Ready Steady Family

Program Evaluation

Centre For Family Research & Evaluation

Drummond Street Services

Acknowledgements

CFRE respectfully acknowledges the Kulin Nation as Traditional Owners of the land where we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded, and they remain strong in their connection to land, and culture and in resisting colonisation.

Prepared by The Centre for Family Research and Evaluation

September 2022

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Glossary

CRM	Client record management
DS	Drummond Street Services
FTE	Full-time equivalent (staff member)
FV	Family violence
MCH	Maternal & Child Health units
NWMPHN	North Western Melbourne Public Health Network
PND	Postnatal depression
PN	Presenting need
RF	Risk factors

Executive Summary

The Ready Steady Family (RSF) program is a stepped-care approach for promoting the mental health and wellbeing of parents in antenatal and postnatal periods. It was developed by Drummond Street Services (DS) and is being delivered from DS sites in Brimbank, Wyndham, Carlton, Collingwood, North Melbourne, Epping and Coburg with funding from the North Western Melbourne Primary Health Network (NWMPHN).

An ongoing evaluation of RSF is being conducted by the DS Centre for Family Research and Evaluation (CFRE) and RSF teams in collaboration with Associate Professor Rebecca Giallo from the Murdoch Children's Research Institute (MCRI). This report outlines the key evaluation questions, research methods, and findings for the period June 2019 to July 2022.

Context

RSF was developed in response to findings of heightened risk of mental illness for new parents in the 12 months following the birth of a baby. Factors that increase the risk of mental ill-health for parents of newborn babies include:

- partner and family relationship problems
- social isolation and lack of support
- history of mental health difficulties
- family violence or childhood abuse
- young parental age at birth of first child
- having migrated from a non-English speaking country
- financial difficulties
- experiencing a stressful life event, and
- having a child with special health-care needs

The RSF program provides support to new and established parents in the year following a birth to ameliorate the impact of these risks where possible.

Evaluation

This evaluation set out to:

1. Contextualise and articulate program operations
2. Describe clients who have engaged in the program
3. Investigate the responsiveness of the model to client needs, particularly the fluctuation of their intensity throughout the peri- and postnatal period.
4. Investigate the barriers and enablers to implementing RSF

RSF's program logic was reviewed to capture the full range of program activities and faithfully represent any expansion of activities and their outcomes in the program's documentation.

This evaluation used a mixed-methods research design to integrate and analyse both qualitative and quantitative data sources. Qualitative data was drawn from interviews with clients and focus groups with staff. Quantitative data included RSF service data, program funder reports, outcome measures completed by clients which included a brief 7-item feedback questionnaire, and a further customised Your Experience of Service (YES) survey was sent out via text message to augment the client feedback. Data analysis was carried out by the Centre for Family Research and Evaluation (CFRE) team and Professor Rebecca Giallo of MCRI.

Reach

RSF has a large geographic footprint and reaches clients as far northwest as the Macedon Ranges and as far southeast as Frankston. The majority of clients are English-speaking cis women between 25 and 40 years old, who largely identify as heterosexual. 8% of clients identify as LGBQA+ with the greatest proportion of this group identifying as bisexual. Almost 1 in 5 spoke a language other than English. The most common languages other than English were Urdu and Arabic, and people born in India made up the largest group from a non-Western country. First Nations Australians make up less than 3% of clients.

RSF has reached priority cohorts, but LGBTQIA+ clients are underrepresented in this group, as are First Nations clients. Staff felt that given the areas they operate in that there should be a greater proportion of clients with languages other than English.

Referral pathways indicate that there is support for the program from the community, maternal and mental health sectors. Clients are being referred to RSF through MCH units and other health agencies and hospitals (for example, the Royal Women's Hospital and Royal Children's Hospital Melbourne). However, the program has not managed to make inroads into as many primary health settings with referrals from GPs and other hospitals remaining very low, which is not surprising in the context of the COVID-19 pandemic.

Outcomes Summary

The evidence reviewed here suggests that RSF is largely meeting the outcomes outlined in its program logic, with a couple of exceptions. Early barriers to expanding referral pathways and building community connections with GPs and hospitals other than the Women and Children's hospital are yet to be overcome. These challenges are demonstrated by the persistence of low referrals from these parts of the health sector.

All interview participants were extremely positive in their regard for the RSF program and staff. Their narratives depicted the team as a group of highly skilled problem-solvers who were deeply attentive to the needs of the clients that they support. This was echoed further in responses to the YES survey.

Data from interviews, the YES survey, and the client feedback survey described the usefulness of RSF seminars and groups. The communication and relationship skills gained by these sessions improved clients' close family relationships and was also reported to have diffused into the relationships of extended family.

In addition to the positive impacts of seminar and group attendance, clients who engaged with the RSF counselling service or worked with a Parent Coach described the profound effects of these aspects of the program on their lives beyond personal development. It was clear from interviewee stories that having well-trained people to listen to their concerns. and who could help them see that the difficulties they were experiencing were normal, valid and more importantly fixable, plays a large role in improving a new parent's confidence and wellbeing.

There are several characteristics of the program that appear to support the accessibility of the RSF service. Firstly, the program is free, which removes a key barrier to support seeking for clients in need. Second, an active waitlist means that if a client's mental health needs are escalating, they will be fast-tracked into the service. Third, staff work hard to make sure the first contact is a gentle one – staff spend as much time as is needed to make sure a client understands what the service is and how they will be moving forward with support. Fourth, the program employs multilingual staff members (the languages other than English currently spoken on the team are Arabic, Mandarin, Cantonese and Samoan) and the team access a translating service when needed.

Interviewees confirmed the usefulness of the online service delivery options, for increasing access for their partners, but also in terms of convenience particularly during the chaotic period when babies are very new.

Interviewee and the YES survey respondents provided evidence that they view the RSF program as a safe place where they feel comfortable. They spoke of having trusted and valued relationships with the service and DS more broadly. It was apparent from the interviews that RSF is viewed as resource that clients feel they can return to in the future if needed.

There was evidence for improved psychosocial outcomes from the interviewees, from the outcome measures and from the YES survey. All interviewees, spoke of improved mental health as a direct result of the program, with the YES survey respondents indicated that the service had increased their hope for the future and their overall wellbeing.

The interviews, client feedback questions and the YES survey responses provided evidence that clients experienced an increase in parenting skills, improved understanding of parenting and increased confidence in their parenting.

Limitations

Data from the interviewees, the 7-item client feedback questions and the YES survey responses are overwhelmingly positive, and many of the stories from the interviewees spoke to aspects of the RSF program

(namely the ways that the staff approach the clients and the usefulness of the groups and seminars). However, it is important to remember that the data sets available for this evaluation are small - paired scores from the outcome measures data for example, represent a response rate of less than 20% of the parents who have used the service (between 50 and 60 pairs). There were 60 responses to the client feedback that goes out with the pre- and post- outcome measures and 14 respondents to the YES survey.

Additionally, while using more than one data source to triangulate the findings goes some way to increasing confidence in the results, validity is reduced by the recruitment process for the interviewees. Interviewees (both in 2020 and 2022) were first approached by the RSF staff to gauge their interest in participating in an interview, and then their details passed on to the research team. Unintentional bias could occur where disgruntled clients may no longer be contactable or respond to messages from the service. While there are risks of bias associated with this recruitment method, it is also a safe way to recruit participants, enabling practitioners to select clients for interview who are unlikely to become distressed as a result of participation.

These limitations notwithstanding, it is clear from the interviewees and data from feedback and YES survey respondents that for these clients at least, the program has been extremely beneficial, in some cases profoundly so.

Opportunities for RSF Program Development in brief

The evaluation highlighted a number of opportunities for the RSF program to develop further, including the recruitment of more staff with specialist knowledge to support the program.

The program team identified a pressing need for a Full-time equivalent (FTE) staff member with specialist expertise in family violence (FV) and emergency housing (EH) to support the broader team with these specialist areas. At service implementation, the high level of support for clients experiencing FV was not anticipated- While DS knew from the outset that the first 12 months of a baby's life is a high risk period for the onset or escalation of violence, the COVID-19 pandemic brought with it additional complexities, including a huge surge in family violence cases within the RSF program. While DS was able to establish a Priority Response process for the organisation more broadly during COVID-19 to support these additional family violence cases, additional funds would allow the program to employ a permanent Parent Coach who specialises in FV and housing, which would increase the readiness and capability of the RSF team to support these circumstances from within the program.

In addition to the above, the program team identified the need for a further 2.4 Full-time equivalent staff:

- 1 FTE – Psychologist to support waitlisted clients
- 1 FTE – Dads/Non-birth Parent Worker
- 0.4 FTE – Peer worker to support material aid distribution and provide client support in the process.

Further funding would allow us to expand our services to more families and reduce wait times, and to better meet the needs of LGBTQIA+ clients & male clients.

Recommendations in brief

There were a number of recommendations within the report. In brief, these recommendations included the following:

1. Run additional weekend groups and seminars in addition to weekday sessions
2. The use of print media to support community and health sector awareness of RSF program offerings:
    - Information booklets to raise awareness of RSFs offerings for potential clients
    - Development of a short professional publication for use in network building.
3. Investigate ways of making first contact via phone call to further facilitate a gentle entry into the program
4. Review of program's outcome measurement tools and processes

Evaluation Aims

The broad evaluation aims are to:

5. Contextualise and articulate the program operation
6. Describe the clients who have engaged in the Ready Steady Family (RSF) program
7. Investigate the responsiveness of the model to meet client needs, particularly as the intensity of client needs can fluctuate throughout the peri- and post-natal period.
8. Investigate the barriers and enablers to implementing RSF

Design

A mixed methods approach, incorporating quantitative and qualitative methods was conducted to assess against key evaluation questions.

Data Sources used

The evaluation draws upon a range of quantitative and qualitative data sources that are either routinely collected by DS or designed for quality assurance purposes specifically for RSF. These data sources include:

Client interviews

Clients were interviewed in 2020 and again in 2022 to explore whether their experience of the program reflected the program outcomes. All participants were compensated for their time with a $30 Myer/Coles gift voucher. Sixteen clients were interviewed in 2020 and a further five clients were interviewed in 2022.

Staff focus group

Three staff attended a focus group to reflect on the issues they were experiencing at the midpoint evaluation as well as review the earlier recommendations and any changes that had occurred since 2020.

Intake & Service data:

Intake and service data is stored in the organisation's Client Management System (CRM). Intake data includes demographic information, presenting needs and any identified risks. Service data includes details about service usage including service engagement dates, records of type and number of contacts, location and mode of contact, and attendance.

All clients receiving the RSF program are informed of their rights and responsibilities and are required to provide written or verbal consent if they choose to participate in the program evaluation. Before providing consent, clients are aware that evaluation data is anonymous, and that they are free to withdraw consent at any time.

RSF Program documentation

The original RSF program logic was reviewed in 2022 to test fidelity to the original program logic and identify any changes in the service model conceived at the initial implementation. Specifically, an issue was whether the type of service activities and support provided had changed due to COVID-19 impacts.

Program outcome measures

Staff support clients & caregivers to complete validated self-report survey measures before. during and after completing RSF intervention/s to assess reported changes in parent mental health and other social outcome scores. Appendix I outlines the self-report surveys implemented.

Additionally, to augment client feedback, an SMS mail out with a link to a customised Your Experience of Service (YES) online survey was conducted in July of 2022 to all clients who had used the service in the two years up to 30 June 2022.

RSF- Practice and theoretical context

The transition to parenthood has been recognised as a time of increased risks of negative health and well-being outcomes for families. Estimates suggest that approximately 1 in 5 mothers (Gavin, Gaynes, Lohr, Meltzer-Brody, Gartlehner & Swinson, 2005) and 1 in 10 fathers (Giallo, D'Esposito, Christensen, Mensah, Cooklin, Wade, Nicholson, 2012) experience mental health challenges in the the first year after the birth of a child.

Risk factors for poor mental health that have been identified include such issues as partner and family relationship problems, social isolation and lack of support, a past history of mental health difficulties, family violence or childhood abuse, young parental age at birth of first child, having migrated from a non-English speaking country, financial difficulties, experiencing a stressful life event, and having a child with special health care needs (Giallo, Cooklin, & Nicholson, 2014; Giallo, D'Esposito, Cooklin, Christensen, & Nicholson, 2014; Giallo, Pilkington, Borshmann, Seymour, Dunning & Brown, 2018; Wajid, Kingston, Bright, Mughal, Charrois & Giallo, 2020).

Ready! Steady!...Family! seeks to:

- reduce couple/family conflict,
- improve family functioning
- increase cohesion and couple relationships
- intervene early in perinatal mental health issues, and
- promote infant wellbeing

The Ready Steady Family (RSF) program is funded by the NWMPHN and supports new parents and families during this high-risk transition. The program aims to address early risk factors in the transition to the parenthood period (conception to the first year postnatal) by building and reinforcing protective factors for parental mental health and wellbeing. It is a flexible, multi-intervention program, with a diverse workforce specifically targeting vulnerable cohorts within this transition period.

RSF draws on evidence-based parent support informed by research that identifies several modifiable, early risk factors that can emerge during the transition to parenthood. Risk factors associated with negative outcomes for families include parental mental health issues, family violence, family conflict, relationship issues, parenting issues, financial stress and a lack of support and social connection. These factors align broadly with social determinant theories that underpin Public Health approaches.

Additionally, the transition to parenthood has been identified as a key point for effective prevention and early intervention strategies as parents and their children are more likely to encounter universal services such as hospitals, Maternal Child Health and other perinatal support services.

RSF's stepped care framework ensures services are matched to the level of client need. The intake process is comprehensive with ongoing risk screening and assessment for Ready Steady Family clients throughout the perinatal period, and the program employs two lived experience workers from diverse backgrounds to better support families in the catchments they service.

Priority Locations and Cohorts

Services are delivered from DS' Brimbank, Wyndham, Carlton, Collingwood, North Melbourne, Epping and Coburg sites and from other health settings and regional services, i.e., hospitals and community health centres. Services are also provided in people's homes through outreach and proactive engagement. Assertive engagement and outreach activities aim to ensure that parent/child cohorts with traditionally lower rates of support can access available supports, and that their unique needs are met within each stepped care framework.

Priority cohorts are families who are:

- LGBTIQ+
- People from diverse language, ethnicity and faith backgrounds and people of colour
- Aboriginal and Torres Strait Islander People
- Refugees and those seeking asylum
- People living with disabilities

Certain activities came to a halt during COVID-19 due to lockdowns, including the provision of face-to-face sessions and in-home support; however, practitioners remained able to go to clients' front doors and distribute material aid in addition to connecting with clients via zoom.

What is RSF trying to do?

The primary objective of the RSF program is to prevent the onset, relapse or exacerbation of perinatal mental health difficulties. The program aims to:

1. address the risk factors for poor perinatal mental health including couple and family relationship difficulties, conflict and social isolation
2. strengthen protective factors to promote mental health including couple and family cohesion, communication, co-parenting and social support.

How does RSF achieve this?

The Ready! Steady!...Family! program provides support to expectant and new parents in the North West Melbourne region and access to integrated, connected early mental health and wellbeing preventions, and interventions within a stepped care model.

Depending on the level of need, interventions can be either intensive, medium or brief:

1. Intensive, long-term, early interventions are typically 10 or more sessions for families and ay include:
   - 'Whole of Family Assessment' and identification of needs,
   - whole of family counselling,
   - practical assistance,
   - education,
   - linking with other relevant services; or

2. Medium intensity interventions are typically between 6-10 sessions and may include:
   - a 'Brief Assessment' of needs,
   - information, education and/or
   - referrals
   - Material aid

3. Brief, immediate assistance for families is 6 or fewer sessions and may simply include:
   - Material aid
   - information, education and/or
   - referrals to financial counselling

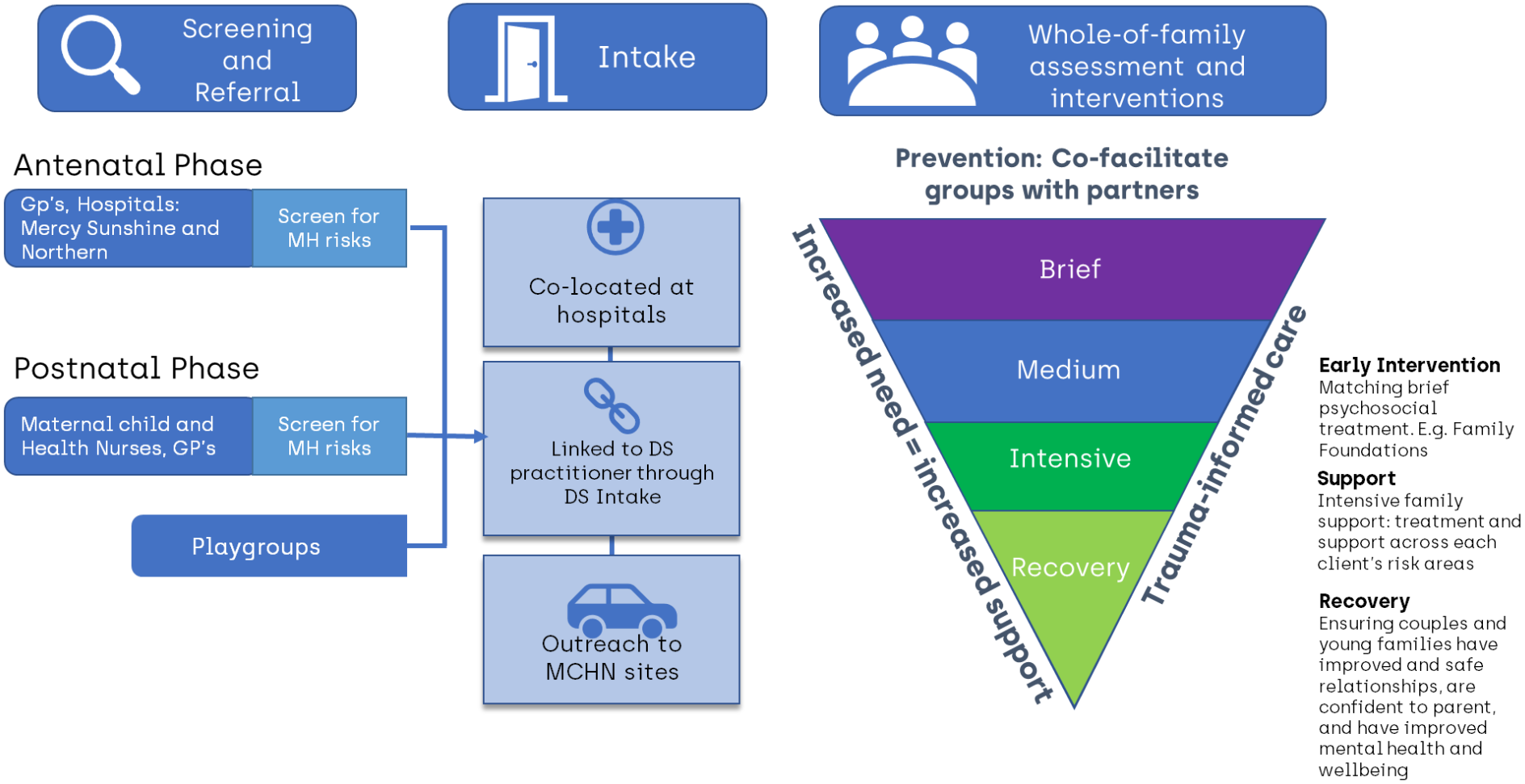
A breakdown of the specific activities and theory of change are included in the RSF program logic in Figure 2 on page 23.

