at risk	<ul style="list-style-type: none"> • People who do not access mainstream services
5	LA	Peer support	Fathers experiencing family breakdown	<ul style="list-style-type: none"> • Fathers with high socioeconomic status
6	LA	Parenting	Vulnerable parents with young children in rural fringe and growth corridor areas	<ul style="list-style-type: none"> • Socially isolated parents • Some language groups
7	LA	Nutrition	Children at school and their families in remote areas	<ul style="list-style-type: none"> • Not sure • Possibly immigrant families
8	LA	Parenting education	Non-metropolitan families	<ul style="list-style-type: none"> • All families
9	LA	Parenting education and resources	Parents of young children	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander communities • Families with transport difficulties
10	LA	Parenting education	Young parents	<ul style="list-style-type: none"> • Young parents
11	LA	Alternative education	Teenagers who are mothers or pregnant	<ul style="list-style-type: none"> • People who do not participate in education
12	LA	Parenting education and support	Non-English speaking background sole parents	<ul style="list-style-type: none"> • Some groups of refugee women
13	LA	Playgroup	Parents with young children in rural areas	<ul style="list-style-type: none"> • Isolated parents • Immigrant families
14	ItG	Parenting support	Culturally and linguistically diverse communities	<ul style="list-style-type: none"> • Families uncomfortable with service use
15	ItG	Staff development	Early childhood practitioners	<ul style="list-style-type: none"> • Not sure
16	ItG	Early intervention	Children with disabilities and their families in non-metropolitan settings	<ul style="list-style-type: none"> • Low socioeconomic status • Families with transport difficulties • Indigenous families
17	ItG	Staff development	Practitioners working with parents with disabilities	<ul style="list-style-type: none"> • Statutory child protection workers
18	ItG	Early intervention	Children educationally at risk	<ul style="list-style-type: none"> • Families unstable due to domestic violence or moving house • Families wary of professionals • Indigenous
19	ItG	Early intervention	Indigenous, culturally and linguistically diverse communities, young parents, low socioeconomic status fathers	<ul style="list-style-type: none"> • Indigenous in some areas • Young parents
20	ItG	Early intervention	Children with disabilities and their families in non-metropolitan settings	<ul style="list-style-type: none"> • Very remote families, including Indigenous

Note: LA=Local Answers; ItG=Invest to Grow.

5 Reach and engagement: project strategies

Participants described their strategies for reaching, engaging and maintaining engagement with hard-to-reach groups. These strategies can be understood in three categories:

- intervention design (including targeting service delivery, use of soft entry points and embedding interventions in universal services)
- networking (including formal partnerships and informal relationship building and information provision)
- staffing (including employment of workers from particular communities).

Intervention design and practice

Responses highlight several elements of intervention design and practice, including outreach strategies, promotion, ensuring an appropriate service delivery environment (including soft entry points) and maintaining an approach to practice likely to maintain ongoing engagement. Participants described how aspects of their interventions were consciously designed to engage hard-to-reach populations.

Most Communities for Children participants referred to the inclusionary ethos underpinning the program to explain how they sought to take services to where families are, and to adapt community-based services and development activities to identified community needs. Some sites were seeking to engage hard-to-reach families by generally improving access (such as providing free, community-based activities) rather than seeking to specifically target particular groups. However, some participants articulated tensions between universal and targeted approaches underlying the Communities for Children model.

Fulfilling community or group needs

Some participants described how their reach and engagement strategies involved tailoring activities to fulfil the needs of particular groups, to ensure they were complementing rather than competing with existing services:

‘We’re not trying to compete with services already in place. We’re trying to provide unique services which complement other services but in some instances fill a void in that they’re very available, they don’t cost, they have a degree of structure but also accommodate individual needs, and give referrals to other programs.’

Participant 1

Providing services not otherwise available was particularly important for engaging men. For example, a participant from a men’s group described in more detail how the emotional safety offered by his project filled a basic need in the community not otherwise provided for:

‘There hasn’t been enough support for men going through family breakdown. The peer support group provides a safe place where men can download emotionally ... [It’s a] safe place to let steam off, debrief and connect with others. It’s a basic peer support model, for them to gain confidence to reach out for professional support.’

Participant 5

Similarly, a parenting project offered basic training in cooking to improve the eating habits of young mothers, with topics catering for their needs rather than those of older mothers, while providing a soft entry point:

‘We had a cooking day. We found some young families were just eating at Subway. We showed them how to make wraps themselves, and how to cook. They just didn’t know how. So the target topics for young parents might be quite different than for older mums who might be doing topics about child behaviour, and child development. For young mums it’s more about building confidence and support, and teaching them basic survival.’

Participant 1

Providing relevant and accessible services that fulfil community need was seen as an important element of strategies catering for hard-to-reach groups. However, while fulfilling a need is necessary, it is, on its own, unlikely to be a sufficient strategy for reaching and engaging hard-to-reach groups. Ensuring that activities that are relevant to practical needs are available is integral. This can help maintain engagement with groups who may otherwise be underrepresented, overlooked or service-resistant.

Service delivery environments

The use of soft entry points was a key strategy. This referred to offering non-stigmatising ways to engage parents in their own communities (for example, through outreach services like mobile playgroups) or through existing neutral, often universal services such as health clinics, child care centres or schools, or natural gathering places like parks or shopping centres. While one service had located in the grounds of the primary school, another project manager from a Communities for Children-funded service explained the use of other places parents might gather:

‘We use natural gathering places. A fun low-key morning where the group is given fun activities ... Creating books, adding story time.’

Site 5

Participants stressed the need for interventions to be non-threatening, indirect and informal, and to take service provision to where families gathered in the community. Strategies included providing information or recruiting clients through universal locations like maternity wards and health clinics, to residential areas through mobile playgroups, and to innovative locations, like sporting events, as a way to engage fathers. As one participant described:

‘I’ll do a workshop in a big shopping centre on a day where I know that it’s busy and lots of people will get their pension and go to do their shopping ... they’ll get a free book and they’ll get their literacy materials, posters and so on, so that they don’t, you know, miss out.’

Site 6

In other areas, mobile playgroups and mobile libraries were used as strategies to engage Indigenous families and those from culturally and linguistically diverse (CALD) communities, including new refugees. For CALD families in one site, a sewing group enabled women to make their own ethnic clothing, which was not available for sale locally, while providing opportunities to bond and learn about community supports and opportunities.

In several sites, activities in local parks were particularly important for engagement. These were seen as less threatening than activities in centre settings, for as one participant described it, these look like ‘just a few ladies with a bunch of toys’. Another participant stated:

‘[I] go to places where hard-to-reach families might be found. It’s thinking about, you know, they must be passing a park perhaps on their way to the shops. So we’ll do, like a, play session in a park and have all the literacy activities and materials there too.’

Site 6

Interventions based around play activities in local parks were also preferred because they were free or low cost activities which parents could replicate at home and because these are not tagged as welfare activities but nonetheless provided opportunities for workers to pass on information to support cognitive and physical development to parents as required. Activities in local parks were also preferred because these provided non-threatening ways for families new to the area to meet others. One participant described how this strategy provided a focal point in the community, while another participant explained how park-based activities provided entry points for more intensive supports:

‘... [W]e’ve got increasing numbers [of hard-to-reach families] because we provide free play days for the children and we advertise in all the areas where target families hang out... so that’s the tag to get them in the door and so the families will come just for that to start with and then think, oh well, I’m here I may as well go and get some information.’

Site 4

As well as being in universal or natural locations like parks, interventions with these soft entry points meant activities were designed to appear less stigmatising for parents. Another example is a site that sought to engage families by inviting them to a display of early learning opportunities and supports at a popular centre by providing free entry and child care. This allowed them to walk around and talk to service providers at their own pace. Playgroups, cooking courses and a walking school bus were also used to help engage parents perceived to be previously disengaged and distrustful of volunteering or service provision. In one area with new arrivals, for example, a cooking and international cuisine group incorporated nutrition, learning about Australian food, dental health information, and strategies to normalise family diets on settlement in Australia.

Similarly, in Local Answers and Invest to Grow, projects used activities like ‘play and stay’ morning teas, music and movement activities, literacy programs or immigration advice for culturally and linguistically diverse families. Free legal advice, for example, provided an entry point for engaging low-income men in supportive emotional interventions. Volunteering was another possible entry point:

‘If they don’t see themselves as interested in participating in a group we ask them to volunteer. It’s a way to get them in, get them connected. It gives them a different purpose.’

Participant 6

For fathers, one strategy was to offer programs on weekends and in the evenings to provide opportunities for involvement outside of typical working hours. However, this was considered to place additional strain on staffing resources.

For hard-to-reach young people, providing learning environments that were less restrictive than a traditional classroom environment was important to engagement:

‘A lot of it is not set in a classroom environment. It’s interactive and physically active as well. We do that just to keep them interested. It’s a reason most fall out of school, they find barriers at school like desks. The atmosphere is casual; we try to get them into education that way.’

Participant 2

Childbirth education for young people used a similar strategy of a casual environment:

‘Classes are very relaxed; we sit on the sofa or outside. It’s very chilled out and really informal, a lot of chatting ... we make sure it’s not an overload of information, and that we’re sharing information and experience. It’s not like a class setting. We have music, food on the table, it’s like ‘make yourself at home’. It’s youth friendly.’

Participant 4

Similarly, an education program for young mothers and pregnant teenagers provided an adult learning environment, engaging vulnerable young people with a comfortable, flexible program and delivery mode, making explicit allowances for the challenges of pregnancy such as morning sickness, or of sleeplessness with a newborn.

‘It’s a comfortable, flexible school environment. It’s a flexible program, so if they had a sleepless night with the baby or morning sickness it doesn’t force them into a mould.’

Participant 11

Outreach

As well as ensuring the model matched a need among hard-to-reach populations, outreach was an integral component of intervention design and practice. As one participant described, outreach was necessary and involved building up networks and trust over time:

‘... [G]oing to them, to their community rather than expecting them to integrate. It’s not culturally realistic to have a room of white women and expect an Aboriginal woman to walk in and feel comfortable. We need to go to them. But it’s taken time for us to establish networks and trust with their leadership.’

Participant 1

Specific effort on the part of services in terms of outreach and relationship building was therefore perceived as necessary for reach and engagement.

Promotion strategies

Projects also put extra thought into how to promote interventions to attract hard-to-reach groups. While one participant felt they could not promote the project as they would be unable to meet demand, others sought to advertise as much and as cheaply as possible without a strategy, with the idea of ‘getting out there however we can to let people know the service exists’. Others put more care into their strategies:

‘We promoted the project using a photo of the young pregnant women, with their pregnant bellies out proud. It looked fun, they were having a laugh. Young people think ‘it looks like me, it looks normal’. There’s the taboo of looking like you’re getting help from a charity. The girls look happy and normal and other people think it looks okay.’

Participant 4

Importantly, visual promotion was seen as the most effective strategy for accessing vulnerable families, many of whom have difficulties with literacy.

Technology

As well as visual promotion materials, some projects also used technology to reach out to potential participants, and to maintain active engagement. One had involved young fathers in the making of a DVD to engage other young fathers, while in another video technology was used to assist families with children with disabilities in remote areas. This participant described the effectiveness of technology for working with clients in very remote areas:

‘[W]hat we’re doing is extraordinary. The engagement with families is better in some cases than the engagement with city families. They religiously turn it on, even if they’re sick. They use the time really wisely ... But it’s not better in all aspects. We can’t touch the kid. It’s the family who has to do everything. We explain, show them how, but ultimately it’s parents who are working with the child. It gives them so many skills; they have better interactions with the kids. We’re just teaching them how to do it.’

Participant 20

Thus technology was perceived to offer opportunities to actively engage rural and remote families, allowing for interventions that could be more effective than face-to-face services.

Food and incentives

Venues, transport and enticements like food were important to engagement strategies. Participants described trying to link into local transport timetables, especially in rural areas, where transport presented particular barriers to participation, although there was resistance to being seen as a ‘taxi service’ or families becoming dependent on transport provided by services:

‘We do some car pooling. We will, in exceptional circumstances, get people. But we don’t offer that routinely because people get too dependent on it. I’d like to be able to say we have a community minibus.’

Participant 13

Providing food or other incentives to encourage participation was particularly important:

‘When they come they get a feed. They know they’re gonna get a feed. We cook up a meal every second week, and share recipes. It’s the food, transport, the one-to-one before and during that’s really helped with engaging. And it helps that it’s voluntary. Young people like that option, they don’t come if they have to.’

Participant 4

Practice approach

Approach to practice was also deemed important for reaching and engaging hard-to-reach groups. Importantly, building up relationships with hard-to-reach groups was considered to consume more staff time and effort than with mainstream clients. Services used relationship-based, client-centred techniques to engage. As one described, this was about promoting inclusionary, strength-based environments in group interventions and across the organisation:

‘Creating an environment that’s inclusive of difference, and different abilities. Whether it’s about lifestyle difference, cultural difference, whether it’s about ability to function, or social norms. Having a group that can address that is critical ...’

Participant 6

Client-centred practice was seen as particularly important for working with young parents. Participants described trying to understand the unique personal histories and needs of service users, and building up relationships prior to beginning group work to break down barriers and misperceptions and ensure engagement:

‘We have a one-to-one before the group starts. So for the last six weeks I’ve visited the young women once or twice a week. I also try to get the childbirth educator to meet with them. It’s incredibly daunting to go off to a group when you haven’t met someone. And we’re helping with other areas of their life. Hospital appointments, housing, which helps build up that one-to-one rapport ... Young women are nervous that we’ll take their baby, so it’s helpful to be able to pick them up to go for lunch one to one, so that trust is built up. It’s all about creating a good relationship before the class starts.’

Participant 4

Strength-based approaches to professional practice were perceived as a way to empower parents and maintain engagement. These approaches provide support while treating families as the experts on their own needs. For young people, an important element was that relationships were perceived as non-judgmental:

‘Being non-judgmental. In the first place, offering support that’s meaningful to the young parent. Addressing what she says are her issues, based on her definitions ... It’s communication, connection and trust. You build a positive relationship then start including educational material, and making suggestions ... I think if you’re successful in building layers and keeping connected they come back when they need it ... if we can give young mums the sense they have a meaningful contribution to make, they feel a greater sense of self worth, that “I have something to contribute, people listen to me, I feel more confident, I’m proud to be a parent”.’

Participant 10

As well as providing activities relevant to community needs, being relevant or ‘tuned in’ on a day-to-day basis was also important. Flexibility, sensitivity and service user empowerment, for example, were identified as important practice priorities by a participant in a rural project:

‘You need to be relevant to what they want. It needs to be focused on what the group wants to do. The facilitator can’t impose what you think is a good idea ... you have to be tuned in to deal with what is at the forefront of people’s minds, and flexible enough to go from one thing to another without seeing it as a bad thing ... You also need to empower the group to be comfortable enough to tell you what they want. That’s easier said than done. A lot of these people are told what they should have, and aren’t used to telling us what they want.’

Participant 13

Indeed, maintaining relevance to the most vulnerable is likely to be particularly difficult where they have difficulty recognising or communicating their own needs.

Participants described how aspects of their interventions were consciously designed to engage hard-to-reach populations. Most referred to the inclusive ethos underpinning Communities for Children in explaining how they sought to take services to where families are, and to adapt community-based services and development activities to identified community needs. Some sites were seeking to engage hard-to-reach families by generally improving access (such as by providing free, community-based activities) rather than seeking to specifically

target particular groups. However, some participants articulated tensions between universal and targeted approaches underlying the Communities for Children model.

Intervention design for culturally and linguistically diverse populations was a persistent issue for sites with large multicultural populations. Interventions included:

- inviting multicultural communities to activities
- running playgroups for particular cultural groups and providing resources for playgroups that promote cultural diversity
- developing culturally appropriate parenting resources
- providing information about cultural resources to help families tap into existing resources.

In some sites, initiatives targeted groups specifically to new migrants, such as Afghan and African women. Other examples include groups for fathers and older mothers. Interview participants described the importance of offering a range of possible entry points, for example, groups for people of mixed ethnicity as well as those specifically for Vietnamese, Arabic-speaking and other cultural groups.

In one site, strategies for engaging CALD families included, for example, interventions designed to promote reading in Vietnamese families, involving translated reading and literacy tools, and attempts to provide culturally appropriate books. In another, Communities for Children provided funds for community activities or events, which proved a successful tool for engaging people from different CALD communities, including those from Iraq, Somali, Sudan and Indigenous communities.

Overall, designing activities in ways that utilised soft entry points and opened access to the whole community of families rather than target groups was found to work well, and interviewees did not express concerns that some families may be missing out on these opportunities.

Networks and partnership

As well as designing interventions to help engage hard-to-reach groups (largely by ensuring soft entry points), participants highlighted the importance of networking and partnerships as engagement strategies. While some activities relied on word of mouth to promote their activities, others sought to engage families beyond existing networks by identifying and partnering with other organisations, through targeted local advertising, by doorknocking with local volunteers, and through interorganisational referral practices.

Networking was seen as particularly important for services seeking to engage Indigenous clients. In one site, which was helping some Indigenous clients on an individual basis, the participant felt these clients preferred specialist Indigenous services. In response, Communities for Children was trying to connect with Indigenous organisations to encourage greater links. Networking was also important for culturally diverse families. In one site, early childhood services reported attempting to engage culturally diverse families new to the community through a large employer in the area.