The availability of brief, medium and intensive services, as well as a range of group programs targeting a wide range of needs, enables a responsive stepped-care program where the level of support can be increased where greater levels of risk or need are identified. Additionally, regular case reviews are undertaken; and if required, the intensity of service will be altered within this stepped-care framework, working towards closure or bringing in additional supports as required.

There is sometimes a short wait after referral when places in groups and seminars are full, or clients are waiting for new courses to begin. The waitlist is actively managed as part of RSF, but the three main stages within the RSF program (See Figure 1 on the next page) are:

1. Risk screening/assessment
2. Intake
3. Preventions/Interventions

Figure 1: Stages of RSF program



Risk Screening/Assessment

The RSF team operates in partnership with universal/specialist health services such as MCH nurses, doctors and midwives to undertake ongoing risk screening and assessment to identify people transitioning to parenthood that need support. Clients are assessed across multiple modifiable, early risk areas that address the social determinants that impact mental health and wellbeing. DS collaborates with maternity hospitals, and home-based/community outreach support, including after-hours and care coordination based on parents' risk profile to identify those most in need.

Intake

During the intake process, families are engaged and supported to share their experiences, challenges, and reasons for seeking assistance. Information about their presenting needs, family, social and contextual risk factors, and health and safety risks are obtained to guide decision-making about which programs and services may be appropriate to meet their needs.

Staff undertake comprehensive risk screening, assessment, and identification of risk/protective factors with all parents/caregivers in each family. Based on the assessment and in line with the stepped care model, the family is allocated a Brief, Medium or Intensive intervention, relating to their needs and known evidence-informed wellbeing domains; mental health & wellbeing (child & adult), connected family relationships, safe/secure family environment, parental competency, material security and community connections. Families are actively linked to DS's Northern or Western regional multi-disciplinary support teams, including Parent/Child coaches/case support and mental health practitioners.

Additional questions are asked at intake to ascertain the impact of COVID-19 on clients and families, assessing any immediate material, financial and safety concerns, such as families experiencing family violence, mental health issues or visa issues. Intake also monitor the progress of families along with the practitioners and ensure that clients are allocated more appropriate or additional interventions where required.

An active waitlist

The waitlist is managed by RSF Manger and Intake worker. If a client can't begin receiving direct support immediately, they will be contacted regularly to keep them connected to the service. This supports staff to regularly assess the client's risk and refer them to immediate help if their mental health or circumstances change challenges seem to be escalating.

Seminars and Groups

Seminars are a key prevention activity operating as pathways into further levels of support when and where needed. They assist in the early identification of family issues and in helping participants understand where

and how to get help. RSF seminars cover a wide range of topics from the very popular Zen Bubs (baby massage) to Transition to Parenthood.

Seminars can help reach cohorts that are typically harder to connect with- fathers can be more easily engaged with a Dad's Group for example, and seminars that are queer facilitated can be much more welcoming and safer for LGBTIQ+ families. Seminars are an effective community outreach activity that help to build trust and confidence in DS services and staff so that these families are more likely to seek help in the future.

Group programs within RSF are more time and content-intensive than the seminars, and while they can fulfil the same role in early identification of and connecting clients to support, they also act as selective/indicated prevention or early intervention response in some contexts. For example, the Stress Management for Mums group, the GET READY pregnancy group and the RSF Dads Group encourage clients to recognise when they need help and show them how and where to get it.

These types of groups allow social connections to be formed which is an important and can provide additional support while clients are on waiting lists for more intensive interventions. Other group programs have been delivered in universal health settings focus on parenthood transition, parenting issues, as well as multi-risk/focus on mental and physical health. The full list of seminars and groups that have been conducted during July 2021 – June 2022 is in Appendix A.

Parent coaching

Parent Coaching is an early intervention that supports families with interpersonal issues/coping skills, addresses holistic issues relating to changes in relationship due to parenthood and reduces social isolation. Prior to COVID-19, Parent Coaches (usually two) would provide support for families during in-home visits where they would undertake whole-of-family biopsychosocial assessments and deliver brief/or intensive support based on the family's needs/risks. Since COVID-19, the majority of Parent Coaching had to occur via Zoom.

Family Foundations

Family Foundations is an evidence-based intervention designed to strengthen the parenting team relationship during the transition to parenthood period. There are 10 sessions that aim to build a strong parenting team, develop skills to manage challenges/conflict in family relationships, strengthen family communication and support and manage stress. Throughout the sessions, two trained facilitators, (usually a male and female if working with a heterosexual couple) come into the family's home and deliver the program supported by information, activities, video vignettes, skills practice, and open discussion.

Drummond Street is currently working with Murdoch Children's Research Institute (MCRI) to adapt the content to be LGBTIQ+ inclusive.

Antenatal/Postnatal Counselling

Evidence-based psychological counselling (and/or service navigation) is offered to clients with mild-to-moderate mental health symptoms and as part of co-care service provision.

Sector-facing activities and community building

In addition to the work done with and for clients, RSF includes a range of sector-facing activities. These include:

- improving service collaboration
- improving service partnerships and linkages with referral pathways
- community awareness and capacity building forums

These activities take place through training sessions with health partners and liaison with NWMPHN GP networks, service navigations, local government MCHs and hospitals, and RSF's Manager liaises with other organisations and practitioners outside of RSF to build RSF's profile in the sector.

How do these activities link to client outcomes?

The original program logic on the next page describes the service activities and the program's theory of change in more detail. For this evaluation, the program logic was reviewed with program staff to explore changes to the service model as it was originally conceived at implementation and identify any aspects of the program that changed through COVID-19. The program logic was updated to reflect the increased complexity of clients and the increased intensity of support for these clients. Online delivery activities and outcomes were thought through, e.g., increased access for Dads/Caregivers as the result of online delivery of groups and seminars.

Tasks related to managing the waitlist were added, and the progression through short term outcomes to the end of service outcomes was stepped out more clearly to describe the mechanism of change for clients more accurately. (The updated program logic can be found on the next page, the original is available in Appendix J.)

Figure 2 Updated Program Logic July 2022

Inputs	Activities	Outputs	Short-Term Outcomes	End of Service Outcomes
Funding Staff (including lived experience workers) Service infrastructure Organisational systems and processes Outreach capability- vehicles, etc. Evidence informed practice model Murdoch Children's Research Institute	Holding calls for people on the waitlist, welfare checks Prevention initiatives include tip sheets, online seminars providing psychoeducation (e.g., why babies cry and cry) and pathways to early (and other) interventions. Intake service screening across health and wellbeing risks Careful intake and confidential needs analysis of both parents in a family and navigation of different expectations or wants of both parents. Wrap-around support for parents, providing service navigation skills and support to link parents with the right services. Assist with material aid / basic necessities Less helpful parenting practices are examined, and more helpful practices are offered Parents are supported to relax and enjoy their child's development at all stages. Counselling and case management, providing co-care with service partners, delivered face to face and online via zoom and via telephone, if desired Risk screening/assessment with universal/specialist health services (i.e., GP's/midwives/MCHN). Professional development (training to above) with external organisations Assertive community engagement including selective/indicated prevention groups for at-risk groups (e.g., parental stress group). Parent coaching (providing in-home visits/undertaking whole-of-family biopsychosocial assessment/ brief/intensive support/ address interpersonal issues/ coping skills, parenthood issues, reduce social isolation). In home and online Family Foundations– an in-home intervention to strengthen parent relationships and online delivery Evaluation of services and activities	Interventions (Family Foundations, Parent Coaching, Counselling) delivered. Engagement with and referrals from the broader services sector – including MCHN, community support services, family support services. Engagement with at-risk groups identified by NWMPHN and ds e.g., 48.7% born outside Australia Seminars and groups across a range of topics (e.g., childbirth, family relationships and parenting) Tip sheets developed and distributed (via email during COVID) A screening tool to help identify major areas of risk that impact wellbeing in the transition to parenthood Quarterly reports delivered to the NWMPHN.	Clients feel supported Sense of overwhelm reduced Begin to feel less isolated Clients understand their experience is normal Parents helped to begin to bond more strongly with their child Parents have a safe space with someone like them that understands and whom they can trust People feel heard by a professional practitioner as well as more informal debriefing Parents are supported to become self-aware of their own emotions around parenting in particular and co-parenting Parents are supported to recognise the child's voice Clients can choose the mode of delivery Clients begin to adopt behaviours that minimise risk and maximise protective factors for wellbeing across multiple domains to: • improve mental health • improve family functioning and reduce family conflict • improve partner functioning and reduce partner conflict • increase parental self-efficacy • improve co-parenting skills • increase positive and decrease negative parent-child interactions • increase social connectedness Engagement of diverse cohorts in the RSF program Increased understanding by the broader services sector of the risk and protective factors that impact wellbeing and mental health in the transition to parenthood; and the importance of intervening and referring during this period Increased referrals. Research and evaluation activities contribute to building the evidence base	Parents feel genuinely cared for and supported Parents are more confident Improved skills in service navigation - parents know how to find the help that they need, when they need it. Improved access to needed services Multi-modal delivery choices increases access for partners. Ongoing community connection supports - safe space parents can return to when they need to connect again Improved bonds between parent and child Improved parenting skills & co-parenting skills Improved family wellbeing Improved partner welllbeing & relationships Improved mental health and wellbeing, including safety and reduction or lack of family violence (Adults, Children & Infants). Strengthened collaboration in support sector RSF program is known and respected within the community and the broader service sector Research and evaluation activities influence policy

Service delivery response to Covid-19 lockdowns

From March 2020, with the introduction of Stage 3 restrictions, all DS staff began to work from home. The introduction of telehealth offerings improved accessibility to services for many, and online and telephone support were incorporated into the service model when restrictions eased. RSF continues to offer online support alongside its face-to-face support options.

Online and telehealth options in RSF provide a level of program responsiveness as service delivery can continue seamlessly when required in the face of sudden lockdowns.

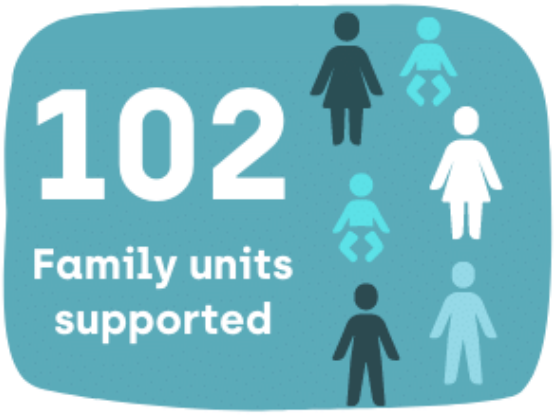
Table 1. Adaptations to the RSF program due to COVID-19

Service Activity	Changes made
Intake/ Risk Screening and Assessment	Intake, risk screening and assessment continue to operate by phone.
Groups and Seminars	Seminars – Adapted to online platforms – A number of pre-recorded seminars and online activities are now available via the DS website and social media platforms. Specific content related to parenting and relationships during COVID-19 was also developed and disseminated during lockdowns. Groups - Adapted to online platforms – Ongoing groups are offered via Zoom, as well as individual phone support for clients who would prefer an individual response or who do not have the technology to participate in the groups online.
Parent Coaching	Adapted to online platforms via Zoom or telephone.
Family Foundations	Adapted to online platforms via Zoom or telephone.
Antenatal/ Postnatal Treatment	Adapted to online platforms via Zoom or telephone, the face-to-face/telehealth/online hybrid model is now a part of the program model
Community Awareness/ Capacity building/ Service coordination	RSF practitioners continue to reach out to other organisations and services both online and face-to-face. Network meetings, training and capacity building sessions will continue to be offered via Zoom and online platforms.

Who engages with the RSF program?

A diverse range of clients engage in the RSF program from a broad geographic location. Details relating to client demographics are outlined in this section.

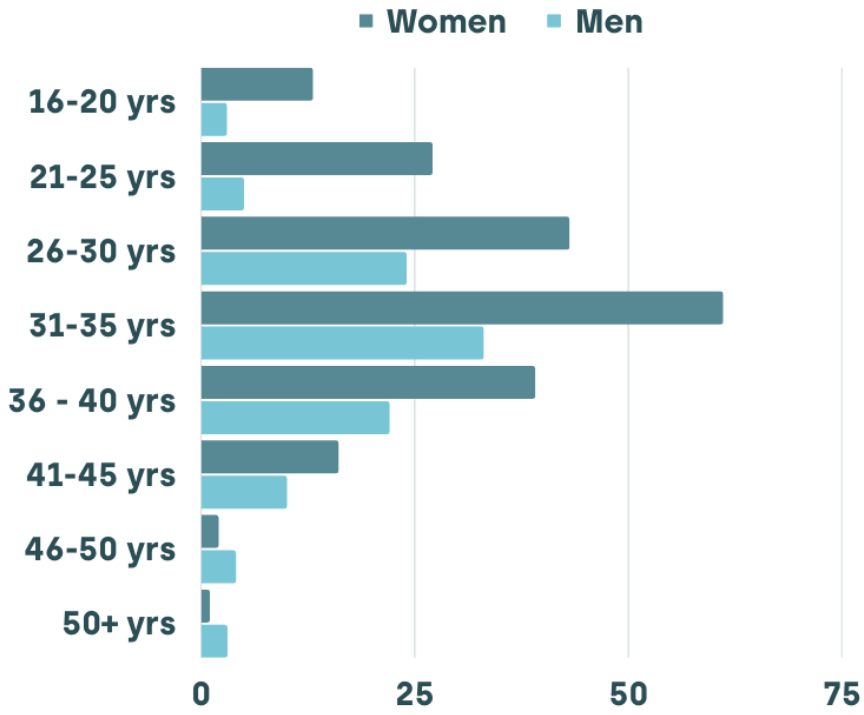
Demographic information



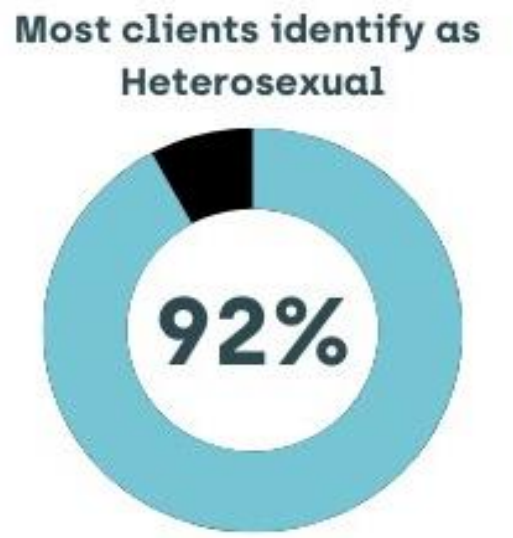
The demographic information is presented for the 446 parents, caregivers and children who enrolled in RSF. Gender/sexuality identification is not collected or recorded for children and as such several of the group and family characteristics only includes data that was recorded for parents/caregivers.

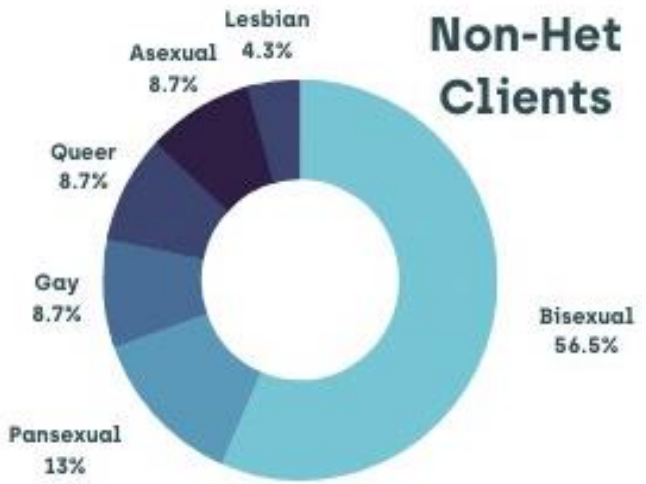
The largest group of clients are women between 25 and 40 years, as is the largest group of male clients. Figure 3 gives an indication of the distribution of age categories across gender for 310 clients. Nb. The 'women' category here includes cis and trans identifying women, and some clients with non-traditional gender identification have been left out of the table for privacy as they are the only clients in their age categories.

Figure 3 Adult Age group by gender

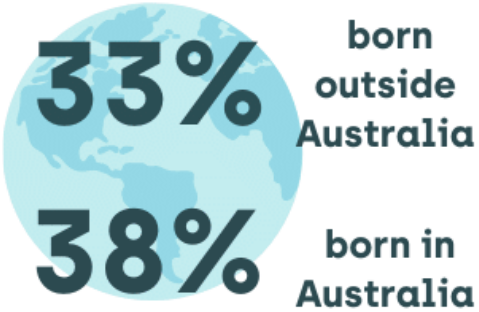


Women parents/ caregivers are the most common users of the program (61%) and the majority of parents/carers identify as heterosexual (92% of all parents/caregivers). 8% of parents/caregivers identified as LGBTIQA+ and of this group, over half of this group identified as Bisexual.





While the largest group of parents and caregivers was female, born in Australia, English-speaking, and in a heterosexual relationship, RSF reached a diverse range of families. In terms of the priority cohorts, a third of parents and caregivers were born overseas, and almost 1 in 5 spoke a language other than English. The most common languages other than English were Urdu (n=25) and Arabic (n=25), and people born in India made up the largest group from a non-Western country (n=25).