Communities for Children's provision of a suite of services, and links to other community resources and services, meant that services could act as conduits to broaden individual access. Having strong networks and appropriate partner organisations to refer clients to was therefore important to extending and sustaining engagement with hard-to-reach groups. One project manager captured the idea of Facilitating Partners as catalysts for interventions in this way, stating:

‘[O]ur role is finding the service providers that we can support so they can reach those communities.’
Site 5

In that site, the Facilitating Partner was credited with a strong role in recruiting, linking and introducing both partners and families, including CALD community organisations and families. In other sites, networking with local government early childhood development workers was cited as important for integrating Communities for Children with other local services, to ensure access. Another site had found it difficult to engage fathers, finding

that fathers were not comfortable sitting round a table talking. To address this, the service was seeking to collaborate with a hardware supplier to develop their intervention strategies.

Invest to Grow and Local Answers participants similarly used networks and partnerships to reach and engage hard-to-reach groups. Strategies included working with and through other agencies (including government agencies, community health, youth centres, police, schools and child care centres), establishing and coordinating referral pathways, and including community members and service users on reference groups.

Interestingly, networks and partnerships were used for a range of reasons, including to:

- identify needs
- find and reach clients
- build capacity
- ensure continuity.

Consultation and partnerships were used to identify community need, for example, inviting leaders of particular communities onto boards to help determine their needs and design projects around them. Partnerships were also used to identify and reach clients. While a few projects drew on referral pathways within their organisation, others depended on referrals from other organisations, and sought to link in with other interventions. In a men's group, for example, the service provider was networking to try to find where men initially present to services, and to develop partnerships with these organisations to provide pathways to the intervention.⁴ Another commented that in a remote area, local services were the only way to reach families with children with disabilities.

Others found partnerships helped heighten their legitimacy to target groups. Links to the Indigenous community meant Indigenous people saw others from their community participating:

‘We are very fortunate to have a link into the Indigenous community. Two of the Elders come here for some reading and writing stuff. The Indigenous community see the Elders here doing these things. The Elders see the young ones here, so it works well for both.’

Participant 13

Networks and partnerships also helped projects achieve their aims by building capacity in other organisations, and building linkages to services with recurrent funding. This was important in the context of lapsing funding, as services—having engaged hard-to-reach groups with SFCS 2004–2009 funding—were working to ensure continuity for their vulnerable service users. Building linkages with services that have recurrent funding emerged as a specific strategy:

‘What we're doing increasingly is to really focus on who are the recurrently funded service providers ... That's been a valuable role to try to focus on who is there and who is there forever and who can we work with and encourage to service those communities.’

Participant 6

Staffing

As is documented in the literature (Barrett 2008; Unger, Cuevas & Woolfolk 2007), many projects employed staff who themselves were from hard-to-reach groups as part of their engagement strategy. A male youth worker, for example, was seen as enhancing services by providing a strong role model for young men. Bilingual workers who were representative of culturally and linguistically diverse communities were perceived as essential for recruiting service users from these communities. Participants most strongly believed Indigenous staff were essential for reaching Indigenous families, stating simply that:

‘Where we have Indigenous staff, we seem to attract Indigenous families. Where we don't have Indigenous staff members, we don't attract as many.’

Participant 19

In some cases, training and developing local people to work in programs was a deliberate staffing and capacity building strategy:

‘We’ve had a deliberate strategy to engage appropriately skilled staff from Aboriginal backgrounds ... we train local people as volunteers to work in the program, [which] gives them good training and a stepping-stone to paid employment.’

Participant 7

‘[We also provide] training [for] community members as bilingual community educators. This has a flow on, a spiral effect. We train one and they refer someone else. They end up running the group. It’s about sustainability and capacity-building. We identify someone, a community member with leadership qualities, and train them up in a range of components like domestic violence, child protection, working with groups, facilitator training.’

Participant 12

One Communities for Children service employed four ethno-specific workers to help families with medical, dental, welfare, accommodation, housing, bill paying and finances. In another area, a male student on placement was perceived to have a big impact on younger children with behavioural issues while other examples included training a member of a culturally and linguistically diverse group to educate her community about childbirth so she could act as an interpreter on birthing issues. There was also training of an Indigenous child care worker.

Another staffing strategy was to employ a liaison officer as they could help to link Communities for Children activities up with particular communities. Another site was actively seeking to develop expertise and share knowledge by organising meetings and workshops about engaging hard-to-reach families, and addressing barriers to service uptake.

Staff quality and ratios

While having project staff from the particular hard-to-reach community was seen as an important strategy, some felt it was more the approach and overall quality of practice that made a difference, rather than their membership of particular social, cultural or demographic groups. This is a point made by Forehand and Kotchick (1996), who found that it was the relationship between staff and clients that was more important for engagement than the ethnicity of the service provider. Some participants considered the practice approach and flexibility of staff to be more important than their ethnic background or community connections:

‘Staffing is very important. We have to ensure appropriate staff, that they’re non-judgmental, that they can accept the young person as an adult and treat them accordingly. And that they’re flexible, they can move with changes. That’s unusual in the workplace.’

Participant 11

Another described the importance of good staff for interpreting needs in varying cultural contexts:

‘The facilitator needs to take the pulse of the group, read what’s on their minds. This is especially the case in the Indigenous groups, it’s what they’re not saying, not what they’re saying. That’s really down to finding the right person with the right sensibility and connection to the group. You can’t teach it, they either have it or they don’t.’

Participant 13

Some participants pointed out how training, development and supervision were important for ensuring the quality of staff working with high need families, reflecting Scourfield’s (2006) argument that working with particular groups, such as men, requires specific skill sets. One project had tried to improve staff empathy and attitudes to families and children and to promote insight into the hardships they face, which they found tended to benefit untrained workers the most. Another used staff training and support to reflect upon what worked and what did not and to plan to improve practice. In some cases, however, it was particular staff that were seen as integral to program success:

'[O]ne of the fundamental reasons why our project works is that we have the ideal person running it ... She has amazing links into the local community, especially the Indigenous community.'

Participant 13

Participants at one Communities for Children site identified high staffing ratios as particularly important for engaging hard-to-reach families. Being able to work one-on-one with families who had been involved with child protection authorities was seen as particularly important. Closer attention from staff and more staff time for each family was seen as helpful for those who may not have previously accessed community services, and helped encourage them to attend other services or activities in the area.

6 Challenges of engaging hard-to-reach groups

Interviewees described some significant challenges to engaging hard-to-reach communities despite the strategies they had in place to reach and engage their target groups. Challenges related to:

- identifying target client groups and making initial contact
- working effectively with families in adverse circumstances and with complex needs
- encouraging involvement in ways which prevented perceptions of service use as stigmatising
- reaching clients where transport or access was poor
- attracting staff and volunteers appropriate for engaging target groups
- ensuring sufficient time to build relationships
- ensuring program design was appropriate for target groups
- establishing effective partnerships with other agencies to promote reach and engagement.

Client characteristics and needs

Identifying clients

Some participants faced initial challenges simply in identifying clients and making initial contact with hard-to-reach groups. One, for example, explained the need for more evidence about where to find the target group:

‘[W]e’re trying to get clear about where men initially present. Do they present at Centrelink, the Salvos, or do they turn up without accommodation. Where are the first points of call?’

Participant 5

In terms of client characteristics, interview participants across the sites identified Indigenous families and children as persistently hard to identify, reach and engage despite the specific strategies they employed.

In one site, a Communities for Children activity based on supported playgroups found Indigenous families attended when groups were initially set up but did not sustain this as the activity became more structured. Building capacity with Indigenous families was perceived as particularly challenging given the staffing, money and time required to build and sustain engagement.

Culturally and linguistically diverse groups who were new in some areas were also seen as very isolated and hard-to-reach. Literacy was a further factor identified as making some families hard-to-reach, as this meant conventional means of recruiting participants, such as using flyers, did not work well by themselves. As well as access to information, interventions for children with illiterate parents also needed to be more intensive:

‘Parents who are poor readers, or who have grown up in an environment where literacy is irrelevant, don’t consider books to be a part of life. They don’t read themselves so they don’t see the need. Poverty makes buying books a little more difficult but not impossible ... The only time they read is to get themselves by with the paperwork that comes through the mail and bills. I wouldn’t say they were completely illiterate but close to it.’

Site 7

The invisibility of immigrant groups in a rural area also presented identification challenges:

‘We’re trying to get out to immigrant groups, but it’s really hard to reach those people. They’re almost all, if not all of them out of town, on single properties ... when they’re isolated it’s difficult.’

Participant 13

While some target groups are of course dispersed or ‘hidden’ populations, it is imperative that services be equipped to overcome this challenge, as identifying and making contact with clients is a basic prerequisite for engagement.

Client needs and circumstances

Other interviewees were able to identify and make contact with hard-to-reach groups, but identified clients’ needs and circumstances as challenges to engagement. Interviewees recognised that hard-to-reach clients needed help to meet some very basic needs. These service providers saw themselves as needing to work from their clients’ level, with extra inputs of staff and service time required to reach and engage clients who were extremely disconnected or in complex circumstances. This included young people unaccustomed to routine and those experiencing family breakdown, who were deemed to have particularly unreliable program attendance and patterns of engagement. The complexity of needs among young parents was perceived to present particular challenges, with participants explaining that some very basic material and emotional needs had to be met before parenting support interventions were deemed possible:

‘There are so many challenges to engaging this group. These young people are homeless, or living with family violence, a huge minority have been victims of child sexual abuse. So they’re disengaged from so much in their lives. To access a support service is so hard if you haven’t slept properly or eaten that day. It’s hard to step outside that cycle. And also feeling like you won’t be judged, like it’s a safe place to be yourself ... A lot of our young mothers get worried about children experiencing things they did like violence, abuse, so there’s a lot of avoidance about the state of being pregnant.’

Participant 3

Indeed the adversities faced by some clients, such as family breakdown, were seen as particular challenges that services must contend with, as the complexity of need detracts from services’ ability to intervene as planned in some cases. The extent of adversity presented challenges for engaging some CALD groups, especially refugees, where layers of high level need caused service providers to call into question some basic assumptions about their engagement strategies:

‘We found that some of the more high needs groups, their needs were quite large ... It was difficult in terms of trying to find a way to equip them and build on their skills base. Many were widows with children. There were hurdles in relation to language ... and in terms of suspended education due to two decades of war ... and being a woman on their own from a Muslim background without a man to accompany them. So cultural challenges around that ...’

Participant 12

In some cases, the behaviours of clients in adverse social circumstances were considered by participants to contribute to the challenges of engagement, and could be frustrating for service providers:

‘Challenges include social habits, drug taking and stuff like that. Falling into a way that it’s their lifestyle. It becomes difficult when they’re not willing to engage.’

Participant 2

Indeed, drugs, alcohol, domestic violence and a lack of engagement in family life were seen as particular challenges when it came to engaging men, and were perceived in some cases to contribute to service resistance:

‘A lot of the men are using drugs and alcohol, are unemployed, and are suspicious of groups like this. There’s a lot of jealousy about what happens in the group. A lot of the men aren’t engaged in their fathering, let alone coming to the service.’

Participant 3

Resistance to services could be extremely frustrating for service providers:

‘They don’t seem to commit themselves to visiting. They agree then they’re not there when you turn up. They’ve forgotten or they don’t let you know they can’t make it. Or they tell you they enjoyed it but then they don’t answer their mobile because they don’t recognise the number. There are privacy issues. They’re wary of professionals going into their environment; they feel they could be exposed. Or if they’re in relationships and saying they’re living separately to get a better pension. They’ve got a lot to hide.’

Participant 18

However, while individual attitudes and willingness to engage with services were perceived as challenges for providers—as documented in such previous literature as McCurdy and Daro (2001)—participants expressed more frustration with the complexity of social need than with individual characteristics or attitudes.

Overall, the challenges relating to client circumstances and client needs underscore the importance of ensuring services have both demonstrated experience with hard-to-reach groups and can anticipate their needs and circumstances. They also need to build the flexibility into their strategies to effectively adapt practices as the complexity of sometimes hidden needs become apparent.

Perceptions and stigma

Several participants considered social stigma and individual perceptions, or the taboo of appearing to require help from a charity, to hamper service engagement. A participant from a project seeking to support parents with a learning difficulty felt there were particular perceptions among professionals that parents with learning difficulties cannot or should not parent, which hampered their attempts to work with other agencies to engage and support them. Stigmatisation of teenage parenting was also perceived as a challenge to reach and engagement, making it more difficult for young people to make the first step of seeking support. Perceptions around appropriate roles and behaviours also presented issues for services attempting to engage men:

‘The challenges are all that Australian male ocker peer pressure stuff. It’s about what’s cool and not cool, and role modelling, about the breadwinner models they got from their dads.’

Participant 1

‘Engaging young men is hard to do. In our experience it’s such a challenging time. They feel isolated from the pregnancy, from the birth, and from being a parent. There’s a perception that the service is a place for young women, that they’re doing girly things.’

Participant 3

Offering services in ways that break down stereotypes and stigma for clients and hard-to-reach communities is therefore integral to effective engagement strategies.

Resources and transport

Access to transport was seen to present challenges to engagement, especially for pregnant women or mothers, and those with more than one child or in rural areas, who may have bus services only a couple of days a week. In other sites, juggling prams, babies, toddlers and bags would deter some mothers from attending activities, especially in wet weather. The complexity of family life for target groups also enhanced their need for transport, with a need for activities to be located within pram pushing distance identified, as was a principle of Sure Start in the United Kingdom (see Garbers et al. 2006):

‘The idea of getting on a bus is not appealing if you’re pregnant. That’s automatically a barrier.’

Participant 4

‘Families say yes they want the group but it’s hard to get them there. Getting out of the house to attend the group is challenging because so much is going on in their lives ... say they’ve got a few kids under 5, and no transport. Transport is a major issue. We need to make things within pram walking distance to people we want to attract.’

Participant 19

In sites containing rural and remote populations, not being able to provide transport to service users was a major barrier to success, especially for Indigenous groups. Safe transport was cited as a particular issue, as was a lack of community transport, or a lack of vehicles with child restraints. As a participant pointed out, Communities for Children funds were not available for capital purchases, but buying a van or minibus would have helped overcome transport barriers for prospective service users.

Other resources also made it challenging to engage hard-to-reach groups, such as providing special equipment for children with disabilities. Keeping activities free was a priority. One participant pointed out that the cost of providing services to the most vulnerable groups of mothers, such as those suffering pre or postnatal depression, was not a sustainable activity because of the cost. Location was also a challenge. In one site, for example, many Communities for Children activities were held in neighbourhood houses, which some participants felt may have caused some potential service users to self-exclude, as these were perceived as Christian meeting places for older people.

Staffing and volunteers

Not having enough staff limited the extent to which agencies could seek to engage hard-to-reach groups, and having a rapid turnover of staff, especially in Facilitating Partners, was identified as making it difficult to build up trust with communities. Continuity of staffing in a Facilitating Partner was seen as positive, especially in remote areas. Service delivery was also disrupted where there were shortages of workers, especially in regional areas. Volunteers were also seen as integral to engaging hard-to-reach groups. In one area, a high turnover of volunteers was cited as a factor constraining the capacity of services to engage families. In this site, young mothers had been active volunteers, but were now required by Centrelink to seek paid work.

Not being able to recruit Indigenous workers also presented particular challenges to engaging Aboriginal clients:

‘For the Indigenous community, it’s hard to bring them into a whitefella type of service. We don’t have an outreach or Aboriginal liaison officer. Which is a big fall down. And they’re hard-to-reach geographically as well as culturally.’

Participant 16

Recruitment and retention of frontline staff were major challenges that directly impeded the capacity of service providers to engage and build relationships with hard-to-reach groups. This was seen as a problem not only in participants’ organisations themselves but also more broadly in partner organisations and throughout the sector, especially outside the metropolitan areas:

‘Resources are always tight for regional communities. With the long distance travel, staff burn out ... Staff retention is a challenge. People are moving around. It’s a problem in our service and across the whole sector. Because of the short-term contracts linked to funding. And salaries, we can’t compete with government salaries.’

Participant 19

Staff retention emerged as more challenging in rural areas, especially where staff needed to spend large amounts of time travelling. This was a particular problem where services invested in training staff who subsequently left, draining projects of necessary expertise. Staffing difficulties were also most intense when it came to recruiting staff with the specialist skills to engage hard-to-reach groups, including Indigenous people, men and CALD communities. Again, recruiting specialists with community development knowledge was more of a problem in regional areas despite strategies like raising the salaries on offer:

‘It’s a challenge. We’ve tried, with the salary we’ve put up. And we’ve gone through all the networks ... The person doesn’t have to be Indigenous. We just need someone with a community health, nutrition background who knows how communities tick ... We need more expertise state-wide.’

Participant 7

Recruiting and retaining staff with the appropriate skills base for setting up an environment of safety and inclusiveness for vulnerable service users was also important. Untrained workers were perceived to need extra inputs to ensure they could work with vulnerable families with empathy and acceptance. For one project with a large volunteer base, providing training to ensure volunteers had a common skills base and shared values was challenging.

Projects were, however, doing their best to ensure staffing difficulties didn't impact adversely on the quality of services to clients. Relationships with other services and established referral paths were particularly important to mitigating the disruption of understaffing in projects. However, staffing problems in other parts of the sector, such as among child protection workers, could also hamper projects' attempts to fulfil their goals, especially where projects were premised on collaboration and partnership.

Time

Time was a particular barrier to engaging hard-to-reach groups. Participants explained that extra time was required to build familiarity, rapport and trust with vulnerable groups, including young mothers and Indigenous families. Many participants felt Communities for Children's timeframe was not adequate to effectively engage hard-to-reach groups, given the time required to establish new services and partnerships:

'We've not as yet engaged with the Aboriginal community ... but if we're going to do that it's going to take a concentration of resources in order to achieve it and it's probably not realistic over an 18 month period to do that and it was never a primary focus of the project. And so we need to be realistic in terms of what is achievable in the timeframe.'