Just 3% of clients identified as Aboriginal and this was the smallest proportion of the client group

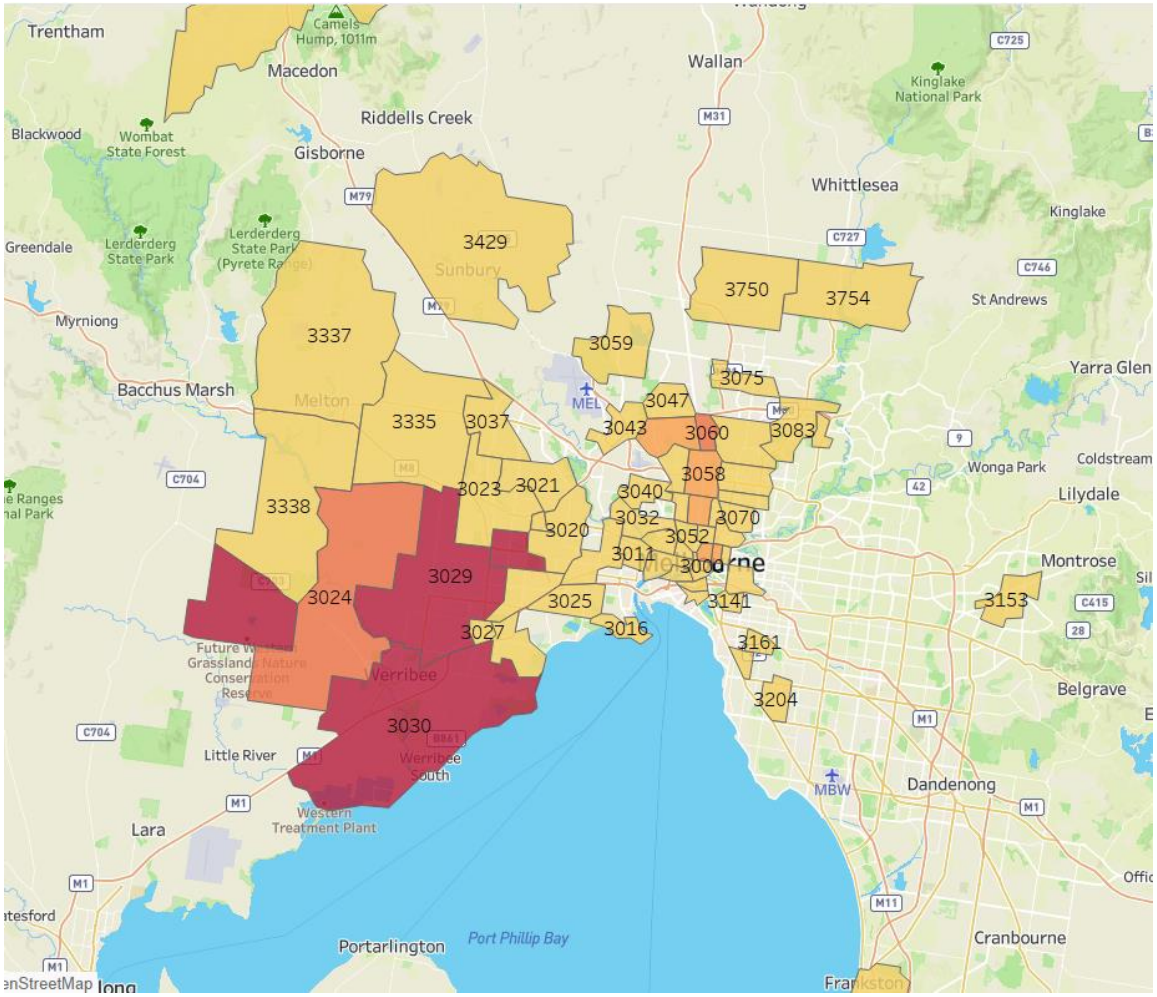
Clients identify as Aboriginal or Torres Strait Islander (5 Mums, 4 Dads and 9 Bubs)

Reach - Where do RSF clients live?

Over half (56%) of enrolled families (464 clients) came from the growth corridors of Wyndham, Brimbank, Hobsons Bay, Whittlesea, Knox, and Melton, which have been identified as priority areas for the program. RSF reaches clients as far North-west as the Macedon Ranges and as far South-east as Frankston. See Appendix E for a table showing the exact percentages of all areas.

Figure 4 shows the numbers of clients from each postcode. Postcode areas with darker shading indicate more clients from that postcode.

Figure 4: Heatmap of client postcodes



n = 329 adult clients with recorded postcode

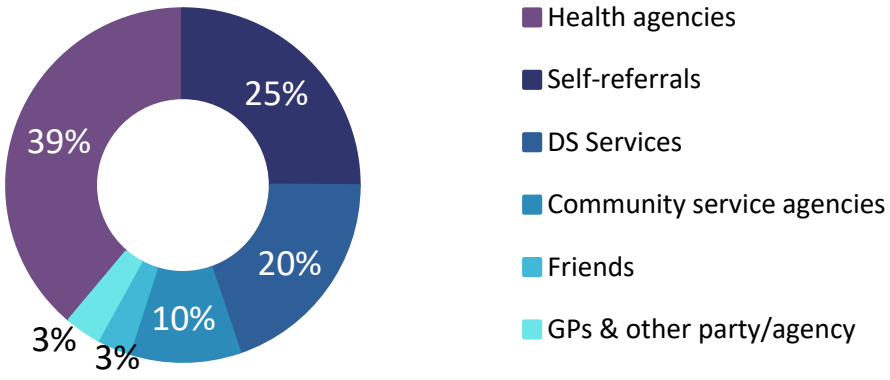
nb. 2 clients not shown with postcodes in NSW, 4 clients not shown with no postcode recorded

Referrals - How do clients find RSF?

Clients are referred to RSF through another organisation or a client may refer themselves. The program receives a mix of warm referrals and cold referrals. Warm referrals include those where a community or health sector worker from another organisation or elsewhere within DS refers a client and then supports the client's referral. Warm referrals generally mean that the client comes having already been supported in other ways through other agencies. Cold referrals refer to situations where clients have found RSF themselves and made contact, or they have been advised RSF could be helpful by another organisation and have then self-referred without being supported in that referral process.

To date, a total of 446 parents and caregivers have been enrolled in an RSF intervention. Recorded referral sources for these clients are presented in Figure 5.

Figure 5 Referral sources (n = 329 adult clients)



Proportions of referral types are included in figure 6 below. Referrals from Health agencies (for example, social workers at the Royal Womens' Hospital) accounted for approximately half of all referrals up to June 2019, and since then referrals from health agencies have fluctuated. The greatest proportion of referrals has consistently been Health agencies primarily, referrals from within DS and self-referrals, although these have dropped somewhat in the past year and referrals from community services agencies have risen (for example maternity social workers and Maternity Child Health units).

GPs remain difficult to reach, there is further discussion in the Staff reflections and recommendations about suggestions to support network building with GPs.

Figure 6 Referral types per quarter

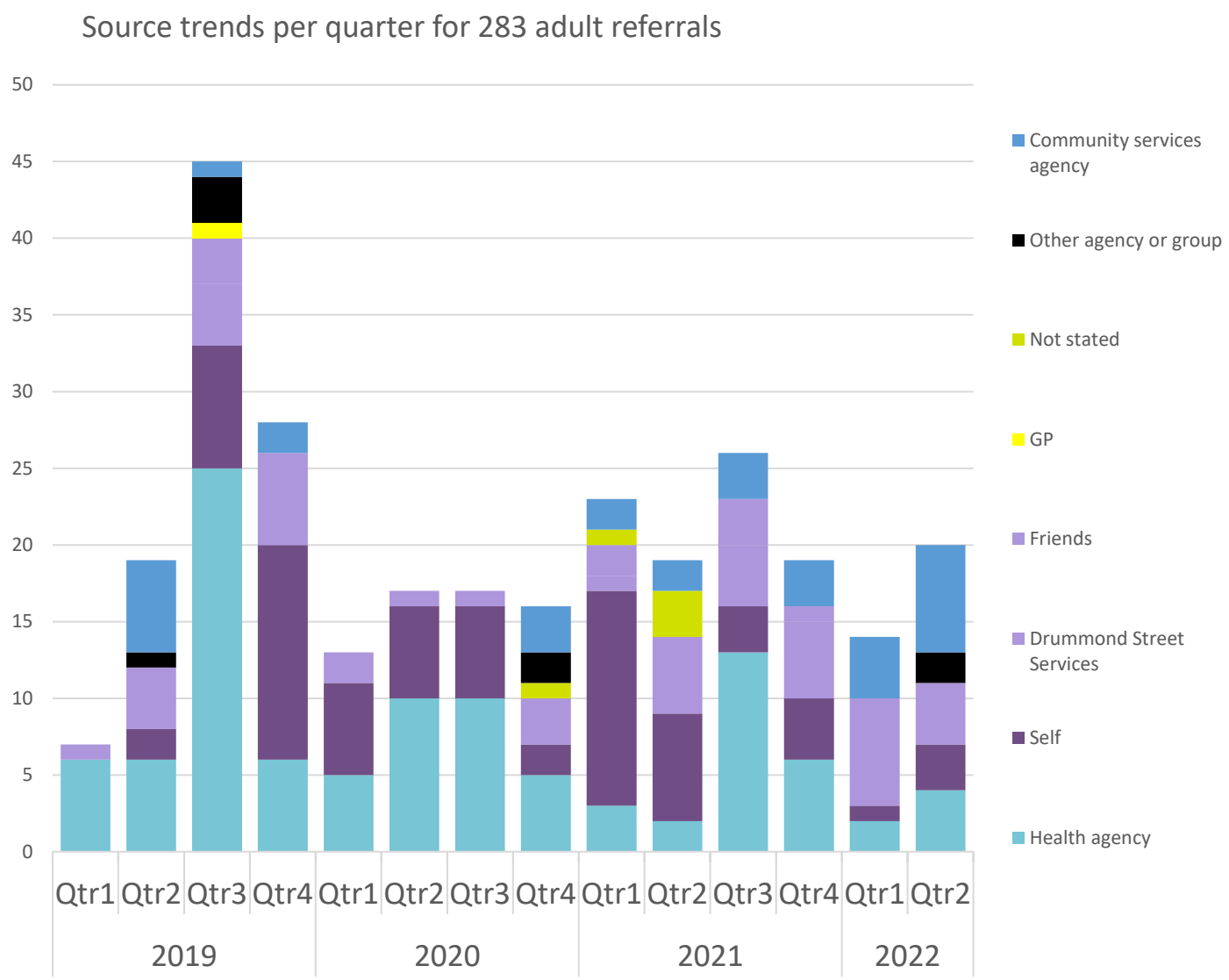
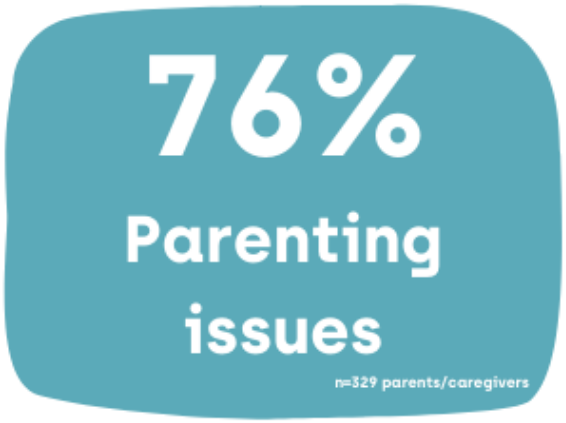


Figure 6 speaks to the two of the program logic outcomes:

- Strengthened collaboration in support sector
- RSF program is known and respected within the community and the broader service sector

While a large proportion of clients are self-referred or referred in from other programs at DS, more than one third of client referrals come from the community sector and health agencies.

Client need & risk factors – what types of support do parents need?

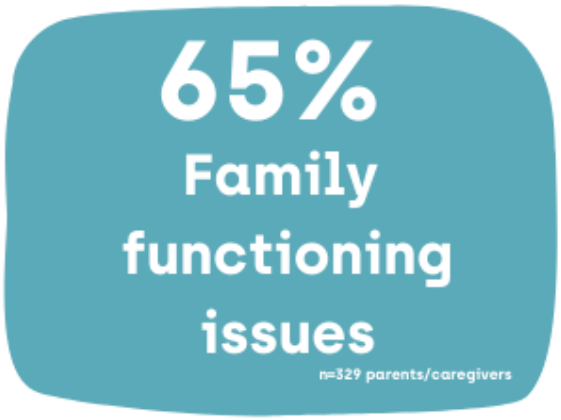


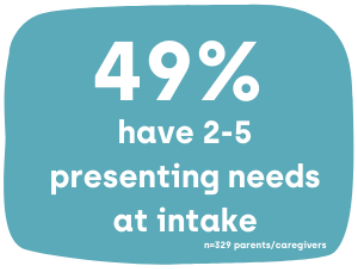
Presenting needs

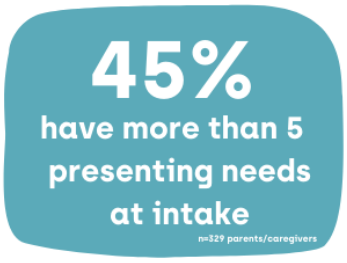
On June 30 of 2022, there were 329 parents/carers who had presenting needs recorded in Holly. Most RSF clients struggle with multiple and complex needs. Nearly half of these clients (49%) have between two and five needs, and 45% of clients have more than five presenting needs.

The most commonly reported concerns at intake are parenting issues (76%), family functioning difficulties (65%), and parent mental health difficulties (57%). Also commonly reported are stress (42%), wellbeing and selfcare issues (40%) and couple relationship problems (39%).

Appendix G contains the full table of frequency of clients' needs.

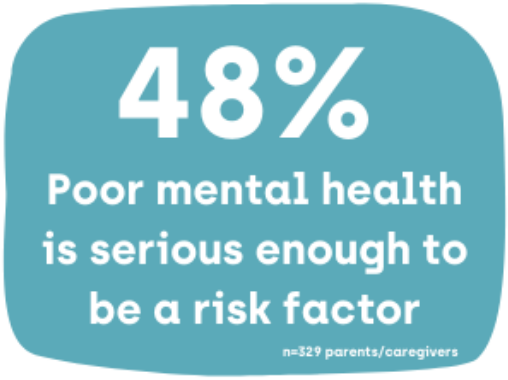






Risk factors

Intake assessment covers a multitude of areas across six domains of wellbeing: mental health & wellbeing (child & adult), connected family relationships, safe/secure family environment, parental competency, material security, and community connections. Assessment and monitoring of risk factors is dynamic and ongoing.

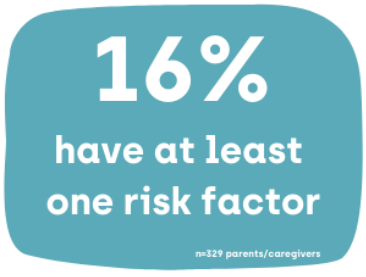


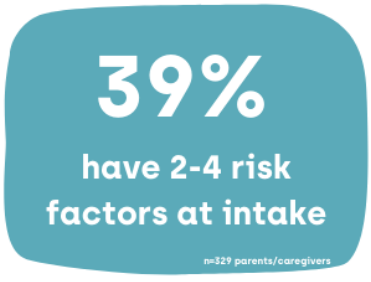
Clients who access RSF are typically dealing with complex risks. 16% of clients have at least one risk factor and 39% had two to four risk factors over the course of their engagement with RSF. 9% of clients had five or more risk factors.

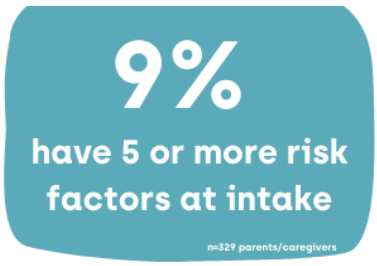
The most common risk factors identified were parent mental health difficulties (48%), risks where clients had recently experienced a recent stressful life event (31%), and clients who were experiencing serious social isolation.

Less common risks are family conflict (violence or not), 13%, economic deprivation 17% and parents reporting problematic child behavioural issues or child mental health issues, 8%.

The prevalence of risk factors in this cohort speaks to the complexity RSF's clients. 16% of clients have at least one of more risk factors. Over a third have between 2 & 4 risk factors and 9% deal with 5 or more risk factors.







Risk Alerts

Where risk factors are considered to pose a high or imminent risk to the parent or caregiver, or their family, they are recorded as risk alerts. This includes family violence, child protection service involvement, and self-harm or

suicidal ideation. Where risk alerts are recorded, a comprehensive risk assessment is completed with the parent or caregiver and the risk is monitored in an ongoing way by the practitioner and their supervisor.

Table 2 presents the proportion of parents and caregivers with intake data (n = 326) for which there were specific alerts. Approximately 19% had at least one alert, and 7% had two or more alerts. The most common alerts were for mental illness (14.7%, 48 clients) and family violence (8.6%, 28 clients).

Table 1: Risk alerts for clients (n = 326)

Risk Alert	n (%)
Mental illness	48 (14.7%)
Family violence	28 (8.6%)
Children at risk	17 (5.2%)
Child protection service involvement	8 (2.5%)
Aggressive/unpredictable behaviour	4 (1.2%)
Drug and alcohol abuse	4 (1.2%)
Self-harm	4 (1.2%)
Suicide risk	1 (0.9%)
Homelessness	3 (0.9%)

Risk alerts are switched on when a client is at serious risk and then switched off when the risk has been ameliorated or removed. The data in this table includes all clients who have ever had a risk alert recorded. It should be noted that the number of risk alerts is slightly higher (1%) than the percentage of clients experiencing family violence at intake as a family violence risk alert may have been recorded after they had been engaged with the program for a while, but not at intake. It is not unusual for clients to take a few months for a disclosure, after trust has been established.

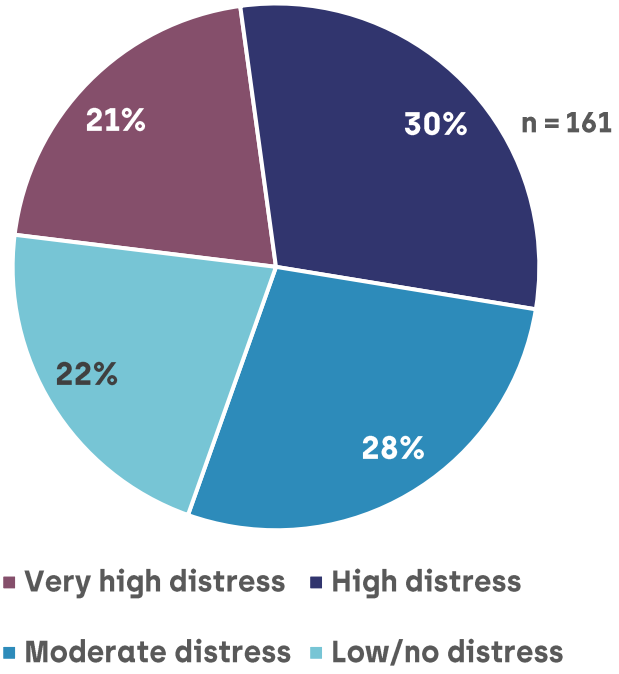
Complex mental illness and Family Violence

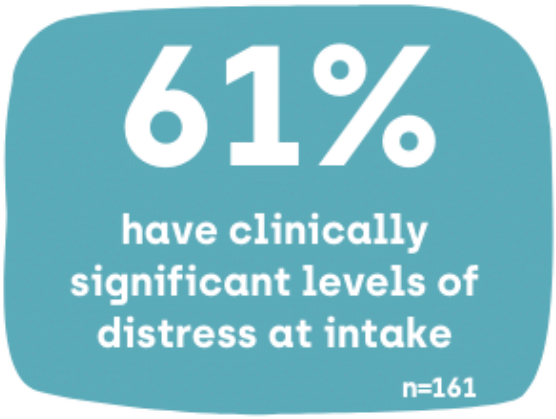
The complexity of mental illness and particularly the prevalence of family violence was not expected at service implementation. Services are available outside of the program but within DS to support these clients, however RSF is looking to develop the service model to include family violence inside the program. There is further discussion about the opportunity to develop RSF's capacity to support family violence clients later in this document.