Site 4

Problems of building trust with families in a short timeframe were seen as compounded by a lack of confidence in short-term interventions.

Time was important in two ways: in terms of having enough to spend engaging hard-to-reach groups, and in terms of the appropriateness of scheduling. In the first sense, participants pointed out that building trust and relationships with hard-to-reach groups tends to be a slow process, and services need to be in for the long haul to make engagement worthwhile. Compared with services to the mainstream population, extra time was seen as necessary to build rapport with hard-to-reach populations, especially with Indigenous groups and young people:

'Shorter timeframes are more challenging in terms of engaging clients. If we had longer we would be better able to engage them. You need to build up knowledge and trust. And to get on with other service providers. Trust with service providers is about being there for the long haul. Especially for more vulnerable, marginalised people. They don't want to open up if you're not gonna be around.'

Participant 6

'Relationships are what engage hard-to-reach people. With Indigenous communities, trust and rapport takes a very long time, around 12 months to 2 years. You have to keep at it. It's the same with young clients. You have to get their trust so they don't feel they're being observed to be criticised. You have to break down their defences.'

Participant 1

Program funding thus needs to recognise the time required for successful relationship building with hard-to-reach groups, and program sustainability is particularly important for some target groups. Lack of ongoing support could provide disincentives to engagement, suggesting that longer-term programs may be more appropriate for addressing the complex needs of hard-to-reach groups.

Time was also important in terms of when services were available, especially for employed fathers and those in rural areas:

'Dads can't access parenting groups. We work between 9 and 3 and I think across the board it's still there in regional areas, that we live in a much more traditional way of things working. Unemployment is high, mums are home with the kids, work is very labour intensive and men are doing it. So it's hard for services to access dads.'

Participant 16

Some projects were responding to the difficulties of engaging working fathers by adapting their scheduling to provide parenting support sessions in the evening.

Initiative design and targeting

Program design could present challenges to engaging hard-to-reach groups, with reflecting flexibility and adaptability imperative. One interview identified cultural assumptions underpinning programs as a challenge, drawing attention to how basic concepts like ‘parenting’ may differ between Indigenous and non-Indigenous contexts; that direct methods of training may not be universally effective; and that knowledge needs to be appropriate to specific community priorities. For group work, getting the mix of people and the dynamic right were also challenges to ensuring the group cohesion necessary for effective engagement:

‘We want to get them together to support each other. If they [young mothers] come into a group with mature women, they’re hard to engage. It’s like a splinter group.’

Participant 1

Partnership and collaboration

Partnerships within Communities for Children were seen as critical challenges to engaging hard-to-reach families. Engagement relied on good relationships between Facilitating Partners and services, but productive relationships were not necessarily assured under the model. Some found challenges arose where representatives from partner organisations were overworked, or, as in the case in some Indigenous organisations, were charged with facilitating many relationships. Increasing the representation of hard-to-reach groups within Communities for Children committees was seen as something which would help engage these groups, or at least guide the process of adopting strategies to engage them. Adding children into the consultation process was also suggested as a way to enhance participation and partnership.

Some Local Answers and Invest to Grow participants also perceived working with other services to occasionally impede engagement with hard-to-reach groups. A lack of cohesiveness and poorly developed links between services could cause some potential service users to miss out on services that could benefit them. Developing collaborative working relationships and getting people on side could be time consuming, and relationships between new services and existing providers could be fragile, especially in small communities:

‘We’ve had to be really collaborative to get people on side to start with. A lot of them in the regional services were frightened, they thought it was competitive. A lot of our work was about spending time building relationships, breaking down barriers.’

Participant 16

In another rural example, the service encountered some resistance to a healthy eating program on the basis that it may adversely affect established business factions in the small community. However, this factionalism seemed an exceptional case. In other cases, although collaboration required extra time and effort, there appeared to be a general commitment to it throughout Invest to Grow and Local Answers service networks.

7 What additional supports are needed?

In terms of additional supports, participants indicated longer-term, more secure and more generous funding arrangements—including for extra staff—and adapted timelines to allow for relationship building processes would be beneficial. Research and information were also identified as factors that would help services better engage hard-to-reach groups.

Funding

To improve both reach and engagement of hard-to-reach groups, some participants called for more resources to expand and extend their reach, or to allow them to provide specific activities—like day trips—that could facilitate bonding between clients and staff and overall service engagement. Overwhelmingly, participants agreed that longer-term funding was necessary to properly serve vulnerable populations. Short-term funding translated to short-term relationships. These were not only considered ineffective, but also unethical if they raised the expectations of, and then abandoned, vulnerable service users:

‘This funding is three years, which is quite a long time. But it’s a slow process to engage hard-to-reach groups. It requires building trust and working slowly at the pace of the person you’re working with. It takes time. Constraints like the funding running out can be frustrating. You see yourself building trust in relationships but you see a point where you can’t be involved. You feel frustrated you can’t make a commitment to the relationship.’

Participant 10

‘The short-term nature of funding is infuriating. The climate is so hard, with having to apply for funding all the time. After 18 months we’ve had great success in terms of young people wanting it, self-referrals and referrals from other agencies. After 18 months you can just start to see the results.’

Participant 3

Longer-term funding support from various sources would allow services to maintain their profile in the community, build trust and develop relationships with clients and other services, all of which are necessary to affect change.

Staffing

While a few participants felt staffing resources were adequate, several mentioned requiring extra workers, specialist staff, better pay (to help with recruitment and retention), and more continuity for staff (to minimise disruptions to clients) if they were to better engage hard-to-reach groups. As one participant explained:

‘Being able to be an attractive employer is important. The better employees we have the better work we can do.’

Participant 19

Indeed, short-term funding resulted in short-term staffing, which could impede relationships with young people:

‘When young people know it’s a consistent, steady service, that it’s not judgmental, that we’re working with them to get the things they want, when you spend time building relations, over time you get to link in.’

Participant 3

Bilingual workers and Indigenous workers were in particular demand, along with outreach workers generally and cultural diversity training for all staff:

‘As part of our funding I’d like to see an Aboriginal liaison officer, or have our staff trained in cultural diversity. So the government tells NGOs what to do but NGOs are struggling to know how to do that appropriately.’

Participant 16

Indeed, stability in staffing of outreach work was important, offering a sense of continuity to hard-to-reach communities.

Time

Several participants also pointed to the need for more time, and funding that recognised the length of time necessary to address complex community needs:

‘We thought it would be up and running quickly. But it takes time to build trust and relationships, to understand the community ... if you want a sustainable outcome, that front end work takes time.’

Participant 7

‘Change happens in relationship context. It requires long-term commitment to youth in the program. You need to keep them connected even through difficult periods in their life. Long-term commitment is expensive.’

Participant 11

Ensuring that workers could network during their paid hours was also seen as essential, as coordinating services and developing effective engagement strategies required professional networking. For a course delivering professional training, extra time was seen as necessary given that training needed to be repeated for new staff because of high staff turnover rates across the sector.

Overall then, participants raised the need for funding arrangements to better recognise the time required to address complex community needs. More time was perceived as necessary for service providers to build trust, relationships and strengthen their understandings of communities, and for professionals to network and to train, and to fill positions where staff turnover was high.

Research and information

Research and information sharing were identified as further supports required, especially among interviewees involved with Local Answers projects. One interviewee called for better access to administrative data from partner institutions, such as schools, to enable better targeting:

‘If details of students that have disengaged from education, if that were kept in one record so that organisations like ours could find them easier. So information sharing.’

Participant 2

As well as administrative data, research data was seen as something that would benefit projects in terms of planning, targeting and reach, as well as promoting better understandings of various subgroups, improving program promotion strategies and informing the development of appropriate programs:

‘We’re constantly told by government departments you need to work with more Indigenous, more people from CALD communities, more with fathers. But nobody’s telling me how to do it. I want them to come and tell me about a great strategy that’s been researched.’

Participant 16

Others felt research and evaluation resources would help demonstrate effectiveness, and promote the legitimacy of their approach, which would improve relationships with, and referrals from, professional groups:

‘We encounter professional snobbery because we’re community-based and working with a peer facilitation model ... It would be really useful to have research about effectiveness looking at support groups, self help groups. The research in Australia is pretty thin on the ground, and not focused on men’s groups ... We know these programs work. We need to quantify it and give services like ours professional credibility, and government and academic approval.’

Participant 5

Indeed, better research evidence about best practice in engaging hard-to-reach groups would inform program design and practice strategies. This lack of evidence emerged as a stronger theme among Local Answers participants, possibly because resources for local evaluation formed part of the Invest to Grow and Communities for Children models.

7.1 Effectiveness of the models

In terms of engagement strategies, Communities for Children participants pointed out how the inclusionary ethos of Communities for Children facilitated activities that were adapted to meet community needs. Generally, strategies to engage hard-to-reach groups were perceived as successful, although several challenges of reach and engagement remained unresolved by the model. However, workers did perceive the mainstream, universal activities of Communities for Children to be inclusive and to engage both a broad range of clients and specific target groups.

Soft entry points were credited with reaching parents who had not previously accessed community services, and with putting people in contact with services they would not have used before. Of course, assessing the effectiveness of Communities for Children's engagement with hard-to-reach groups is difficult. Particular groups were not necessarily identified at intake, especially where activities were based in parks or shopping centres, or involved information provision rather than a more therapeutic activity. Further, collecting personal data was not necessarily a priority. As one participant described:

'The model doesn't lend itself to easily identifying some of those characteristics ... we don't want to scare people off with check lists of: Are you this background? Are you that background? What are your circumstances?'

Site 4

Notwithstanding this difficulty, participants were particularly positive about the Communities for Children model. The Facilitating Partner model was perceived to work well for engaging hard-to-reach groups, as it required community consultation and involvement, which was perceived to open up opportunities to address specific needs.

Park-based play activities were seen as particularly effective for engaging hard-to-reach groups. One participant, for example, noted that the parks had been reclaimed and families were using them increasingly, even when the Communities for Children activities were not operating. Park-based activities and supported playgroups were perceived to have high uptake by CALD populations, and to have improved the access of these families to community resources and services.

The provision of both mixed and ethno-specific playgroups was seen as successful, although a specifically Indigenous playgroup had been unsuccessful in one site, with families perceived to prefer to attend a mixed group. Indeed, in another area, participants commented that engagement strategies seemed more effective for hard-to-reach culturally and linguistically diverse groups (including new African, Afghan and Iraqi refugee families) than for Aboriginal and Torres Strait Islander families. One participant suggested it was difficult to engage Indigenous families and sometimes to identify them as 'Aboriginal'. People using mainstream services would not necessarily self-identify as Indigenous. As well as unmet needs among Indigenous families, participants also identified a need to extend fathers' groups to include playgroups for men, and to provide playgroups for grandparents.

In terms of unsuccessful strategies for engaging hard-to-reach families, there was one area where participants described poor targeting. In this site, funding for mothers' groups had been withdrawn, as the Facilitating Partner felt participants were not the low socioeconomic background families who should be targeted, although they were supporting each other through other (non-class based) traumas such as diagnoses of child disability or miscarriages. As the Facilitating Partner described:

‘Two of our projects, according to local evaluation, were not assisting our client group. One had 50 families coming but only three of them lived in the Communities for Children area and most of them are well-educated, well-heeled and well-incomed. It tells us that some of our programs ... are not engaging the families that we are trying to engage. Some of our programs because of their content have a more middle-class appeal and attract parents who already have the confidence to start singing or dancing with their kids, or interacting with them, in this way, in front of others.’

Site 8

In summary, the Communities for Children model was perceived to be successful by most participants in facilitating the engagement of hard-to-reach groups, especially because it involves an inclusive approach and networking is intrinsic to the model. While Local Answers and Invest to Grow also used networks, these were not intrinsic to their model and they therefore had to rely on existing external networks.

However, there is little evidence from the qualitative component of the study to suggest the place-based, collaborative model of Communities for Children in and of itself is more effective than other programs for reaching or engaging hard-to-reach groups. This is because most of the problems of reach and engagement such as lack of transport, staffing issues and short funding cycles are intrinsic to the child and family sector generally. Because of this, the projects and activities funded by Communities for Children had to use a range of strategies to engage hard-to-reach communities; networking on its own was not a successful strategy.

It is not possible from the data collected for this project to assess the Local Answers and Invest to Grow programs as a whole in terms of their ability to engage hard-to-reach communities. The projects selected for this study were not representative of those programs and it is therefore not possible to make generalisations about Invest to Grow and Local Answers programs overall. Some of these projects were specifically chosen for this research because they were known to have attempted to engage hard-to-reach communities. However, this was not a funding requirement for either Invest to Grow or Local Answers. More importantly, as mentioned previously, Local Answers and Invest to Grow do not represent ‘models’ in the same way as Communities for Children. Further, each project acts more or less on its own, rather than delivering a model of intervention as was the case for Communities for Children.

7.2 Universal and targeted approaches

The interviews with Communities for Children stakeholders in particular highlighted the importance of both universal and targeted approaches. Although these are posed as opposite ends of a continuum, there is quite a lot of ambiguity for both terms. **Universal** can refer to genuinely universal (or near universal) services or activities, such as leaflets that are given to every household in a locality, vaccination and schooling. However, in most cases for Communities for Children, the term **universal** was really synonymous with **open access** and referred to services or activities that did not have a restriction or requirement for access (other than that the family had a child under 5 years) or that operated on a drop in basis. These initiatives ranged from fun activities in parks, through to playgroups and even included counselling and other more intensive services.

On the other hand, **targeted** usually refers to services that are designed specifically for one group of families, such as Indigenous and CALD groups, or to specific client groups such as parents of children with disabilities, teenage parents or fathers. But **targeted** can also be a synonym for **specialist** and refer to more intensive services which require referrals from universal services.

In the context of Communities for Children, all these types of services were used. Universal services show the community that Communities for Children is not exclusively for families with identified problems or parents from particular groups. In this way, they lower the stigma associated with accessing services and encourage engagement by families who would normally avoid service provision. However, simply being universal does not guarantee that all eligible families will access those services. Services can become colonised by particular groups or cliques within the community, and can deter some hard-to-reach families from accessing those services. In most cases some sort of effort will have to be made to ensure that the most vulnerable groups of clients feel comfortable with the services. In some cases, even universal services will require active outreach

measures such as home visits, out of hours provision, reminder telephone calls, special transport and translation services. Of course, not every service or initiative can provide for every possible hard-to-reach group. In each case, a judgement needs to be made about which groups the services would like to engage, and what techniques would be most appropriate.

On the other hand, targeted services focus on the particular needs of the hard-to-reach families or on their specific ethnic or social group. They send the message that the initiative cares about them and is willing to provide services tailored to meet their needs. However, targeted services can be seen as stigmatising and can also be hard to access, sometimes requiring complex assessment or referral processes. In addition, many clients are members of several targeted categories, for example, Indigenous young parents with substance abuse issues and a child with a disability. It is not generally feasible to set up a service for such specific groups, yet it is often not easy to allocate multi-problem families to any of the specific targeted groups. Thus, targeting in and of itself is no guarantee that all the clients' needs will be met. A judicious combination of universal and targeted services is required to reach out to some of the more vulnerable groups in the community.

7.3 Summary

The qualitative component of the study showed that participants involved in all three strands of the SFCS 2004–2009 used fluid, contextual definitions of hard-to-reach. While participants used hard-to-reach to refer to underrepresented, overlooked and service-resistant populations as outlined by Doherty, Hall and Kinder (2003), these interview participants' accounts highlight the fact that who is hard-to-reach depends largely on service context. Indeed, community context, service resources, targeting strategies and approaches to engagement shaped participants' experiences of reach and engagement, and which clients services find most difficult to reach.

Some identified underrepresented groups as hard-to-reach, pointing to social characteristics and circumstances such as cultural background or socioeconomic status, with Indigenous families seen as the most difficult group to engage. Other participants highlighted the importance of community and service context in defining who is hard-to-reach, with those outside service networks among the most likely to be invisible. Hard-to-reach groups could also be defined with reference to parent characteristics and behaviours. Some were also reluctant to label any groups as hard-to-reach, feeling the label detracts from notions that client engagement is a responsibility of service providers, not individual clients.

Participants identified several strategies through which they sought to engage hard-to-reach groups, relating primarily to networks, partnerships and staffing. In the first category, participants identified that intervention design and practice:

- should ensure interventions were fulfilling relevant needs in the community
- include outreach and promotion strategies
- include soft (non-stigmatising) entry points and the use of natural gathering places, such as designing interventions around play activities in local parks
- provide food and incentives
- include time to build relationships with vulnerable groups.

Networks and partnerships were also important for identifying needs, for finding and reaching clients (especially Indigenous families), and for building capacity and ensuring service continuity.

Staffing strategies were crucial for engaging the trust of hard-to-reach families. These included:

- employing local community members⁵
- ensuring staff were appropriately skilled
- employing outreach or liaison officers
- ensuring high staffing ratios to ensure continuing engagement.

Participants identified a number of challenges in engaging hard-to-reach families, including:

- the complexity of client needs
- social stigma
- staffing difficulties
- lack of transport
- poor literacy
- social isolation.

Additional supports required to sustain engagement with hard-to-reach clients include outreach workers, improvements to staff recruitment and retention, longer-term interventions, and higher levels of funding that includes additional time and resources for relationship building.