Client mental health and wellbeing at intake

At the beginning of their RSF intervention, a number of parents or caregivers completed validated self-report psychometric surveys about their mental health, parental conflict, loneliness and financial hardship.

Out of 161 clients, approximately 61% of clients were experiencing clinically significant levels of distress (a score of 20 or higher measured using the Kessler 10 Psychological Distress Scale). K10 scores are normally categorised as low or no distress (scores of 10-15), moderate distress (16-21), High (22-29) or Very high (30-50) for clinical assessment purposes. The distribution of categories for 161 clients with a K10 score is illustrated to the left. At intake 51% of clients who completed a K10 were experiencing high or very high levels of distress, and 22% were experiencing no distress or very low levels of distress.

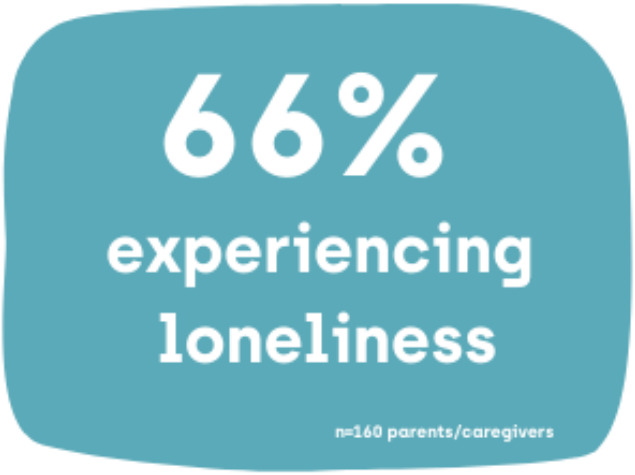




Over 1 in 4 clients (29%) reported high verbal conflict, including disagreements about raising children, anger and hostility, or stressful conversation. 7% of clients reported high physical conflict in which arguments resulted in people

pushing, hitting, kicking or shoving (Physical item of the Interparental Conflict Scale).

Approximately 1 in 5 were experiencing significant financial distress, indicated by items such as not being able to pay rent or having to pawn items to procure cash.



Approximately two-thirds of clients were experiencing some loneliness (66% as measured on the Campaign to End Loneliness Scale). Of the group experiencing loneliness, 3% (5 clients) were in the most severe category of loneliness.

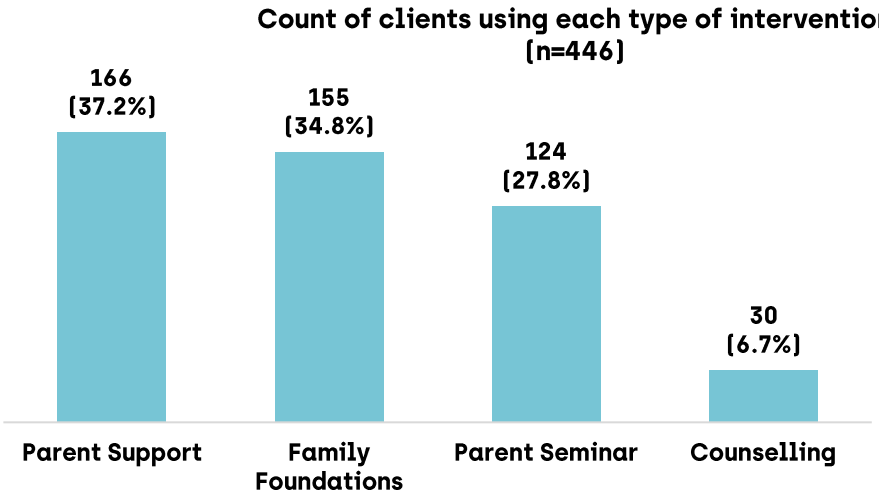
See Appendix F for the complete table of psychosocial difficulties being experienced at intake.

How do clients engage with RSF?

Parent Support (37%) and Family Foundations (35%) are the two most in demand parts of the RSF program, followed by parent seminars (28%). Nearly 7% engage the counselling service.

Figure 8 presents the proportion of parents/caregivers (n = 446) enrolled in each of the RSF interventions. The average number of interventions enrolled in was one (Mean = 1.8, SD=0.3). There were 420 (94.2%) clients who enrolled in at least one intervention, 22 (4.9%) enrolled in two, and four enrolled in three (0.5%).

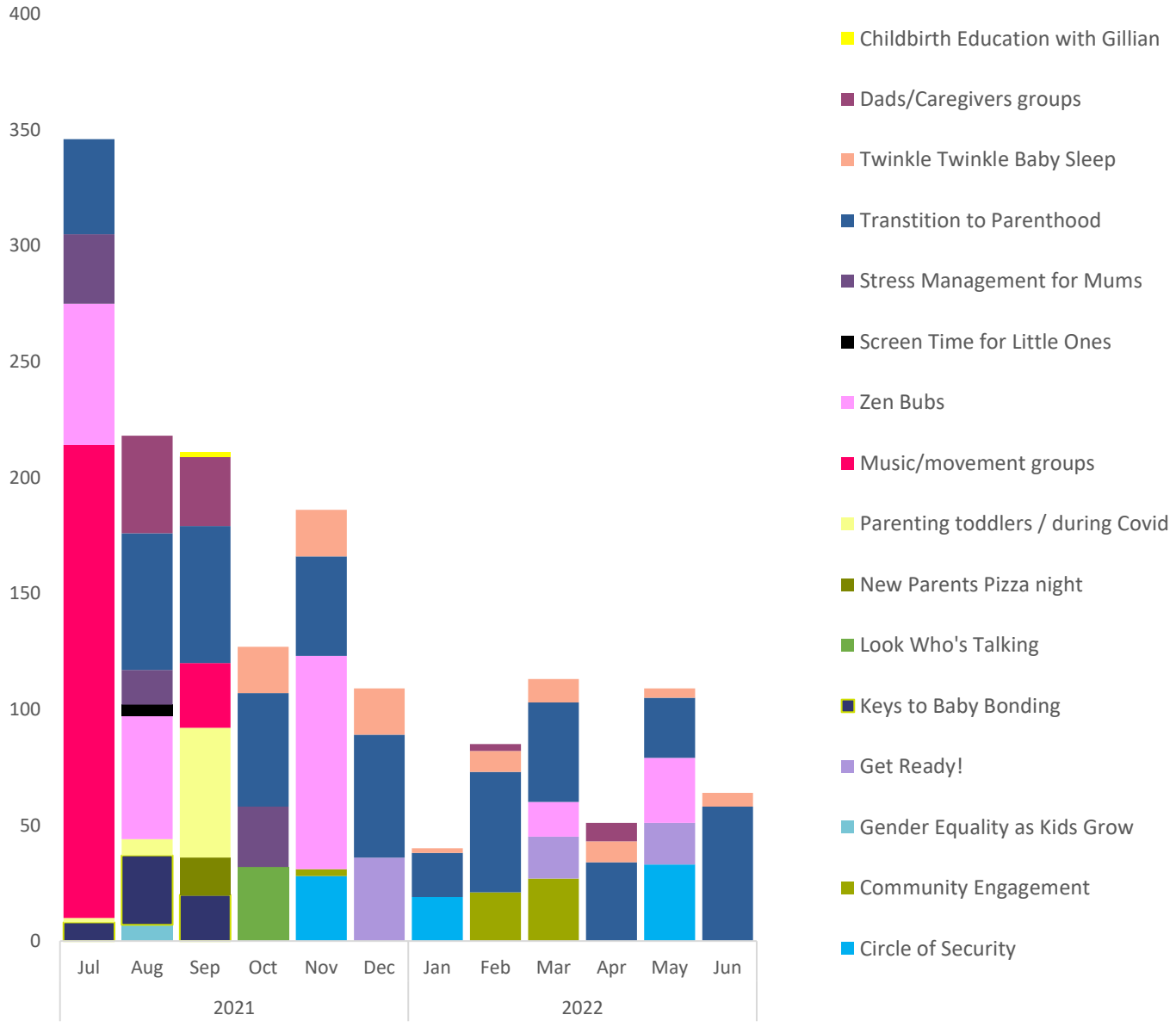
Figure 7 Proportions of intervention takeup



Groups and Seminar attendance

120 groups and seminars have been conducted over the 12 months t Jun 2022. Figure 1 below demonstrates the popularity of the seminars and groups. During the Covid lockdowns of 2021, online groups and seminars were an important way for the service to keep new parents engaged as many found themselves isolated with their children. Figure 8 below demonstrates the popularity of children's groups and workshops during the lockdown, particularly the music & movement groups (eg Hullabaloo, MoveIt4Kids) & Funky Bubs.

Figure 8: Group and seminars attended July 2021 - June 2022

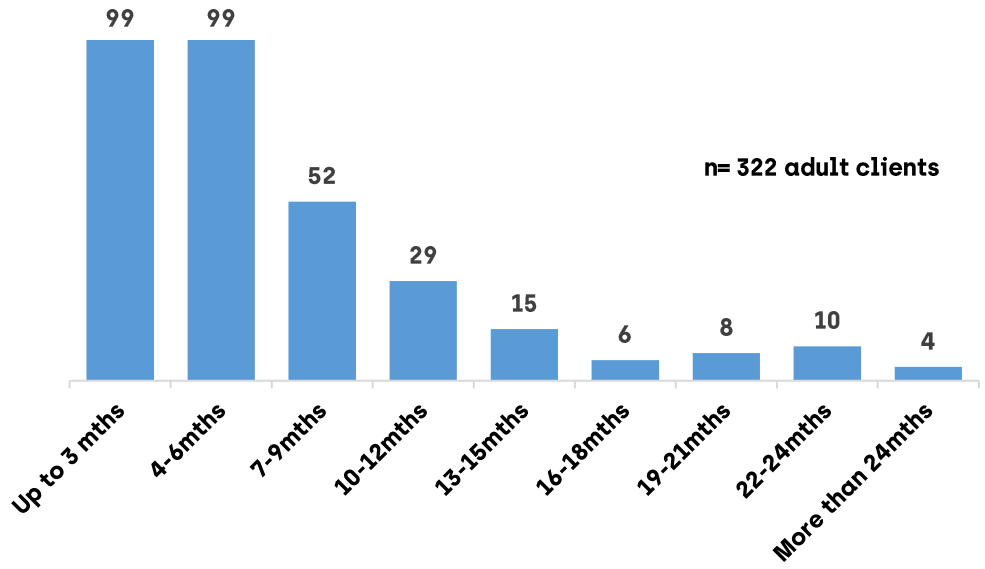


Groups and seminars are conducted via zoom and in all of the areas in which RSF operates. A list of the seminars and groups conducted between July 2021 and June2022 and where they were held is included in Appendix A.

How long do people typically spend with RSF?

Length of service is calculated as the intake date to the last session date. This means that the distribution of the engagement length may include clients who have exited the service and clients who are still current. Figure 7 shows the typical length of engagement for clients is between 1 and 9 months. Fewer clients are still using the service after 1 year, and these clients are likely to be receiving counselling services and therefore they are normally clients presenting with higher need.

Figure 9; Length of service engagement,



Findings

The program was assessed against the end-of-service outcomes in the program logic, and both quantitative and qualitative data was examined to find evidence that RSF was achieving its intended outcomes. Qualitative data included interviews with current and (recently) ex-clients, and reflections with staff. Quantitative data included de-identified data from psychosocial questionnaires and feedback that makes up the ongoing pre- and post-evaluation measures. An invitation to provide feedback via an online Your Experience of Service (YES) survey was texted to ex-clients who had consented to being contacted for research purposes. Other themes that emerged in addition to the expected outcomes are also included in addition to themes that relate to the operation and quality of the service.

Participants' pathways into RSF

Participants reported a number of pathways into the program and had a range of engagement lengths, ranging from six months to thirty months (2.5yrs). Two out of five parents were referred into RSF by the hospitals where they had given birth, one participant had been receiving service from another organisation who referred them in to RSF, one participant had been made aware of RSF through their local MCH group and had referred themselves, and one parent found RSF through a google search and self-referred. Participants' length of engagement ranged from six months to 2.5yrs.

End of service outcomes

RSF program outcomes are assessed against the end of service outcomes outlined in the updated program logic. Evidence is drawn to support each outcome from staff reflections, participant interviews, psychosocial measures, and clients feedback data.

Who spoke to the researchers?

In 2020, the interview sample consisted of 15 mums and one dad. Nine of the cases were closed, with seven remaining open. Clients had taken part in range of interventions including a number who had done multiple interventions. Eight clients of the clients interviewed were born overseas and two of required an interpreter for the interviews. Five clients were single parents, and two clients were in a blended family. Three clients had experience of family violence. Two clients had a disability. One client was bisexual.

In 2022, four out of the five participants were mums and there was one father. Two participants engaged with the program when their babies were newborns, two participants had engaged with RSF when they were pregnant, and one parent had engaged when their child was older than 12 months. Three participants were in a relationship with the parent of their child, two parents, a mother and a father were separated from their partners and solo parenting. One client interviewed was born overseas and English was their second language.

Clients feel genuinely cared for and supported.

All five interview participants in 2022 mentioned feeling supported several times each, and this was the strongest theme to emerge from the interviews. In particular, two participants that had both engaged with RSF shortly after their child was born mentioned feeling underconfident and anxious about their ability to care for their newborns, and that staff were reassuring and encouraging:

> *"I got a call within, I think it was a day or two. It was very quick afterwards, which was really good because I did feel scared leaving the hospital. I was very scared because I was alone again with my daughter … [Staff member] went above and beyond ... just caring for me and just trying to teach me parenting stuff. It was above and beyond she went with me and she really... she just cared"*
>
> Participant 5

Participants were overwhelmingly positive in describing their experiences with the program. In different ways, participants conveyed a sense of gratitude and relief at finding a program that allowed space for a genuinely caring, personalised type of support from the program staff.

> *"Oh, it's been excellent. I've got no complaints. … been very supportive and very understanding of your situation. And always, they care about you as a human being. It's like a personalized service"*
>
> Participant 1

Participant reflections suggest that the RSF service model, which allows time for staff to properly get to know clients, coupled with the right staff, creates a valuable space for learning and mental health recovery. Participants mentioned several times that their support was holistic, and that staff treated them significantly better than other services they'd dealt with:

> *"It wasn't just support. It wasn't just, "Hey", tick boxes, "Yeah. You're safe. You're fine …." It was, "Who are you? How are you? What do you like doing? Oh, you are interested in this. So am I." It was like talking to a friend, as well as that parenting support … Because she cared. Because she actually saw the human behind the mask, whereas with the other agency, it was just, "Ah, yep. You're just another number."*
>
> Participant 5

These findings align with data that was collected in 2020, when clients also spoke highly in relation to the value of the program in supporting a broad range of needs. Clients felt they had been genuinely supported by staff throughout their engagement.

> *"All I want to tell you is that every single person that I've dealt with from Drummond Street, including you, everyone is just beautiful. Absolutely beautiful. All of you are just the most ... Well, you're just amazing. I can't praise [RSF] enough, and I'm forever grateful. Forever grateful that you guys [are here] because if it wasn't for you, I'd probably be dead. And I'm not over exaggerating".*
>
> *Client Interview, 2020*

Several clients articulated that they felt the program had changed their lives, or indeed been a "lifesaver" and many attributed this to the care and support that they got from their practitioner/s.

> *"To be honest, I'm just really happy. We are really happy with where we are now. That wouldn't have been possible without them. Actually, it really helped me so much that now I'm going towards this profession. So, I just got a new job as a social worker, kind of doing the same thing. Just thank you and you guys are doing an amazing job".*
>
> *Client Interview, 2020*

Data from the client feedback survey and the YES survey further supports the finding that clients feel genuinely cared for and supported. 91% of 60 clients who answered the client feedback questions agreed or strongly agreed with the statement "I feel listened to and my issues understood."

In the YES survey, in response to the statement, "Staff showed respect for how you were feeling", 100% of respondents (14) answered "Always". 100% of respondents also answered "Always" to the statements "Your individuality and values were respected", and "You were listened to in all aspects of your support".

Clients left messages of thanks and gratitude in the free text sections of the client feedback survey and the YES survey. For example,

> *"I honestly can't recommend any improvements. The level of support I have received has been beyond anything I could possibly have expected. Also, you can tell that everyone who works there isn't just clicking into a 9-5 job, they are actually passionate about what they do, believe in their work and go above and beyond like checking in on me even after the course has ended. Their ongoing support and knowledge of things like how the family Court works and unfortunately how ugly it can get has been incredible and a huge support and confidence booster."*
>
> *Client feedback respondent*

and

"[Practitioner] is an amazing support and each session with her helps me with my goal to be a good parent to [my child]. I consider myself lucky to have found … Drummond St services and cannot speak highly enough about [it]."

Client feedback respondent

Parents are more confident

In interviews conducted in 2020, four out of five of the parents spoke explicitly of feeling more confident in their parenting because they had acquired new skills and knowledge through RSF. Two participants spoke of how they were being impacted negatively by unrealistic, pre-conceived notions they held about 'good' parenting they'd constructed for themselves (largely from social media), which left them feeling like failures when they couldn't live up to their ideals. Staff identified where clients were holding these unhealthy ideals and helped them let go and adopt more realistic views of parenting and kinder regard for themselves. For example:

" and I learned all those things, and it was just so comforting to find out. Or else I would be just suffering in guilt, and thinking that I'm doing all the things wrong and stuff like that. It just really helped me I guess build my self-confidence as a parent".

Participant 2

Responses from the client feedback survey also suggests that a one of the benefits of the service for parents is an increased confidence to deal with the issues they sought help for. 91% of clients (55 out of 60 responses) agreed or strongly agreed with the statement. "I feel more confident to deal with these issues myself".

Parents know how to find the help that they need, when they need it

Participants didn't speak specifically about the looking outside RSF for help if they were to need it in the future, but they spoke about RSF in a way that suggested they have come to view it as a valued resource,

"… it felt like I got supported from the Drummond Street. And then even I didn't know I could join the program, and I could ask a question. Not just searching the internet, something like that. I could actually ask specific questions, and then gather information from the program".