8 Effects of Communities for Children on hard-to-reach families and children

In addition to the qualitative research reported above, analysis of the Stronger Families in Australia (SFIA) dataset was undertaken, to provide insight into the effectiveness of the model for hard-to-reach groups in Communities for Children areas. A detailed analysis of hard-to-reach families in Communities for Children and control communities, as well as subgroups (economically deprived families and those with low parental education) in SFIA is available in the main SFIA report (Edwards et al. 2009). Here we provide a summary of those findings.

Quantitative analysis requires a fixed, working definition of hard-to-reach families. In some ways this classification is at odds with the findings emerging from the literature review, and reinforced in the qualitative findings, that the definition of hard-to-reach is context dependent.

However, there are some characteristics that emerged from the literature and in our interviews with service providers that aided a reasonably accurate operational definition. This is necessarily based on family characteristics only, so does not take into account that barriers to service utilisation and engagement can also arise from the ways services are delivered.

In the quantitative analysis, we compared families considered hard-to-reach using a fixed definition, with others in Communities for Children communities. For the purposes of this analysis we focused on four groups of families:

- the total SFIA sample: As described in Edwards et al. (2009), these consisted of a random sample of approximately 200 children in each of 10 Communities for Children sites and five contrast sites, representing about 40 per cent of children under 5 years in those communities.
- hard-to-reach families, as defined below.
- not-hard-to-reach families: This is also an important group to study because the literature indicates that programs such as Communities for Children often access those families who are easiest to reach in the first instance, and only address the needs of the harder-to-reach families in the longer-term.
- particular groups of hard-to-reach families, in particular families with relatively low incomes and families where parents have low levels of education.

8.1 Defining hard-to-reach families

The hard-to-reach populations were defined according to the following family characteristics, designed to capture the most disadvantaged groups within Communities for Children sites:

- no father: no father present in the household
- jobless household: mother is unemployed or not in the labour force and father not working or not present
- poor parents: parental income is less than \$500 per week
- low education: maternal education is Year 10 or less
- Indigenous
- parent born overseas.

Persons in the SFIA sample who met **any** of these criteria were coded as hard-to-reach. All remaining persons who met **none** of these criteria were coded as not-hard-to-reach.

Table 2 below gives details of the numbers of families in each hard-to-reach category.

It can be seen from this that the hard-to-reach sample is made up largely of people born overseas, in jobless households, and with no father present (sole parents).

In addition, almost half the people included in the hard-to-reach sample (47.9 per cent) were counted as hard-to-reach on two or more categories. This indicates that these factors were clustered together and that many families were disadvantaged in several ways. Overall the table shows that a significant proportion of families in Communities for Children sites could be defined as hard-to-reach.

Teenage parents were also considered, but ultimately excluded from the hard-to-reach sample. Teenage parents were excluded because of the very small sample size—less than 15 people in the whole balanced panel⁶ sample.

Other groups that have been identified as hard-to-reach, including parents with a mental illness, parents who misuse substances and families living with domestic violence, were not included in these definitions because this information is not available in the SFIA dataset.

Table 2: Sample sizes, components used to define hard-to-reach families

	No. (at Wave 1)	% of full Wave 1 sample (balanced panel)	% of Wave 1 hard-to-reach sample
No father present in the household	396	22.0	35.6
Jobless household	387	21.5	34.8
Poor parents (<\$500)	295	16.4	26.5
Low education (educational attainment of Year 10 or less)	315	17.5	28.3
Parent born overseas	559	31.0	50.2
Indigenous	133	27.4	44.5
In at least two categories	533	29.5	47.9

8.2 Findings

Most of the significant findings of the analysis of hard-to-reach and not-hard-to-reach groups in SFIA are in line with the analysis of the whole SFIA sample.

The main findings according to the difference-in-difference estimation are:

- ▶ The number of jobless households declined significantly in hard-to-reach households in Communities for Children sites compared to control sites, matching findings from the full sample and differential analyses.
- ▶ Several outcomes were significantly different in hard-to-reach households located in Communities for Children sites compared to control sites, including worse child and parental physical health, and improved involvement in community service activity.

The main findings of the cross-sectional analysis of the hard-to-reach subsample at Wave 3, which compared Communities for Children and control sites, were that:

- ▶ Child physical health was significantly worse in Communities for Children sites compared to control sites, matching findings from full sample and differential analyses. This is a likely effect of reporting improvements.
- ▶ Hostile parenting had improved—it was significantly lower in Communities for Children sites compared to control sites, matching findings from full sample analyses.

- Jobless households had improved to a degree that was nearly significant in Communities for Children sites compared to control sites.

The main findings of the cross-sectional analysis of the not-hard-to-reach subsample at Wave 3, which compared Communities for Children and control sites, were that:

- Hostile parenting had improved—it was significantly lower in Communities for Children sites compared to control sites, matching findings from full sample analyses.
- Parental self-efficacy was significantly higher in not-hard-to-reach households in Communities for Children sites compared to control sites.
- Unmet service needs were worse—they were significantly higher in Communities for Children sites compared to control sites, a finding related to the exclusion from the not-hard-to-reach sample of **parents born overseas**. This suggests that native English speakers are more aware of, and better able to articulate, service gaps.
- Wave 3 showed improvements in child emotional and behavioural problems, along with minor but significant improvements in receptive vocabulary and verbal ability for children in hard-to-reach families in Communities for Children sites as opposed to contrast sites.

Discussion

Overall this analysis confirms the main conclusions in the *National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009* report (Muir et al. 2009)—that the effects of the Communities for Children initiative were generally in the positive direction, with a few outcomes beginning to show significance and a very few negative findings (for example, where Communities for Children sites appear to be doing worse than contrast sites). Some of these latter findings can best be explained by increased parental sensitivity and awareness of their own and their children’s health status and their access to services.

The findings are important as they show that the Communities for Children initiative was as effective in addressing the needs of hard-to-reach families as those who were not deemed hard-to-reach, confirming that the active steps which Communities for Children sites took to engage with these families were paying off in terms of outcomes for children. Particularly encouraging was the finding that community participation increased for the hard-to-reach group, as this was a high priority for Communities for Children and was seen as a very challenging objective.

As with the main analysis, however, it is important to consider the major trends for families who may be hard-to-reach rather than focusing on specific outcome areas. This is partly because these are very early outcomes, and so the fact that some findings are statistically significant while others are less than significant could be a factor of the timing of the data collection rather than of the impact of Communities for Children on that specific outcome. Had Wave 3 data been collected six months later, it is very likely that more of the outcomes would have been significant. This is because families and children in the community would have been exposed to Communities for Children for a longer period.

These findings are also consistent with the qualitative findings in relation to the contextual nature of being hard-to-reach. They show that some outcomes were only significant for some sections of the hard-to-reach population and not others. Bearing in mind the discussion above—that it is premature to pay too much attention to specific findings—it may yet be the case that some aspects of the intervention had different effects for some subgroups (for example, families in which parents were born overseas). It may also be the case that specific definitions of hard-to-reach will affect outcomes, so that the effect of the intervention on hard-to-reach families, to some extent, depends on how hard-to-reach is defined and used in the analysis. In general, outcomes for the whole hard-to-reach group were similar to those of the specific subgroups that were studied in most depth—low-income families and families where the mother had low levels of education. Furthermore, in broad terms the outcomes for hard-to-reach families were similar to those of the total population of families in the Communities for Children communities. This indicates that Communities for Children was equally effective for hard-to-reach and not-hard-to-reach families, although the effects of the initiative were slightly different for the two groups.

It also shows that, although the specific definition of hard-to-reach may affect particular outcomes, it does not really change the broader picture of the effectiveness of Communities for Children for hard-to-reach families.

9 Conclusion

Across the Local Answers, Invest to Grow and Communities for Children programs, interview participants found Indigenous families to be the most challenging to reach and engage, although young parents, fathers and people who do not use mainstream services were also hard-to-reach. While hard-to-reach groups are comprised of populations that are underrepresented, invisible and service-resistant (Doherty, Hall & Kinder 2003), an important finding from the study is that, to a large extent, context determines who is considered hard-to-reach. Community context, service type and approach, and targeting and engagement strategies all matter.

In non-metropolitan settings, for example, isolated families and those with transport difficulties were identified as particularly hard-to-reach. Those recruiting participants through other services found groups who do not traditionally use services or who do not use mainstream services, to be hard-to-reach. Invest to Grow and Local Answers services that targeted their activities to the mainstream tended to find several groups underrepresented, including Indigenous people, young mothers and fathers.

Those aiming their services at particular populations tended to find subgroups of their target groups to be hard-to-reach. Those with a liaison officer or outreach worker and adequate staffing reported less trouble engaging populations who would otherwise be considered hard-to-reach.

In terms of the factors that make a difference to engaging hard-to-reach groups, stable, secure, and adequate funding emerged as critical, especially for Invest to Grow and Local Answers participants. As found in previous studies (McCurdy & Daro 2001; Unger, Cuevas & Woolfolk 2007), adequate, stable and long-term funding was considered important for promoting smooth service delivery and reducing staff turnover. Short-term funding was considered to risk disrupting critical processes of relationship building both with hard-to-reach groups and other services. Indeed, this reflects previous findings that short-term funding arrangements may enhance pressures on services to adopt a one-size-fits-all approach, risking compromising the flexibility required to meet diverse needs (Unger, Cuevas & Woolfolk 2007).

Staffing is also important, and emerged as a strong theme in all Invest to Grow, Local Answers and Communities for Children sites. Strategies for engaging underrepresented, invisible or service-resistant populations include employing community members who are themselves from hard-to-reach groups, especially as liaison or outreach workers. However, some participants find it is the skills of staff and their practice approach that makes more of a difference than workers' demographic characteristics. This is in tandem with resources that mean staff can provide the time necessary to work through complex problems with vulnerable families.

In terms of intervention design, soft entry points and the use of natural gathering places were key strategies especially in Communities for Children sites. Ensuring interventions fulfil relevant needs in the community also emerged as an important strategy, along with outreach and promotion, provision of food and incentives, and spending the required time to build relationships with vulnerable groups.

Networks and partnerships were also important for identifying needs, finding and reaching clients, building capacity and ensuring continuity.

Despite the strategies that projects had in place to reach and engage hard-to-reach populations, challenges remained. These related to client circumstances, including poor literacy and isolation, a lack of access to transport, staff shortages and staff turnover, short timeframes and the time required to develop interorganisational relationships. Many of these challenges prevail across the child and family services sector in Australia and elsewhere, and are documented in existing literature. While the challenges of reach and engagement have not been fully resolved by the SFCS 2004–2009, they are unlikely to arise specifically from the strategy itself.

Moreover, while it is difficult to compare the effectiveness of Local Answers, Invest to Grow and Communities for Children due to differences in methodology used for each, evidence did not emerge suggesting Communities for Children, with its place-based and collaborative ethos, is superior for reaching and engaging hard-to-reach groups. The recommendations arising relate to all activities within the SFCS 2004–2009 programs, and to child and family services in general.

This includes the need for longer-term, more sustainable funding arrangements to minimise disruption to relationship building processes, staffing stability, employ outreach workers, and more time to build relationships with relevant services and with hard-to-reach community members themselves.

Appendix A: Questioning route for project coordinators, project managers and project officers from Local Answers and Invest to Grow projects

1. Please describe the Local Answers/Invest to Grow activity you're involved with?
2. What is your role with respect to Local Answers/Invest to Grow?
3. What is the project seeking to achieve?
4. Which groups in this community is the project seeking to engage?
5. Are there any people you think could be using the service but who may be particularly hard-to-reach?
[For example, culturally diverse families, families with a parent or child with a disability, young parents, fathers, non-custodial parents and so on.]
6. What do you think are the main challenges to engaging these hard-to-reach groups?
7. Is there anything that the service is doing (or thinking of doing) to try to engage these groups? What kinds of things? How successful do you think these attempts have been (or will be), and why?
8. What would help your service to better engage these hard-to-reach populations?

Appendix B: Questions for Communities for Children participants (embedded in broader interview schedule)

1. Are there any people in this community you think would benefit from using the service but who are particularly hard for Communities for Children to reach? [*For example, culturally diverse families, families with a parent or child with a disability, young parents, fathers, non-custodial parents and so on.*]
2. What kinds of things have been done in the site to try to engage these groups? How effective do you think they have been, and why?
3. What do you think are the main challenges to engaging these hard-to-reach groups?
4. What would help Communities for Children to better engage hard-to-reach populations?

List of shortened forms

AIFS	Australian Institute of Family Studies
CALD	Culturally and linguistically diverse
CfC	Communities for Children
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
ItG	Invest to Grow
LA	Local Answers
SFCS	Stronger Families and Communities Strategy 2004–2009
SPRC	Social Policy Research Centre

Endnotes

1. See Flaxman, Muir and Oprea (2009) for further discussion about the impact of SFCS 2004–2009 programs on service provision and coordination in communities with high proportions of Indigenous children and on the lives of Indigenous children and families.
2. These categories were identified with respect to ‘On Track’, a preventative, crime reduction program involving children aged 4 to 12 years and their families in the United Kingdom. However, the categories can equally be applied to other social service contexts.
3. See Flaxman, Muir and Oprea (2009) for further discussion about the impact of SFCS 2004–2009 programs on service provision and coordination in communities with high proportions of Indigenous children, and on the lives of Indigenous children and families.
4. See the *Engaging fathers in child and family services: participation, perceptions and good practice* report (Berlyn, Wise & Soriano 2008) for a fuller description of service providers’ attempts to engage men.
5. This strategy requires some sensitivity. For example, in some Indigenous communities there can be opposing ‘factions’ which would make engaging with services uncomfortable for some families. Similarly some culturally and linguistically diverse communities consist of members from different sides in civil conflicts. In addition, issues such as confidentiality and gender must be taken into account.
6. The ‘balanced panel’ refers to those who remained in the sample for all three waves of the SFIA study.

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Occasional Papers

1. *Income support and related statistics: a ten-year compendium, 1989–99*
Kim Bond and Jie Wang (January 2001)
2. *Low fertility: a discussion paper*
Alison Barnes (February 2001)
3. *The identification and analysis of indicators of community strength and outcomes*
Alan Black and Phillip Hughes (June 2001)
4. *Hardship in Australia: an analysis of financial stress indicators in the 1998–99 Australian Bureau of Statistics Household Expenditure Survey*
J Rob Bray (December 2001)
5. *Welfare Reform Pilots: characteristics and participation patterns of three disadvantaged groups*
Chris Carlile, Michael Fuery, Carole Heyworth, Mary Ivec, Kerry Marshall and Marie Newey (June 2002)
6. *The Australian system of social protection—an overview (second edition)*
Peter Whiteford and Gregory Angenent (June 2002)
7. *Income support customers: a statistical overview 2001*
Corporate Information and Mapping Services, Strategic Policy and Knowledge Branch, Family and Community Services (March 2003)
8. *Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years*
Commonwealth Department of Family and Community Services submission to the 2003 House of Representatives Standing Committee on Ageing (October 2003)
9. *Inquiry into poverty and financial hardship*
Commonwealth Department of Family and Community Services submission to the Senate Community Affairs References Committee (October 2003)
10. *Families of prisoners: literature review on issues and difficulties*
Rosemary Woodward (September 2003)
11. *Inquiries into retirement and superannuation*
Australian Government Department of Family and Community Services submissions to the Senate Select Committee on Superannuation (December 2003)
12. *A compendium of legislative changes in social security 1908–1982*
(June 2006)
13. *A compendium of legislative changes in social security 1983–2000*
Part 1 1983–1993, Part 2 1994–2000
Bob Daprè (June 2006)
14. *Evaluation of Fixing Houses for Better Health Projects 2, 3 and 4*
SGS Economics & Planning in conjunction with Tallegalla Consultants Pty Ltd (August 2006)
15. *The ‘growing up’ of Aboriginal and Torres Strait Islander children: a literature review*
Professor Robyn Penman (November 2006)
16. *Aboriginal and Torres Strait Islander views on research in their communities*
Professor Robyn Penman (November 2006)

17. *Growing up in the Torres Strait Islands: a report from the Footprints in Time trials*
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Community Services and Indigenous Affairs (November 2006)
18. *Costs of children: research commissioned by the Ministerial Taskforce on Child Support*
Paul Henman; Richard Percival and Ann Harding; Matthew Gray (July 2007)
19. *Lessons learnt about strengthening Indigenous families and communities: what's working and what's not?*
John Scougall (March 2008)
20. *Stories on 'growing up' from Indigenous people in the ACT metro/Queanbeyan region*
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Housing, Community Services and Indigenous Affairs (April 2008)
21. *Inquiry into the cost of living pressures on older Australians*
Australian Government Department of Families, Housing, Community Services and Indigenous Affairs submissions to the Senate Standing Committee on Community Affairs (August 2008)
22. *Engaging fathers in child and family services: participation, perception and good practice*
Claire Berlyn, Sarah Wise and Grace Soriano (December 2008)
23. *Indigenous families and children: coordination and provision of services*
Saul Flaxman, Kristy Muir and Ioana Oprea (May 2009)
24. *National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009*
Kristy Muir, Ilan Katz, Christiane Purcal, Roger Patulny, Saul Flaxman, David Abelló, Natasha Cortis, Cathy Thomson, Ioana Oprea, Sarah Wise, Ben Edwards, Matthew Gray and Alan Hayes (May 2009)
25. *Stronger Families in Australia study: the impact of Communities for Children*
Ben Edwards, Sarah Wise, Matthew Gray, Alan Hayes, Ilan Katz, Sebastian Misson, Roger Patulny and Kristy Muir (May 2009)