Participant 4

Participants spoke about how reassuring it is knowing they can access to support when they recognise they may be at risk of becoming unwell,

> *"… But I think what I liked is that when I was feeling down, just like really weird thoughts are going through my head, and I'm depressed, and I can't cope, and stuff like that. Like, [Staff member] just a phone call away, you know?*
>
> *Participant 1*

It may be that participants didn't speak about seeking out other services or about service navigation because there simply are not other services that provide the same sort of free support.

Improved access to needed services

In 2022, all five of the participants felt engaging and starting the program had been straightforward, including two participants who had been on the waitlist for some time. The interviews demonstrated four clear aspects of the RSF program that improves accessibility for clients in need. Firstly, the service is free, so cost is not prohibitive.

> *"Because accessing psychologists or counselling, they're really, really hard. And then they can be costly, that's the other thing. But especially single mums, because it's just so hard to handle it on your own".*
>
> *Participant 5*

Second, the active waitlist means that if a client's mental health is escalating, they can be fast-tracked into the service. The downside to this is that people whose mental health support needs are not urgent (the "missing middle"), may be bumped down the waitlist. It is interesting to note, however that the participant who was on the waitlist for the longest period (three months) reported feeling like they were receiving support even while waiting, as RSF staff called at regular intervals to check on them:

> *"… And I believe that they checked in, I think it was every one to two weeks just in the meantime… yeah. It was kind of like a little mini counselling session… also checking in on me, but checking my safety, checking my daughter's [safety]".*
>
> *Client interview 2022*

> *"As far as parenting programs [go], this one definitely tops what I was in somewhere else. You guys have been the quickest to, if you didn't have an answer, check into that. If you didn't know what it was, find out what it was. If you couldn't help, find somebody that could, whereas a lot of the other programs would put it through to me and go well, we don't offer that"*
>
> *Client interview 2020*

Participant 5

Third, it was clear from client stories that the RSF staff are concerned for clients' wellbeing from the very first contact, and work to ensure a gentle and reassuring introduction to the program. In the first contact, staff provide detailed information to clients about how the service will support them, and what will be happening next. Staff take as long as they need to be sure the client is feeling supported and know what to expect, one participant recalled that her first call with RSF was 40 minutes long.

Descriptions from clients, particularly those who were in a mental health crisis at the initial contact, indicated that staff use an emotionally safe, trauma-informed approach:

> *"And I remember asking a few questions and then I just remember tone of voice … They were very calm and relaxed with me. I was very heightened and on edge. And so they were very calm, went very slowly, explained everything very slowly and just made me feel comfortable talking to them".*
>
> Participant 5

RSF Staff made sure clients had enough information about how the service would work and what would be happening next to help orient overwhelmed clients to a future and provide a feelings of hope and support. One participant spoke about how reassuring it was to simply know there was a session or a group coming up

"And then even knowing that you've got a session coming up. … It just gives you kind of some hope. Do you know what I mean?"

Participant 1

Fourth, the program employs two staff members who are multilingual and provide support to clients who speak languages other than English. As at end of June 2022, RSF had delivered support to more than 50 families who experience barriers with English as a secondary language.

The program is responsive to client needs and supports client choice

The program model allows a stepping up and stepping down of support where needed, and three clients mentioned that they had either had their support stepped up or wound back at certain times depending on their needs. Those participants spoke of being actively involved in deciding on the intensity of their support,

> *"No. That's the right amount. We discussed this beforehand. [Staff member} my counsellor before, she said, "Do you want weekly or fortnightly?" And I think right now I probably need weekly just because of how I'm feeling. But back then I was only needing it fortnightly. So I think it really depends on how you're feeling. But it's the right amount. They give you that option at the start".*
>
> *Participant 1*

Another participant spoke of how valuable the flexibility of the service had been at a time when their needs had increased and been met with a corresponding increased intensity of support,

> *"The worse your situation, whatever your situation, is how intense they get. Like, it really depends on what you need. If your situation is like, if you're in a crisis situation then the intensity of service that you would receive, I assume in my case would suffice that. Like, I was involved with [Staff member] at the time, with the crisis situation. And yeah, it was just like, she was just like, she was the rock of my family at the time".*
>
> *Participant 2*

Highly skilled team members

Participants spoke of the staff members' abilities to identify indicators of trauma, and how staff helped clients recognise these (for example, negative self- belief systems) helping clients to reframe their self-talk to a strengths-based perspective:

> *"She was so knowledgeable and thorough in her approach, even though it seemed just like a friend catching up, she was able to identify the fact that I was struggling with trauma even though I didn't realize it … [Staff member said} You are doing an amazing job. You're keeping your baby alive! This is a difficult time."*
>
> Participant 5

A consistent theme across all interviews was that staff worked in a personalised way with the clients. All participants mentioned ways that they had felt 'seen' by the RSF staff and recalled how staff worked to understand the whole person and what they needed, not merely just trying to understand the person as a parent.

Participant 5 illustrated this best when speaking about hitting a point where their mental health

was really suffering due to persistent feelings of having lost their identity. Their staff member recognised what might be useful for this client as they had invested time in getting to know the client & their history:

> *" … and she's like 'There's a professional development course going on that is … working with clients that are from the LGBTQI+ community' … that was right up my alley.. she made sure that I could get in and got it free for me because I couldn't afford anything. I wasn't working, nothing like that … She knew what I would like. She knew how I could find myself again and she organized that for me".*
>
> Participant 5

Multi-modal delivery choices increase access for clients, and for partners.

In interviews conducted in 2022, four out of five participants mentioned the convenience of online sessions, and two coupled participants mentioned that online sessions made it easier for their partners to be involved. Online sessions were seen to have a couple of main benefits. Participants mentioned that being able to join in online meant that when things were feeling overwhelming, they didn't have to expend extra energy to participate:

> *" .. the thought of going to Carlton, Drummond Street would stress me out. Trying to find to park…Even parking myself, you know what I mean? So being able to go into my room and turn on my laptop and just feel comfortable. Do you know what I mean? And not feel stressed. Oh, my God. I've got to get to here by this time. Especially with a kid. It's hard.*
>
> *Participant 1*

While one participant also expressed a desire for face-to-face participation, they also recognised the value of online sessions particularly for parents when babies are very young:

> *"So, I couldn't join a face-to-face program. It was online for me. I think that has pros and cons because I would like to engage with the people in the process. But also, the first year of a baby doesn't have a routine. It's really easy to join when I want to, able to join the program. So yeah, it's good".*
>
> *Participant 4*

Similar findings emerged in interviews conducted in 2020. While some clients identified the value in face to face service delivery, others spoke to the convenience of attending zoom sessions with a newborn:

> *"It was good because I didn't have to go anywhere. She was really little at the start. She was a newborn. So, it would have been really hard for me to get everything, put her in the car to go, whereas I was at home. While we were talking, I could warm up her bottle or I could give her a toy or I could rock her in the pram or I could keep her entertained, do you know what I mean? Or go change her or do anything while we're at home. So, it was convenient for me, because I had everything and I didn't really have to go anywhere, because they were coming to us. That was really good"*
>
> *Client interview 2020*

Ongoing community connection supports – a safe space parents can return to when they need to connect again

An overarching theme in these interviews was the respect and appreciation participants had for the RSF service offering, the staff and for DS more broadly.

Clients have a trusted and valued relationship with the service and feel they can return if needed

All five participants interviewed in 2022 indicated that they trust the RSF staff and trust Drummond Street more broadly and have come to view the service and the staff as a valuable resource that they can return to if needed. Participants spoke about the staff in a way that indicated they value their expertise and care, and feel comfortable reaching out to the service when they are feeling vulnerable:

> *"it's a very gentle service, because you kind of feel vulnerable, …Yeah, it's like Drummond Street is great for reassurance, getting on the path. Yeah, the emotional safety and the gentleness of it is just... And I trust the people who work there, like I established a level of trust with the institution. I know that they look out for my best interests as a family, I know that".*
>
> Participant 2

Data from the client feedback survey and the YES survey also supports the data from the interviews. In the YES survey, all one respondents answered "Often" "Always" to the statement "You felt safe using this service", and the remaining 13 answered "Always". Additionally, all 14 respondents answered "Often" or "Always" to the statement "You felt comfortable using this service".

Improved bonds between parent and child

All participants interviewed in 2022 spoke of improvements in their interactions and parenting with their babies, but the clearest description of the way that an RSF staff member helped to support improved parent-child bonds was from Participant 5. They spoke at length of the problems they'd experienced in bonding with their child early on. They made it clear during their interview that they and their baby were extremely vulnerable immediately after being discharged from hospital. Their RSF staff member had guided them through that time safely by normalising their experience which helped remove the guilt they were experiencing, and by providing practical strategies to both reassure them and start to develop the bond with their daughter:

> *"Now I've just got this thing and it's just going to sit there, and I've got to feed it. And I had no love towards my daughter. [Staff member] showed me how to bond. She showed me how to actually care and go, "It's okay that you are like this at the moment. It won't last forever, but this is how you can get better. These are the practical things that you can do to bond with your child."*
>
> *Participant 5*

People also spoke about improved relationships with their children in interviews conducted in 2020. For clients with older children as well as an infant, the program was helpful in supporting them to be less anxious about their infant's development in comparison with that of their older siblings. Staff identified that working with families with older children as well as infants was particularly valuable work, both in terms of supporting parents not to compare their children, and in ensuring older children were being supported alongside their parents in this family transition.

> *"With the parenting program, it was really helpful because I was comparing my two girls. And that's when I learned that both of them are different".*
>
> *Client interview 2020*

> *"There were a lot of changes. Now I am taking my kids to the park every day. I have the confidence now to take my kids where they need to go, do what I need to do".*
>
> *Client interview 2020*

Improved parenting skills &/or co-parenting skills

All parents interviewed in 2022 spoke of how their parenting skills have improved through being involved with RSF, both in terms of improved communication (with baby and with a partner) and actual parenting strategies. The types of parenting knowledge and skills that participants found useful ranged from the very basic knowledge that

new parents need, to more involved understandings that will be useful for parents as their children grow and develop:

"So there were a lot of things in the Dad's Zoom Group that I learned that were just, talk gently to them. It doesn't matter that they can't understand and things like that … And then just telling them it's going to be okay, that she's in a safe place".

Participant 3

or

"I think for us more for as a new parent, it was more about the communication styles. But also, there was a really good session I remember, and it was understanding how there's three different types of children and see which one your kid is. Then once you understand that you can learn different strategies 'cause each kid is different".

Participant 2

Data from the YES survey suggested those respondents found RSFs approach to be a an effective and a supportive one. In response to the question "The effect of the service on your ability to parent": 13 out of the 14 respondents reported "Very good" or "Excellent". Similarly, in response to the statement "Staff were positive for your future parenting": thirteen out of the fourteen respondents answered "Always", and one answered "Often".

Improved partnership/relationship skills and family wellbeing

In interviews conducted in 2022, all three of the participants in couple relationships reported improved relationships with their partners, and one of the solo parents' story demonstrated that the relationship skills learned in the RSF program had extended to their wider family and that their relationships with their parents had improved,

"My relationship with my family has improved. This has been just a big strain on everyone … so, using some of those techniques has helped and just some ideas about how to deal with them and deal with my parents. So, I would say that has... And my relationship with them has significantly improved"

Participant 2

Another participant spoke about how their improved communication skills had helped them feel closer to each other as a couple and more like a team in raising their child,

> *And I'm able to, with the strategies that I learnt like communication styles on my partner, I think we feel better equipped and more confident. I think the best thing is the confidence. That we can do this because we've talked everything out. If we have any worries, we know that we can talk it through with each other.*
>
> *Participant 1*

Throughout the interviews, it was clear that the wraparound nature of the program means that a wide range of family situations can be supported to improved well-being through RSF. The program model allows support for different families seeking to scaffold different strengths. For some participants, the strategies to improve communication had the greatest impact,

"I think it enabled me and my partner to learn how to communicate better. That was the biggest thing. And strategies towards how we speak to each other and things like that".

Participant 1

For another participant, having access to the counselling service had made the biggest contribution:

"And he went off, he did his therapy, I did mine, and then we were able to come together. And I honestly believe without that support for both of us, we wouldn't have lasted in our relationship because there was so much pressure put on both of us that we were completely just separate".

Participant 5

Another participant was unable to say which aspect of the support they had received had been the most impactful, but their comment demonstrated they view RSF staff (and Drummond Street more widely) as a reliable and caring resource.

> *Yeah. Like, this part is better than the other? I really can't say. I think you know, I can say this about everything about Drummond Street, like when you're really in crisis they'll make sure that they help you, they never turn you down. I think that is the best part of the service. Like, they will try, and they will make you feel like... They will make you feel like you're not alone, you know?*
>
> *Participant 2*

In interviews conducted in 2020, a key theme that emerged related to how improvements in the coparenting relationship improved the overall family dynamic, including parenting in a way that the clients were happier with, including more confident parenting:

> *"My husband and I became closer; we were on the verge of separation when we first started. I would recommend it because I have had the help myself, and knowing what it's helped me with family-wise. That it's helped me build a relationship with my stepsons. It's helped bring all of our kids together, and it's helped me, I suppose, deal with my kids in a better way to what I was"*
>
> *Client interview, 2020*

The survey data also demonstrated that clients gain valuable skills from the RSF program. 92% of the client feedback agreed or strongly agreed with the statement; “I have learned new skills to help me deal with these issues [that they sought help] for and 92% agreed or strongly agreed that they have a better understanding now about the issues they’d sought help for.

Improved mental health and wellbeing

All five participants interviewed in 2022 spoke of RSF’s positive impact on their mental health in different ways. Participants attributed a range of changes to the support they had received from RSF. One participant could identify improvements in their ability to self-soothe when they begin to feel anxious about their parenting,

> *“Like, in terms of my parenting, I don't really have the same fears anymore, I don't have those fears. I mean they come and go, but they're very, very... They're very little, like sometimes... Most of the time now I can just send those thoughts off by myself”.*
>
> *Participant 2*

One participant attributed their improved mental health to having had counselling support to deal with a difficult family situation, but also in being prepared for the parenting journey ahead,

> *“the situation impacted my health in a very negative way. Finding out that someone is your daughter and then being denied access to her and having “horrible untrue allegations is just devastating. But Drummond Street has definitely helped me with that, in that I feel like... Not I feel like … now I know that I can do the things that she needs for me to be a good father… that it's been a lifesaver and without it, I really don't feel like I could be where I am right now”.*
>
> *Participant 3*

Another participant who spoke about learning to understand her trauma through the RSF staff said her whole life had changed, and that was largely due to the newly acquired understanding of how her trauma had impacted her life previously.

> *"I see myself, I see the world, I see friends. It's changed my entire life ... I think recognition of my trauma … being able to go, "This is who I want to be. This is who I want to be as a mother, as a person."*
>
> *Participant 5*

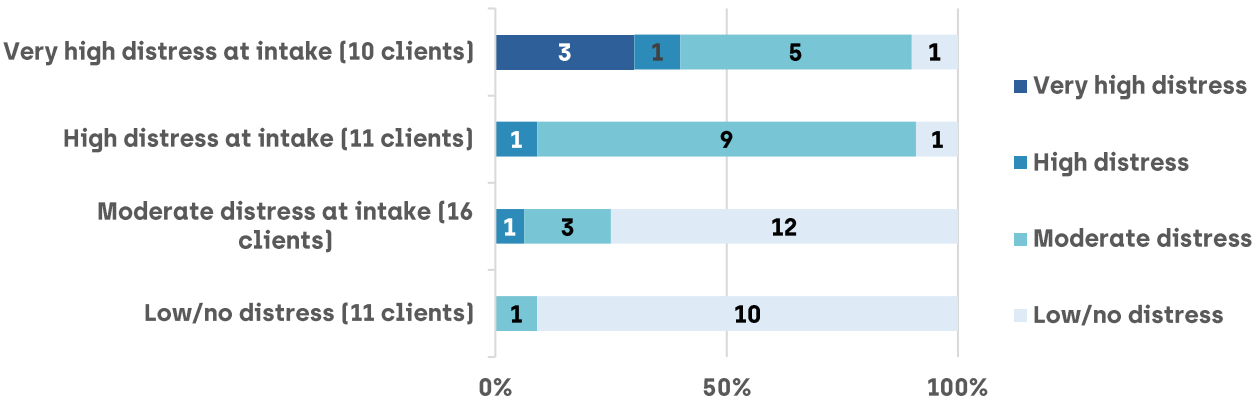
Interviews conducted in 2020 also highlighted improvement in mental health. Many clients also spoke about the connection with their mental health with their parenting confidence, acknowledging how increased confidence in their parenting helped them to feel less stressed and anxious, and in turn helped their relationship with their families. One client shared,

> *"It's reassuring to see everyone's been in that boat. You're doing fine. It's going to be okay. We're here for you."*
>
> *Client interview 2020*

> *"It's great because it helps me to deal with anxieties that I have and issues I have from my past, from my childhood and things like that, it just helps me to refocus and reenergize and just know that I'm doing okay. It just reaffirms some of the issues that I've got with myself, to be able to make sure that I don't pass them on to [my child]"*
>
> *Client interview 2020*

Reductions in mental health distress

Interviewees shared stories of recovery and increased well-being are also echoed in the paired K10 results. There were 48 clients who had completed the K10 at least twice. Figure 10 below shows the number of clients whose scores fell into the moderate, high or very high distress ranges at intake, and the categories they were in at last



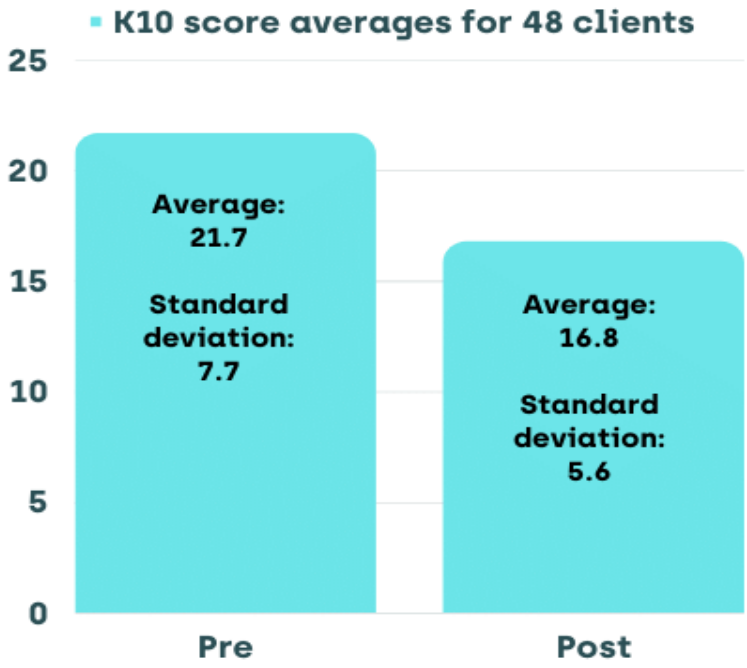
completion. Each bar represents clients distress category at intake. The proportions on the bars demonstrate the distress categories of their last K10 score.

Figure 10 Change in client's distress categories from intake to last K10 completion

Out of the group of ten clients whose scores indicated very high distress at intake (the top bar), reductions in seven client's scores had moved them down between one and three categories. Only three clients scores remained in the very high distress category, one client's score was had reduced to high distress, five clients' scores had reduced to non- clinical levels, moderate distress, and one client's score had reduced to low/no distress.

Of the eleven clients experiencing 'high distress' at intake, nine of those had dropped to 'moderate distress' and one had dropped to 'low/no distress. Of the sixteen clients in the moderate range, one client reported increased distress, three clients remained in the moderate category and twelve clients reported low/or no distress.

Figure 11: Change in group average K10 scores



The whole group's average for mental health distress reduced from 21.7 down to 16.8. This was a statistically significant reduction (*p.* = <.001), see Appendix H for statistical results tables.

Statistics for small groups of cases should generally be interpreted with care as a few large scores can skew results, however Figure 9 above indicates that most of these clients (for whom there was a paired score) experienced a reduction in distress. These results are encouraging in that they show some relief for the clients in this group with the greatest mental health needs.

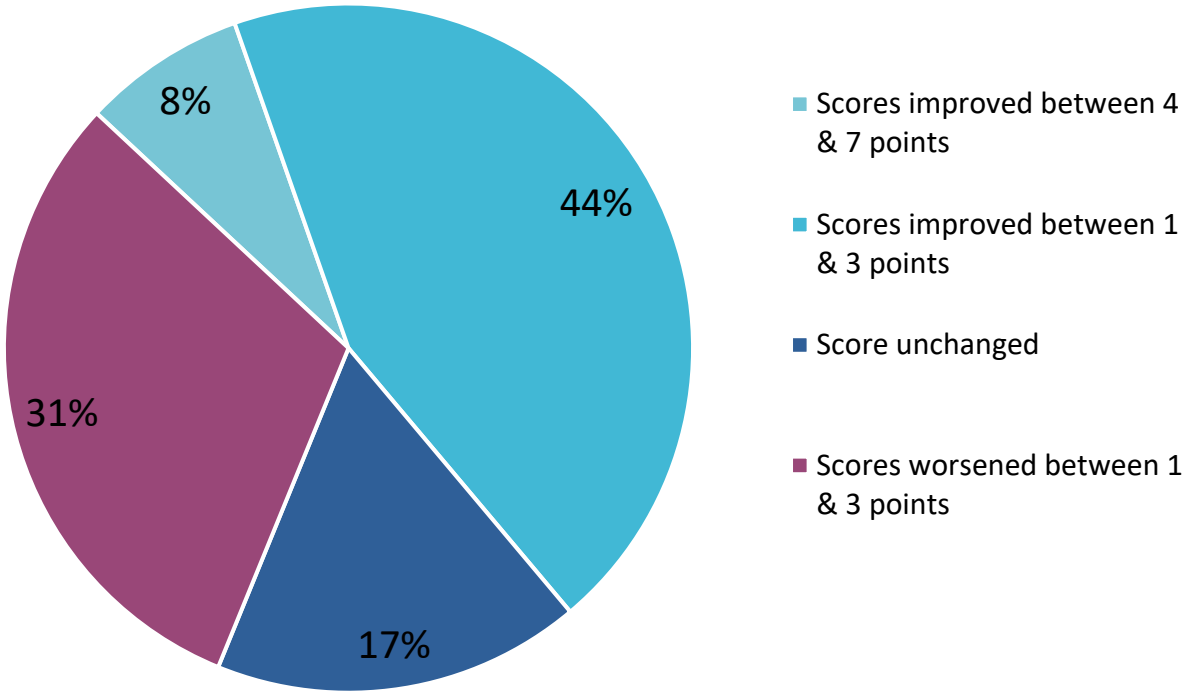
That the service provides useful mental health and wellbeing support was further supported by responses in the client feedback and YES surveys. Thirteen out of the 14 (93%) YES survey respondents said that the effect of the service on their hopefulness for the future was "Very good" or "Excellent". 93% of YES survey respondents also reported the effect of the service in their overall wellbeing was "Very good" or "excellent".

Reductions in loneliness

The program collects quantitative data via the ongoing evaluation process about loneliness using a four-item scale. At 30 June 2020, there was paired data from fifty clients. The data showed a statistically significant reduction in loneliness in the group average from 5.2 to 4.4 (p.= <.05). There was a statistically small effect size (Cohen's d = .3).

Figure 12 demonstrates that the majority of those who had improved scores, experienced only relatively small reductions in loneliness. Out of the 52% of clients who reported improved scores, most of those score had only increased by between 1 & 3 points. 8% of clients had scores which had improved by between 4 & 7 points. 31% of clients had small increases in their loneliness score, and 17% of client scores were unchanged.

Figure 12 Changes to loneliness scores

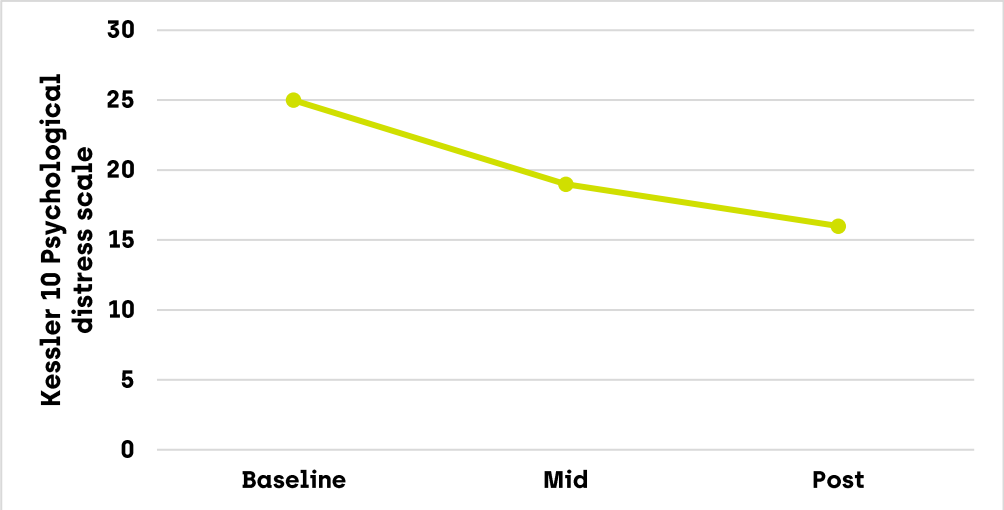


Case Study 1: Fatima enrolled in parent coaching and counselling

Fatima (pseudonym) self-referred to RSF. Fatima is a 38-year-old woman who arrived in Australia in 2000 from a non-English speaking country. At intake, her presenting needs included assistance with mental health difficulties, parenting, wellbeing and self-care, managing stress, social isolation, and family functioning difficulties. Fatima was also experiencing significant financial difficulties, reported recent stressful life events, and a lack of family support. She also had child protection service involvement. Fatima enrolled in the parent coaching and counselling components of RSF. Figure 13 shows a decrease in Fatima's Kessler-10 Psychological Distress Scale scores from baseline to mid-interventions and post-interventions. Fatima was no longer in the clinical range for mental health difficulties at case closure.

Figure 13 shows Kessler-10 Psychological Distress Scale scores at baseline, mid-interventions, and at post-interventions for case study 1 (Fatima)

Figure 13: Kessler-10 Psychological Distress scores - Fatima



Case Study 2: Cathy enrolled in Family Foundations

Cathy, an Australian-born 37-year-old woman, was referred to RSF by her maternal and child health nurse. She was in a heterosexual relationship, had a post-graduate degree and was in part-time paid employment. At enrolment, Cathy indicated she needed support for couple relationship issues and mental health difficulties, including anxiety and stress. She reported recent stressful life events, a lack of family support and isolation, and significant financial hardship.

On the Kessler 10 Psychological Distress Scale, Cathy reported clinically significant mental health difficulties before commencing RSF. On the Interparental Conflict Scale, Cathy reported high verbal conflict in her couple relationship but no physical conflict. Cathy was enrolled in Family Foundations, completing all ten sessions with her partner.

Figures 14 and 15 show decreases in Cathy's report of mental health difficulties on the Kessler-10 Psychological Distress Scale and conflict on the Interparental Conflict Scale from baseline to mid-interventions and post-interventions. Cathy was no longer in the clinical range for mental health difficulties at case closure.

Figure 14: Kessler-10 Psychological Distress Scale scores at baseline, mid-interventions, and at post-interventions for case study 2 - Cathy

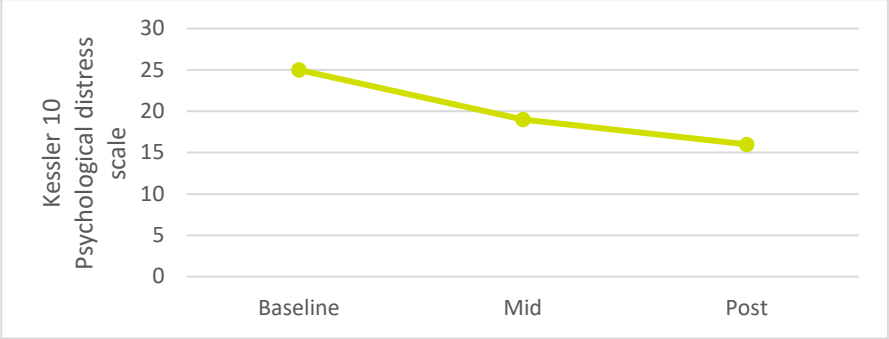
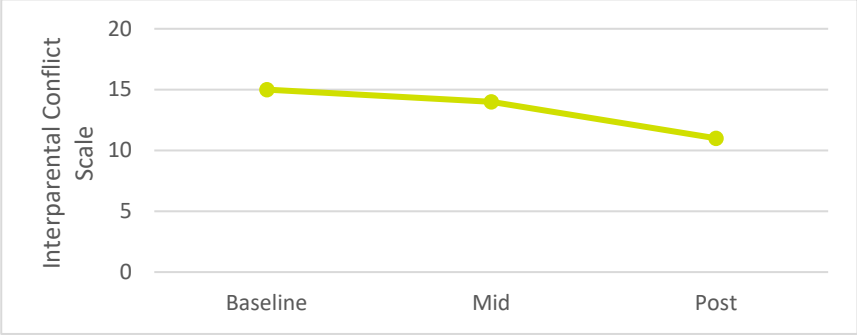


Figure 15: Interparental Conflict Scale scores at baseline, mid-interventions, and at post-interventions for case study 2- Cathy



Improvements in family safety

None of the interview participants raised any family violence (FV) issues. One of the interview participants in 2020 spoke directly about the improvements in her and her daughter's life as a result of participating in the RSF program:

> *"I'm a totally different person now. I'm stronger. I'm independent. I'm confident in my ability to be a mum. I don't put myself down. I don't second guess myself. I'm not in a negative environment. I'm not in an unsafe environment. I'm in a really safe, happy, humble [place]. My daughter has improved because she actually has a routine now, whereas back then, she had no concept of a what a routine was because of all the yelling and screaming and all of the bad stuff. She's in a much more safe place. I'm more safe and happy"*
>
> *Client interview, 2020*

To explore examples of family violence cases, the RSF team put together the following two case studies. Both case studies demonstrate the sensitivities that staff must navigate when supporting families experiencing family violence. Staff work with changing needs and priorities as risk of violence may not be disclosed immediately and can escalate suddenly. Staff can be called on to provide support for mental health for family members, emergency housing support and financial aid.

Case study - Mo & Al

Mo (Mum) and Al (Dad) were a newly separated couple with a 4-year-old son who was very unhappy that Dad was living separately and about the new baby. Al's friend had suggested Family Foundations as a way to reconnect. Mo was disparaging about what a hopeless father Al had been and she was relieved that he left when asked after their second child was born. Mo said, "I would rather do it on my own that have him hanging around being depressed and useless".

The couple agreed to co-parent while separated and Al would come over and mind the children while Mo went out on errands. RSF staff referred Al to the GP but he was not keen to start medication, then went to a psychologist twice but said he didn't click with them. Mo was always very critical of everything Al did and they often had big arguments that made the 4-year-old distressed.

This couple requested Family Foundations who did three sessions which were very emotionally charged. It seemed Mo had already made her mind up that the marriage was permanently over. Al often cried and Mo continued to berate him.

The fourth session was called off when the FF coaches arrived and there was a fully-fledged argument happening in the driveway. One of the Parent Coaches took Al for a walk, and he said he had been trying to put a bunk bed together with his 4-year-old son when Mo had started yelling and kicking the pieces around, eventually kicking him right out the door into the driveway. Al did not want to retaliate as he said, "I am a non-violent person".

Al did not realise that he was experiencing family violence. RSF staff suggested FF be halted and the couple went to mediation, ending up with a parenting plan for contact. Because of gender issues Al was not comfortable to get help as a victim of family violence and Mo laughed at the suggestion that she was using violence. RSF's male FF coach was helpful in working with Al to set boundaries after the mediation and have contact with his sons without having to see Mo too much. Al's mental health gradually improved and he found a new partner. Mo ceased contact with RSF as she felt staff had sided with her ex-partner.

Case study - The Hughes

The Hughes were a family who moved here from Brisbane, the family consisted of Frannie (Mum), LJ (Dad), daughter Kim (2yrs) and baby Sally (4 months). They came to Melbourne to care for Frannie's sick mother who has since died, when Frannie's new baby was 10 days old. Frannie was referred by the local GP and she was diagnosed with depression and medicated. The father, LJ was unemployed and liked to spend 90% of his time with the locals at the rugby club. He had made friends quickly in Melbourne, whereas Frannie had not. This was good for him as it built up his mental health and fitness.

Frannie was at pains to tell her Ready Steady Family Parent Coach that LJ didn't drink much, but he did at times yell and scare the girls when he was angry at Frannie. It had "never got physical". She often said she didn't want to 'fire him up', she had to be careful how she communicated things and not ask for too much help with the baby. Things had to be calm and organised when he came home. If the baby cried she would take both children out in the pram, and she did a lot of feeding, soothing and comforting of the girls in the local park. She said LJ became stressed if there was too much crying from the girls.

Frannie was isolated and spent a lot of time worrying about her daughters and about finances. She said it was hard to make ends meet as Frannie didn't have the family and friends she had back in Queensland, so she had no extra help with groceries etc. LJ was spending a lot of money the rugby club, as he was there 4 nights a week and Saturdays. She did not feel talking to him about that was an option.

Frannie had not told LJ that she took a pay day loan to pay for her Mum's funeral catering. That loan was just growing bigger and bigger and she eventually disclosed that she owed $5200. Frannie begged her Parent Coach not to tell LJ as he would "blow up' at her. Eventually she admitted that in the past when he blew up it included him punching the walls, leaving multiple holes in the plaster and throwing things at her while she was caring for the baby.

RSF staff assisted Frannie with the financial counsellor she needed to stop the loan increasing and arrange a payment schedule. RSF staff talked at length about family violence not necessarily being physical violence against her, and more information about controlling behaviours came out. LJ would not allow her to go to the rugby club, but also wasn't supportive of her joining any other community groups. He believed she should be happy taking care of her daughters, cooking and keeping the house clean. She also had to account for every cent she spent each week and show him receipts.

RSF staff talked with her about the mandated requirement to let Child Protection know about the impact of LJs behaviour on her and the children. She was distraught and frightened. She eventually agreed to work with Women's Health West and the police spoke to LJ about punching holes in the walls and being a protective parent to his daughters.

His behaviour escalated as he was furious that she had told anyone about their private business, but she did not want to leave. There was a very tense period as RSF staff waited for Child Protection to act.

Before Child Protection could investigate, the situation escalated, police attended, and Frannie moved into a refuge via Safe Steps. She was there for two months and was then offered temporary accommodation. She remains isolated but does attend local playgroup with RSF Parent Coaches support. The children miss their father and Frannie is looking at returning to Queensland.

In the first case study (Mo & AL), RSF staff were able to provide both partners with support for a time, however the story highlights the difficulties of keeping both partners engaged. The partner who is using violence may not recognise that their behaviour is a problem and feel unsupported by the service.

In the case of the Hughes family, RSF provided parent coaching to connect Frannie with the FV services and supported a referral to financial counselling for her, but the situation was such that working with LJ was not a possibility.

In both cases studies, RSF staff were able to support the clients subject to FV to recognise it for what it was, and to help those clients to safer situations. Currently, RSF staff work with specialist organisations to support clients experiencing family violence in situations such as these (for example, GenWest) as well as working alongside Drummond Street's specialist family violence practitioners where possible through case consultations. FV cases are stressful and are traumatic for staff as well as clients, and it would be preferrable to be able to continue to provide wraparound support within RSF instead of needing to refer clients to another organisation or to rely on other teams who have their own complex case loads. In recognition of this, RSF is seeking to develop the FV capacity within the RSF team. There are further discussions about FV as a priority area for development within the program later in this document.

Client perception of service quality overall

Client satisfaction with RSF was assessed using client feedback surveys and the Experience of Service (YES) survey.

Items from both surveys relating to specific end of service outcomes are included in those sections in the previous pages, but items specifically pertaining to service quality are included here

To the question asking clients to rate the “Explanation of your rights and responsibilities when you first joined the service”, 86% (12 out of 14) clients said that it was “Very good” or “Excellent”, and 14% (2 respondents) said it was “Good”.

The YES survey also contains two questions that addressed how well the program supported physical health. To the question, “Staff talked about your physical health in a way that was useful” 6 respondents replied that the question was not applicable to them, but the 8 who responded all replied “Always”. To the follow up question asking respondents to rate “The service’s effect on the management of your physical health” 8 out of 9 respondents stated “Very good” or “Excellent”. One respondent rated it as “Good”.

Regarding the support process within the service, respondents were positive about the questions, “Development of a plan with you that addresses all of your support needs”, “You had access to the staff involved in your support when you needed”, and “Staff worked as a team in your support.”

Between 5 & 7 clients reported that the questions about the inclusion of loved ones in their support although between were not applicable to them. The remainder of the clients indicated they had freedom to choose to have loved ones involved if they wanted. To the questions, “You had opportunities for your family and friends to be involved in your support if you wanted” and “Your opinions about the involvement of family or friends in your support were respected”, most of the respondents answered “Often” or “Always”.

Question	Response (14 responses)
You felt comfortable using this service	**100% (14) "Often" or "Always"**
Staff showed respect for how you were feeling	**100% (14) "Often" or "Always"**
You felt safe using this service	**100% (14) "Often" or "Always"**
Your privacy was respected	**100% (14) "Always"**
Staff were positive for your future parenting	**100% (14) "Often" or "Always"**
Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	**100% (14) "Often" or "Always"**
Staff made an effort to contact you regularly	**100% (14) "Often" or "Always"**
You had access to the staff involved in your support when you needed	**100% (14) "Often" or "Always"**
You had opportunities for your family and friends to be involved in your support if you wanted	**4 out of 6 responses "Always"**
Your opinions about the involvement of family or friends in your support were respected	**7 out of 7 responses "Often" or "Always"**
You were listened to in all aspects of your support	**100% (14) "Often" or "Always"**
Staff worked as a team in your support (for example, sharing information and attending meetings with you)	**11 out of 11 responses "Always"**
The support available met your needs	**93% (13) "Often" or "Always"**
Staff talked with you about your physical health in a way that was useful	**8 out of 8 responses "Always"**
Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)	**93% (13) "Very good" or "Excellent"**

Explanation of your rights and responsibilities when you first joined the service	**86% (12)** **"Very good" or "Excellent"**
Development of a plan with you that addresses all of your support needs (such as accommodation, advocacy, employment, health, etc.)	**86% (12)** **"Very good" or "Excellent"**
The effect of the service on your hopefulness for the future	**93% (13)** **"Very good" or "Excellent"**
The effect of the service on your capacity to parent	**93% (13)** **"Very good" or "Excellent"**
The effect of the service on the management of your physical health	**8 out of 9 responses** **"Very good" or "Excellent"**
The effect of the service on your overall well-being	**93% (13)** **"Very good" or "Excellent"**
Overall, how would you rate your experience with this service	**93% (13)** **"Very good" or "Excellent"**

Overall, the client feedback from both surveys reflects positively on the RSF program. In the client feedback survey, 98% of the 60 clients stated that they agreed or strongly agreed with the statement "I am satisfied with the services I am receiving". The YES survey respondents were equally as positive, with 13 out of 14 stating that the support available met their needs. When to asked to rate their overall experience with the service 13 out 14 clients responded "Very good" or "Excellent", with the the remaining client responding "Good."

Table X. Client satisfaction feedback for RSF ongoing evaluations (n = 60)

Statement	No. of people who agreed or strongly agreed with the statement (%)
I feel listened to and my issues are understood	55 (91.7%)
I am satisfied with the services I am receiving	59 (98.3%)

I am better able to deal with the issues I sought help with	56 (93.3%)
I have a better understanding about the issues I sought help with	55 (91.7%)
I have learned new skills to help me deal with these issues	55 (91.7%)
I have changed my behaviours to help me deal with these issues	51 (85%)
I feel more confident to deal with these issues myself	55 (91.7%)

There were several positive comments given in the feedback questionnaire, and also through emails provided to the RSF team. Some quotes from these were:

> *"This is a great service and I hope that it is continued for parents as it helped us as a family to communicate better"*

and,

> *"Excellent, phenomenal program that has been a critical support for us as parents in a really isolating and stressful time of becoming parents during COVID … not having any family near by has felt like there's been a lot of pressure on us as a couple, to be parents and partners, and this program has really helped ease that pressure, and given us tools (like 2 minutes talking, FTC) that we use regularly. Cannot thank you enough. I wish every new family in Victoria could access this program."*

Summary

The evidence reviewed here suggests that RSF is largely meeting the outcomes outlined in its program logic, with a couple of exceptions. Early barriers to expanding referral pathways and building community connections with GPs and hospitals other than the Women and Children's hospital are yet to be overcome. These challenges are demonstrated by the persistence of low referrals from these parts of the health sector. The team hopes that as we emerge from the COVID-19 health crisis, inroads will be able to be expanded to improve referrals from other sources.

All interview participants were extremely positive in their regard for the RSF program and staff. Their narratives depicted the team as a group of highly skilled problem-solvers who were deeply attentive to the needs of the clients that they support. This was echoed further in responses to the YES survey. Data from interviews, the YES survey, and the client feedback survey described the usefulness of RSF seminars and groups. The communication and relationship skills gained by these sessions improved clients' close family relationships and was also reported to have diffused into the relationships of extended family.

In addition to the positive impacts of seminar and group attendance, clients who engaged with the RSF counselling service or worked with a Parent Coach described the profound effects of these aspects of the program on their lives beyond personal development. It was clear from interviewee stories that having well-trained people to listen to their concerns- who could help them see that the difficulties they were experiencing as normal, valid and more importantly fixable- plays a large role in improving a new parent's confidence and wellbeing.

There are several characteristics of the program that appear to support the accessibility of the RSF service. Firstly, the program is free, which removes a key barrier to support seeking for clients in need. Second, an active waitlist means that if a client's mental health needs are escalating they will be fast-tracked into the service. Third, staff work hard to make sure the first contact is a gentle one – staff spend as much time as is needed to make sure a client understands what the service is and how they will be moving forward with support. Fourth, the program employs multilingual staff members (the languages other than English currently spoken on the team are Arabic, Mandarin, Cantonese and Samoan) and the team access a translating service when needed.

Interviewees confirmed the usefulness of the online service delivery options, for increasing access for their partners, but also in terms of convenience particularly during the chaotic period when babies are very new.

Interviewee and the YES survey respondents provided evidence that they view the RSF program as a safe place where they feel comfortable. They spoke of having trusted and valued relationships with the service and DS more broadly. It was apparent from the interviews that RSF (and RSF staff) is viewed as resource that clients feel they can return to in the future if needed.

There was evidence for improved psychosocial outcomes from the interviewees, from the outcome measures and from the YES survey. All interviewees, spoke of improved mental health as a direct result of the program, with the

YES survey respondents indicated that the service had increased their hope for the future and their overall wellbeing.

The interviews, client feedback questions and the YES survey responses provide evidence that clients experienced an increase in parenting skills, improved understanding of parenting and increased confidence in their parenting.

Staff reflections-Review of recommendations from the previous evaluation

In 2020 recommendations were suggested to develop the service further. Senior RSF staff met at the beginning of September 2022 to review these recommendations and identify progress or barriers to their implementation.

1. Deliver the training program for the RSF Screening Tool: There is a further opportunity now that COVID-19 restrictions are easing to deliver a training program for the RSF screening tool.

Staff ceased using the What the Family? screening tool in 2020, as scoring the tool proved difficult in practice. Staff feel however, that the tool's content could be useful if there was a different way to use it, and discussions have begun to explore alternative ways it could be incorporated.

2. Increase reach and engagement with expectant parents: Further emphasis needs to be given to reaching expectant parents by working closely with hospitals to address referral pathway barriers. Ideally RSF needs to reach parents before they have a baby in order to reach them as early as possible in the perinatal period.

Referrals have increased through the maternity social workers at the Women and Children's Hospital. Attempts to build relationships with other organisations, and GPs in particular are still proving difficult. This is an area where a collaborative approach with the DHHS could be beneficial.

3. Adapt Family Foundations for Priority Cohorts: Approach Family Foundations developers to explore ways of making the program more appropriate for RSF priority cohorts. While this is already somewhat progressed for LGBTIQ+ families, funding is required to move forward in redeveloping videos, resources, etc.

This is in progress and videos resources for LGBT families are being developed by Murdoch Children's Research Institute and are expected by the end of 2022. Additionally, there are plans for two of Drummond Street's staff to adapt a small number of program activities for Arabic speaking families.

4. Develop an RSF Guidebook: In order to increase clients' knowledge/understanding of the RSF approach and its offerings a 'guidebook' could be developed and circulated to prospective and new clients. Further, regular emails could be sent out with updates relating to upcoming events e.g. groups and seminars.

There are currently various flyers, information and tip sheets that staff currently use for potential referrers and clients. Staff felt there is a good opportunity to assign a placement student to the task of collating these into one publishable document.

Regarding email updates, the program send update emails from an intake point and from the website. "What's coming up?" emails are sent to community and health agencies connected with the program.

5. Financial Aid: Develop a formalised application process to track client's requests for financial and material support, including a system map of viable providers and possibly a financial emergency fund.

There is currently an application process for brokerage requests being used, that involves staff uploading requests to the client records management system (CRM).

Staff felt a list of providers/system map plus the inclusion of the screening tool would be a useful inclusion to the guidebook referred to in the previous recommendation. That way people could identify areas of need and then approach the appropriate providers.

Questions of brokerage are set to be raised with the NWMPHN part of the future development of the program.

9. Increase community building activities: The aim of these would be to foster social connection amongst parents. These could include events such as morning teas in northern and western region.

A successful series of social activities for parents at Wyndham was trialled for 12 weeks in 2021, which established connections for a group of parents who continue to meet. A group was also trialled in Coburg but only ran for 4 weeks before it was cut short by a return to lockdowns. There are plans to restart these groups again.

10. Flexible use of telehealth: Consider continuing to include telehealth as part of a suite of service delivery options, given the benefits and accessibility of this mode of service delivery for engaging new parents (including fathers), who are often hard to reach.

RSF has now incorporated a hybrid model of delivery, which includes face-to-face and online offerings, and will not return to face-to-face only delivery. Both clients and staff are more open now to phone and Zoom sessions.

Recommendations about outcome measurement collection included

1. Improve the collection of evaluations

a. A return to face-to-face sessions may improve the collection rate if the questionnaires can be completed while clients wait for their sessions.

b. A return to paper questionnaires (with return paid envelopes and paper questionnaires provided, where practitioners are not doing face-to-face sessions) now that COVID-19 restrictions are eased. This may overcome some technological barriers for collection.

c. Where possible, explore getting the main outcome measures interpreted into other languages.

Following the feedback about the measures from the last evaluation, measures were reviewed and the questionnaires shortened. Further work to make the measures more accessible is needed as collection of outcome measurement data has increased, but the response rate is still low. The Centre for Family Research and Evaluation (CFRE) staff have been working with RSF to think through how best to collect outcome measure data without creating added burden on staff.

Staff have also identified that clients with more complex needs have less time and energy to turn their attention to filling out a battery of outcome measures, and so further thought will be given about how to ensure those clients have an opportunity to have their say.

In addition to the available paper versions of the outcome measures. iPads have now been set up for the RSF sites which provides a way for clients to be given the outcome measures easily whilst waiting for a session, as per the policy for data collection prior to COVID-19. Online collection processes are likely to change in the near future however as the move to the new CRM means that capabilities available for data collection will change.

Staff review of points raised in the first evaluation.

Staff were interviewed in 2020 by CFRE staff and raised a number of issues that had been problematic for them in RSF's early implementation. Those difficulties were revisited at the end of August 2022 to explore whether any of those circumstances had changed.

Service paperwork was initially a heavy burden for staff and consumers

When RSF was first implemented, there were heavy requirements for paperwork to be filled out during sessions. After the team raised concerns about the volume of paperwork, individual documents were reviewed and the What the Family? Screening tool was removed from the requirements. The volume of paperwork that staff are required to fill out with clients has been reduced, and there is a better balance now between administration requirements and direct service provision activities.

Regular funding reporting processes were problematic and required in-kind support from an IT consultant to resolve.

In the 2020, staff spoke to CFRE about difficulties with reporting that stemmed from a mismatch between the way that the existing CRM generated datasets for reporting and how those datasets needed to be uploaded to the funders reporting portal. 'Errors' (wrongly formatted data points) meant the datasets couldn't be uploaded to the NWMPHN Data Collection Portal, and the service manager would spend hours combing through the datasets until a consultant was able to be engaged to fix the errors. The consultant resolved the problem by setting up a process to fix the errors and remains available to the service manager for support if needed.

RSF currently lacks specialist capacity to support clients *within the program who are experiencing family violence and/or are risk of homelessness*

There is a need for a staff member with expertise in family violence (FV) and emergency housing (EH). There have been 28 clients to date that have needed family violence support and 7 who needed Child Protection involvement.

While there has been a Priority Response team established, a permanent Parent Coach who specialised in FV and housing would increase the readiness and capability of the RSF team to support these circumstances from within the program.

Barriers and enablers to implementing RSF.

Dads/ non-birth parent groups and groups where one parent can't attend on their own

Funding is a barrier to running programs that could reach Dads/non-birth parents. Programs on the weekend are more accessible to Dads/non-birth parent, but we are currently unable to hold them as we can't afford to pay for weekend staff members.

GPs and maternity units at hospitals other than the Royal Women & Children's do not refer clients

Despite repeated attempts to establish referral pathways via local GPs in the areas that RSF supports and hospitals other than the Women & Children's. Referrals from GPs remain out of reach.

There is a plan to put together a smaller version of this evaluation with the client outcomes as a type of practice approach document to be shared with GPs and hospitals as an introduction to the program's offerings. Staff also suggested that it may be useful for the PHN and DHS to support a program of network building in collaboration with DS order to minimise this barrier.

First contacts and introducing the intake process to potential clients

Staff have become aware that some clients, particularly those currently experiencing mental health challenges seem taken aback or concerned when they are informed that "a staff member will have a half-hour chat and ask some questions". This is possibly because clients may interpret that to be some form of surveillance if they engage with the service. Staff are interested to have some time invested (perhaps by CFRE staff) to ascertain how the introduction of the intake process at first contact could be conducted in a way that doesn't concerned clients.

Additionally, staff have noticed that clients can seem concerned sometimes with the way the organisation is presented – introducing Drummond Street Services seems to cause potential clients to hesitate, as does simply saying you're from 'Drummond Street.' Some work needs to be done to identify trauma-informed ways of having those first contacts.

Other barriers related to the intake process staff noted are that sometimes people simply need nappies and don't want to have to fully engage with the service yet and so the requirement for a full intake is a barrier to meeting some parent's needs. This may be because they are overwhelmed, or they don't trust us yet.

Lastly, the “03” landline phone number seems to make people less likely to answer their phone, if staff call from their mobile number, potential clients are more likely to pick up the call.

Enablers

The Drop-in centre in Collingwood

Staff credited the drop-in centre at Collingwood for creating an environment that supports greater accessibility to the program. Potential clients & staff have opportunities to get to know each other and can build a rapport as there are consistently staff situated there. Staff note this is particularly useful for clients for whom English is not their first language, as RSF staff members with English as a second language are able to translate for the client. If the staff member does not speak the client’s language, a phone call is made to TIS and staff can interpret while the client is there.

Outreach

Similarly, the outreach component helps clients build trust with the RSF staff as they can see that staff are willing to make the effort to meet them where they are. High-risk clients particularly, who have less time and energy, more complex mental illness, more constraints on their travel, and possibly less privacy at home, can be reached and supported more effectively via outreach.

The hybrid model of online, phone & face-to-face offerings

Online and phone delivery has widened access for a lot of families. As mentioned above, phone and online sessions have made it easier for parents of very young babies to participate in groups and sessions, and reduces the energy and time required to get ready to leave the house and travel to another location with or without an infant in tow.

Opportunities for Ready Steady…Family! program development.

A number of opportunities for improvement have been identified to support continual improvement processes.

A more useful waitlist period for clients

When clients are not high risk, they are often moved down the list so more acute clients can be supported urgently, but this means the less acute clients may wait for a couple of months for service. This is an example of the ‘missing middle’- people who are not acute can’t access less intense (but still crucial) support and don’t get the help they need when they need it. The lack of less intensive support then can contribute to mental health escalations.

In the RSF program, for example, a couple's counsellor would be beneficial as the staff refer many clients to Relationships Australia, and Care in Mind but they also have very long waiting lists.

The opportunity to deliver services on the weekend

The program currently faces barriers to reaching parents who work throughout the week (often Dads /non-birth parent), and parents who could attend groups and other support if their partner could watch their baby. Funding extra staff members to deliver these services would help meet these needs.

Proposed staffing increases:

Requirement 1.	**Purpose**
1 FTE **Clinical psychologist or mental health social worker**	The management of clients on the waitlist, suggests that the program needs extra counselling capacity to ensure the program can meet the needs of the "missing middle" who get bumped down the waitlist behind more acute clients.

Requirement 2.	**Purpose**
1 FTE **Dads/Non-birth Parents & Partners worker**	A staff member who could expand groups for these clients out of business hours. Proposed job share of .5 FTE based in Brimbank, and .5FTE based in Wyndham

Requirement 3.	**Purpose**
1 FTE **Additional parenting coach.**	This staff member will have expertise in family violence sector and extensive knowledge of emergency housing pathways and placement

Requirement 4.	**Purpose**
$20,000 for casual wages to employ trained male and LGBTIQ+ identified staff.	Despite not needing these staff members consistently, RSF does periodically need male and LGBTIQ+ identified staff, and the option to train and bring them in when necessary.

Requirement 5.	**Purpose**
.4 FTE for Peer worker	A Peer worker is required to do social connection outreach and distribution of material aid, basic case work. Material aid is currently distributed by a volunteer, but the program needs a worker who can provide very basic outreach support, social connection for clients and risk monitoring while they are visiting.

Further suggestions based on program needs:

Requirement 6.	Purpose
$45,000	Staff have identified an additional $45,000 for non-salary costs would help to develop the program further. This sum is broken down as follows: **An extra $20,000 for brokerage.** This allows the program to house a client in a hotel room (max 2 nights) while they get organised to enter a refuge. It also pays for things like childcare initial fees, medications, in special cases, help with overdue bills, food, petrol, cab vouchers. On special occasions, these funds allow families that have been dealing with a lot of traumatic events to have a day out to relax together and decompress. For instance, the family may be funded to have a day out at t zoo. All clients accessing brokerage are also expected to take up financial counselling. **Professional development funding for parent coaches equal to $20,000** This would contribute to building parent coach skills in areas such as: • Mental health first aid, • newborn observation, • family violence, • working with young parents, • trauma-informed care. (This has become a more urgent need as a result of increased complexity of clients during pandemic). **$5,000 to collate and print the RSF guidebook.** This would support the production of the guidebook project mentioned above. This would include collation of our current collection of practical tip sheets, into a booklet, which includes the What the Family? screening tool in a form parents can easily use. As mentioned above, a student on placement can do this, the program would only require graphic design and printing costs.

Proposed PHN collaboration that would be helpful

Quarterly co-locations to establish and build networks in the sector

PHN could support the RSF team and wider sector building by arranging to have quarterly co-locations at various maternity hospitals and Orange Door sites. The extra time invested in building those relationships would be beneficial and having RSF staff sitting in these services one day per week would be the best way to help the referrals flow. These locations would also help us connect with people who are expecting a baby.

Convenient local storage of material aid

The RSF team currently travel back and forth to Clayton (St Kilda Mums) to store and pick up material aid for distribution. In the absence of local storage, staff must store items in their cars until they can be either taken back to Clayton or distributed to the clients for which they were intended. This impacts on their personal use of their cars and is not a secure option for managing pick-ups and distribution. There are some basics that the program would like to store – donated nappies, formula, car seats and prams. The PHN may know of somewhere in Brimbank or Hoppers Crossing areas they could access. Staff have looked into paying for a storage container, but it is not viable.

Recommendations

1. To increase the family violence capability of the team through the employment of a specialist family violence staff member.
    - As an interim measure the team should continue to draw on specialist family violence staff through secondary consults and case support where possible.

2. To expand group and seminar weekend service delivery to include parents who work fulltime and parents who need the working parent to be at home for them to participate in face-to-face groups and seminars.
    - Weekend staff could also facilitate the re-establishment of informal parent meetups on a Saturday or Sunday afternoon to improve social connections for new parents.

3. To develop Information booklets to raise awareness of RSFs offerings for potential clients
    - Booklets should include RSF tip sheets and information packs into a booklet to raise community awareness and provide information that would be helpful for new parents.
    - A professional booklet to improve referrals could be developed to demonstrate the benefits of the program for clients and outline RSF offerings.

4. To review the first contact process

- The team should explore culturally safe and trauma informed ways to make contact with clients from various ethnicities for the first time, so as to increase the sense of safety and trust in that first phone call.

5. To review the program's outcome evaluation tools to ensure that the measures align with outcomes outlined in the revised program logic and processes to improve collection rates.

Limitations

Data from the interviewees, the 7-item client feedback questions and the YES survey responses are overwhelmingly positive, and many of the stories from the interviewees spoke to aspects of the RSF program (namely the ways that the staff approach the clients and the usefulness of the groups and seminars). However, it is important to remember that the data sets available for this evaluation are small - paired scores from the outcome measures data for example, represent a response rate of less than 20% of the parents who have used the service (between 50 and 60 pairs). There were 60 responses to the client feedback that goes out with the pre- and post- outcome measures and 14 respondents to the YES survey.

Additionally, while using more than one data source to triangulate the findings goes some way to increasing confidence in the results, validity is reduced by the recruitment process for the interviewees. Interviewees (both in 2020 and 2022) were first approached by the RSF staff to gauge their interest in participating in an interview, and then their details passed on to the research team. Unintentional bias could occur where disgruntled clients may no longer be contactable or respond to messages from the service. While there are risks of bias associated with this recruitment method, it is also a safe way to recruit participants, enabling practitioners to select clients for interview who are unlikely to become distressed as a result of participation.

These limitations notwithstanding, it is clear from the interviewees and data from feedback and YES survey respondents that for these clients at least, the program has been extremely beneficial, in some cases profoundly so.

Appendix A – Community Awareness Activities & Groups/Seminars list

Community Awareness/Capacity building activities

Promoting community awareness of ante and post-natal mental health and building service system capacity across universal and specialist services is a focus of RSF. This includes information and training sessions for health partners, through NWMPHN, GP networks, Local Government MCH units and hospitals. We will jointly deliver forums and training across the antenatal and postnatal service systems, covering:

- Transition issues for parents and new families
- Providing a stepped-care approach for the transition to parenthood that supports family mental health and wellbeing
- Designing and targeting service interventions for different cohorts
- Ready Steady Family! resources, which include a manual, screening tool, intervention guide and resources
- Family violence prevention for LGBTIQ+ new parents
- Providing intensive support for Wyndham early years and MCHNs in the area on their request (running multiple seminars and groups and getting more involved in their New Parent Groups as they cannot meet demand and are 6o nurses short of meeting demand)

Groups and Seminars held between July 2021 & June 2022

Groups/Seminars and where they were conducted	Sum of Participants
2021	**1197**
Jul	**346**
Epping	16
Stress Management for Mums	16
Moreland	22
Transtition to Parenthood	22
NW Region	259
Keys to Baby Bonding	8
Parenting toddlers / during Covid	2
Music/movement groups	186
Zen Bubs	61
Transtition to Parenthood	2
Wyndham	32
Music/movement groups	18
Stress Management for Mums	14
Yarra	17

Transtition to Parenthood	17
Aug	**218**
Brimbank	19
Gender Equality as Kids Grow	7
Parenting toddlers / during Covid	7
Screen Time for Little Ones	5
Brunswick	9
Transtition to Parenthood	9
Maribyrnong	42
Dads/Caregivers groups	42
Moreland	66
Keys to Baby Bonding	30
Stress Management for Mums	15
Transtition to Parenthood	21
NW Region	53
Zen Bubs	53
Yarra	29
Transtition to Parenthood	29
Sep	**211**
Brimbank	28
Music/movement groups	28
Moreland	77
Keys to Baby Bonding	20
New Parents Pizza night	16
Transtition to Parenthood	41
NW Region	86
Parenting toddlers / during Covid	56
Dads/Caregivers groups	30
West Melb	2
Childbirth Education with Gillian	2
Yarra	18
Transtition to Parenthood	18
Oct	**127**
Moreland	28
Transtition to Parenthood	28
Online	78
Look Who's Talking	32
Stress Management for Mums	26
Twinkle Twinkle Baby Sleep	20
Yarra	21
Transtition to Parenthood	21
Nov	**186**
Melbourne	10
Transtition to Parenthood	10
Moreland	8
Transtition to Parenthood	8
Online	140

Circle of Security	28
Zen Bubs	92
Twinkle Twinkle Baby Sleep	20
Yarra	28
Community Engagement	3
Transtition to Parenthood	25
Dec	**109**
Moreland	30
Transtition to Parenthood	30
Online	56
Get Ready!	36
Twinkle Twinkle Baby Sleep	20
Yarra	23
Transtition to Parenthood	23
2022	**462**
Jan	**40**
Online	40
Circle of Security	19
Transtition to Parenthood	19
Twinkle Twinkle Baby Sleep	2
Feb	**85**
Online	64
Transtition to Parenthood	52
Twinkle Twinkle Baby Sleep	9
Dads/Caregivers groups	3
Yarra	21
Community Engagement	21
Mar	**113**
Face-to-Face	25
Transtition to Parenthood	25
Online	61
Get Ready!	18
Zen Bubs	15
Transtition to Parenthood	18
Twinkle Twinkle Baby Sleep	10
Yarra	27
Community Engagement	27
Apr	**51**
Face-to-Face	34
Transtition to Parenthood	34
Online	17
Twinkle Twinkle Baby Sleep	9
Dads/Caregivers groups	8
May	**109**
Face-to-Face	26
Transtition to Parenthood	26

Online	83
Circle of Security	33
Get Ready!	18
Zen Bubs	28
Twinkle Twinkle Baby Sleep	4
Jun	**64**
Face-to-Face	29
Transtition to Parenthood	29
Online	28
Transtition to Parenthood	22
Twinkle Twinkle Baby Sleep	6
Yarra	7
Transtition to Parenthood	7
Total	**1659**

Appendix B – Multi-agency Collaborations

Within RSF, DS has collaborated with a wide range of organisations, including formal partnerships. Key organisations include:

- Murdoch Children's Research Institute (MCRI)
- Healthy Mothers Healthy Families (HMHF) Research Group; co-design, implementation and evaluation of Family Foundations, evidence-based parent/child home-based intervention, targeting vulnerable families at risk of tertiary intervention;
- Inner Melbourne/Wyndham (DHHS Innovation Trial) Western Health; agreement for DS collaboration with Post-natal Mental Health clinic.
- Mercy Mother/Baby Unit Royal Women's Hospital; Co-developed support model for vulnerable teen parents MCH;
- Established partners (Wyndham, Brimbank, Hobsons Bay, Moreland, Yarra and Melbourne), co-care, training and support.
- VICSEG; supportive playgroups for CALD/refugee parents;
- Wyndham, Brimbank & Epping. alongside MCH, hospitals,
- AOD, specialist mental health services; inpatient & outreach.
- And as babies grow- Playgroups Victoria including supported playgroups and playgroup settings for families with special needs.

Appendix C – Description of groups and sessions in RSF

Get Ready!

A six-session crash course in birth and the first few months. These sessions include practical information such as XXXX, XXXXX, and XXXX. Practitioners also emphasise that the group is intended to be a safe space where new parents can ask anything they need to in order to feel more confident and equipped to care for their new baby.

Down to Earth

These are a series of four groups which introduce a range of strategies to help prevent PND. These range from management of mental health and wellbeing to conflict management.

Settling and Sleep Single Sessions

These sessions were developed by the RSF team in response to a need that emerged for specific guidance with baby's sleep routines. These sessions are separate to the other preventions/interventions for, which were often affected by the many changes to home routines as a result of COVID-19. In response to this growing need, a single session model was used to create a settling and sleep service intervention to best meet the family's needs with a limited time commitment. The single session model consists of a one hour zoom meeting where baby's sleep needs/concerns are discussed, a plan devised and resources shared. Follow up emails and additional calls can be made at the client's discretion. This approach has also meant that families who are seeking some support but do not want to be engaged with the service for a long period can be accommodated.

Look Who's Talking

This group focusses on understanding how babies communicate and to recognise new baby's needs are (up to 0-4 months) . This group is accessible to anyone that may be present in a new baby's life (e.g., to Mums, Dads/Non-birth Parents, Carers, Grandparents) by a practitioner trained in the New Born Observation Program by the Royal Womens Hospital.

NEW Dads/Non-birth Parents Group

This is a 4-session Zoom group for Dad's. This group is for Dads/Non-birth Parents of children at all ages, but tends to be mostly new fathers. Topics covered in the New Dad's group are Managing your babies crying, Meeting their needs, and Supporting your partner.

Circle of Security Parenting

The Circle of Security Parenting is a 8-week group program focusing on the attachment and bond between parents and their children. The program is based on decades of research about how secure parent-child relationships can be supported and strengthened.

Twinkle Twinkle

Would you like some clear information on sleep routines and hints to help your baby slumber peacefully? Register to our Zoom Session. Participants need to be expecting a child or have a child up to 1 year of age.

Zen Bubs

A fun mix of baby massage and baby yoga. Suitable for parents/grandparents/carers and bubs up to 12 months.

Appendix D – Referral Types table

(n = 466 clients)

Referral Source	n (%)
Self	83 (18.6)
Maternal and Child Health Nurse	72 (16.1)
Health Agency (including hospitals)	64 (14.3)
drummond street services (including groups & seminars)	60 (13.5)
Community Services Agency	20 (4.5)
Friends	9 (2.0)
Media	6 (1.3)
Other	5 (1.1)
General Medical Practitioner	1 (0.2)
Not reported	126 (28.3)

Appendix E – Client Geographic information

(n = 446 clients)

LGA	n (%)	LGA	n (%)
Wyndham	112 (25.1)	**Moonee Valley**	5 (1.1)
Hume	59 (13.2)	**Stonnington**	5 (1.1)
Brimbank	57 (12.8)	**Whittlesea**	4 (0.9)
Moreland	51 (11.4)	**Banyule**	3 (0.7)
Yarra	46 (10.3)	**Port Phillip**	3 (0.7)
Melbourne	30 (6.7)	**Macedon Ranges**	2 (0.4
Darebin	29 (6.5)	**Knox**	2 (0.4)
Melton	12 (2.7)	**Glen Eira**	2 (0.4)
Maribyrnong	11 (2.5)	**New South Wales**	2 (0.4)
Hobson's Bay	7 (1.6)	**Not reported**	4 (0.9)

Appendix F – Client demographics & psychosocial characteristics at intake.

Characteristic	n (%)
Gender	
Cis Female	211 (47.3)
Cis Male	111 (24.9)
Non-binary	2 (0.4)
Other	2 (0.4)
Not reported	120 (26.9)
Age in years (M, SD)	32.5 (7.0)
	Range: 17-57
Country of Birth	
Born in Australia	171 (38.3)
Not Born in Australia	149 (33.4)
Not reported	126 (28.3)
Aboriginal and/or Torres Strait Islander	
Aboriginal	8 (1.8)
Aboriginal and Torres Strait Islander	1 (0.2)
Main language spoken at home	
English	253 (56.7)
Language other than English	73 (16.4)
Not reported	120 (26.9)
English language ability/proficiency	
Well or very well	257 (57.6)
Not well	14 (3.1)
Not at all	2 (0.4)
Not reported	173 (38.8)
Highest level of education	
University	23 (11.5)
High school	28 (6.3)
Certificate, diploma, trade qualification	13 (2.9)
Primary school	13 (2.9)
Not reported	219 (49.1)
Employment	
Parenting/caring	49 (11.0)
Full-time	33 (7.4)

Part-time	13 (2.9)
Studying	7 (1.6)
Not employed – not looking for work	9 (2.0)
Not employed – looking for work	6 (1.3)
Not reported	329 (73.8)
Sexuality	
Heterosexual	258 (57.8)
Bisexual	13 (2.9)
Pansexual	3 (0.7)
Gay	2 (0.4)
Queer	2 (0.4)
Asexual	2 (0.4)
Lesbian	1 (0.2)
Not reported	165 (37.2)
Household/family constellation	
Family	191 (42.8)
Other (e.g., other family, shared care)	46 (10.3)
Expectant couple	38 (8.5)
Sole parent	27 (6.1)
Step-family	8 (1.8)
Not reported	136 (30.5)
Disability	
No	300 (67.3)
Yes	26 (5.8)
Not reported	120 (26.9)

Psychosocial Characteristics	**n (%)** (Note: denominator varies due to missing data)
Parental psychological distress	
No distress	63 (39.1)
Clinically significant distress	98 (60.9)
Parental conflict	
High verbal conflict	32 (28.8)

High physical conflict	8 (7.2)
Loneliness (during COVID-19)	
Unlikely loneliness	56 (33.9)
On loneliness spectrum	104 (63.0)
Most intense loneliness	5 (3.0)
Financial distress in last 12 months	46 (27.9)

Appendix G – Frequency of presenting needs

(n = 329 clients)

Presenting Need	n (%)
Parent/Caregiver health and wellbeing concerns	
Mental health difficulties	185 (56.7)
Stress	136 (41.7)
Wellbeing and self-care issues	131 (40.2)
Anxiety	93 (28.5)
Depression	54 (16.6)
Trauma	45 (13.8)
Physical health concerns	17 (5.2)
Substance abuse	4 (1.2)
Disordered eating	5 (1.5)
Adversity and stressful life events	
Community participation and support difficulties	86 (26.4)
Financial issues	68 (20.9)
Material wellbeing concerns	34 (10.4)
Housing and accommodation issues	27 (8.3)
Childhood emotional and/or physical abuse	19 (5.8)
Personal and family safety issues	17 (5.2)
Employment, education and training issues	14 (4.3)
Adult emotional and/or physical abuse	10 (3.1)
Bullying issues	4 (1.2)
Adult sexual abuse	4 (1.2)
Parenting and child development concerns	
Parenting issues	249 (76.4)
Child development concerns	79 (24.2)
Post-separation parenting issues	16 (4.9)
School difficulties	3 (0.9)
Family functioning issues	
Family functioning difficulties	212 (65.0)
Couple relationship issues	126 (38.7)
Family relationship difficulties	94 (28.8)
Family violence	25 (7.7)
Couple separation	17 (5.2)
Stepfamily issues	15 (4.6)

Appendix H – Frequency of risk factors

(n = 326 clients)

Risk Factor	n (%)
Parent mental health symptoms	155 (47.5)
Recent stressful life event	102 (31.3)
Social isolation	94 (28.8)
Family conflict and/or family violence	42 (12.9)
Economic deprivation	55 (16.9)
Child emotional-behavioural or mental health symptoms	25 (7.7)
Poor and/or sub-optimal parenting	13 (4.0)
Substance use	11 (3.4)
Child interpersonal skills difficulties	9 (2.8)
Homelessness	3 (0.9)
Child physical health problems	2 (0.6)
Child disengagement from school	1 (0.3)

Appendix I – List of evaluation measures used

Outcome	Measure
Parent mental health	Kessler Psychological Distress Scale (Kessler-10)
Parent/caregiver conflict	Interparental Conflict Scale*
Loneliness	4-Item from the UCLA (Campaign to End Loneliness Scale
Client Feedback	7-Item scale
Client's Experience of Service	Your Experience of Service (YES) survey

Appendix J – Original Program Logic:

Objectives: To maximise the mental health and well-being for all family members during the transition to parenthood through providing prevention, early intervention and tertiary responses to families in order to reduce couple/family conflict, improve family functioning, increase cohesion and couple relationship functioning and parenting skills.

The transition to parenthood is a period of heightened risk of onset and relapse of mental health issues and of poor outcomes due to a number of modifiable risk factors that may come to the fore during this period. **This risk may be exacerbated further in specific cohorts that are more vulnerable or find it harder to access services i.e. LGBTIQ+, refugees and asylum seekers, Aboriginal and Torres Strait Islander People, people from diverse language, ethnicity and faith backgrounds and people of colour.** **Interventions are needed to address these risk factors and provide services that are responsive to these more vulnerable cohorts and to the needs of clients.**	Funding Staff (including lived experience workers) Service infrastructure Organisational systems and processes Outreach capability- vehicles, etc. Evidence informed practice model Murdoch Children's Research Institute	Prevention initiatives including tip sheets, online seminars providing psycho-education (e.g. why babies cry and cry) and pathways to early (and other) interventions. Intake service screening across health and wellbeing risks. Risk screening/assessment with universal/specialist health services (i.e. GP's/midwives/MCHN) Assertive community engagement including selective/indicated prevention groups for at-risk groups (e.g. parental stress group) Parent coaching (providing in-home visits/undertaking whole-of family biopsychosocial assessment/ brief/intensive support/ address interpersonal issues/ coping skills, parenthood issues, reduce social isolation) Family Foundations– an in-home intervention to strengthen parent relationships Counselling and case management, providing co-care with service partners. Evaluation of services and activities	Seminars and groups across a range of topics (e.g. childbirth, family relationships and parenting) Tip sheets developed and distributed (via email during COVID) A screening tool to help identify major areas of risk that impact wellbeing in the transition to parenthood Engagement with at-risk groups identified by NWMPHN and ds e.g. 48.7% born outside Australia Engagement with and referrals from the broader services sector – including MCHN, community support services, family support services. Interventions (Family Foundations, Parent Coaching, Counselling) delivered. Quarterly reports delivered to the NWMPHN.	Adoption of behaviours that minimise risk and maximise protective factors for wellbeing across multiple domains to: • improve mental health • improve family functioning and reduce family conflict • improve partner functioning and reduce partner conflict • increase parental self-efficacy • improve co-parenting skills • increase positive and decrease negative parent-child interactions • increase social connectedness Engagement of diverse cohorts in the RSF program Increased understanding by the broader services sector of the risk and protective factors that impact wellbeing and mental health in the transition to parenthood; and the importance of intervening and referring during this period Increased referrals. Research and evaluation activities contribute to building the evidence base	Improved mental health and wellbeing, including safety and lack of family violence (Adults, Children & Infants) Improved partner wellbeing Improved family wellbeing Improved parenting and co-parenting skills Increased social/community connectedness RSF program is known and respected within the community and the broader service sector Research and evaluation activities influence policy

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