

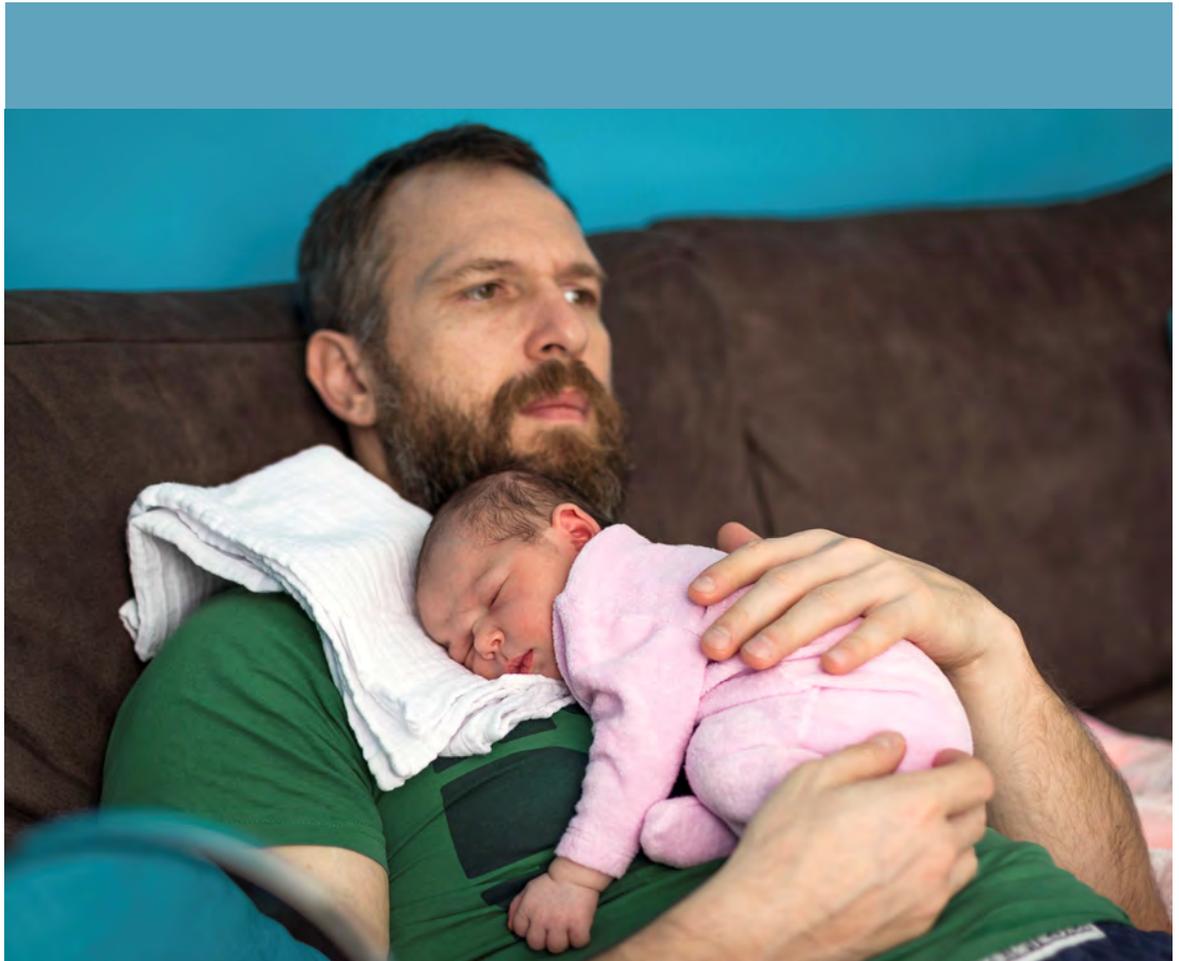


Queensland  
Family & Child  
Commission

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# Queensland Family and Child Commission – Talking Families Stakeholder Survey 2016



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## Contributors

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## Limitations

The sample was not randomly selected. Participants were individually invited to respond because of the difficulty identifying the population and having contact details for sample selection. The sampling method was practical however it does have limitations in terms of the generalisability of findings across the Child and Family Support Sector due to potential bias in the sample from an opt-in survey.

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# 1 Executive Summary

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An online survey of stakeholders in the Child and Family Support Sector was undertaken to understand stakeholders' perceptions of why families would or would not seek out services or take up support services. The survey complements the Talking Families Baseline Survey conducted with parents and non-parents in 2015, which provided insights into families' perceptions of the barriers to, and facilitators of, seeking, accepting and/or offering help. The survey was completed by 200 respondents between 29/06/2016 and 21/07/2016 and took on average 42 minutes to complete.

The majority of stakeholders (95%) believed most staff strive for best practice and three quarters (72%) believed most staff feel empowered to make a difference. However, 32% of stakeholders did not think families believe it is important to get help, 32% did not think most children, young people and families who need help are comfortable asking for it and 37% believed children and families don't access services if and when they need them. Stakeholders believed that barriers for parents were stigma, the fear of being judged or having children removed, and system barriers such as awareness, access, availability and appropriateness of the services. The stakeholders surveyed also believed there were some limitations in the access to services, particularly for children, young people and/or families with special needs, those who are culturally and linguistically diverse or Aboriginal and/or Torres Strait Islander families.

Inversely, the factors that stakeholders believed encourage help-seeking behaviours were minimisation of stigma through a non-judgmental approach; empathic, skilled and warm staff; recommendations and referrals from other families who had had a positive experience; awareness of the services and the need to reach out for help; and the families' own motivation and support during that process.

Although the trust and reciprocity among professionals were relatively high, clients' family and friends were thought to not always act in the child's best interests.

In conclusion, the professionals in the Child and Family Support Sector felt empowered to make a difference in the lives of their clients but believed families face strong barriers. The barriers identified by respondents from the sector were consistent with those identified by parents and non-parents in the Talking Families Research Report.<sup>1</sup>

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<sup>1</sup> <http://www.qfcc.qld.gov.au/talking-families-research-report>

## 2 Introduction

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The Queensland Government is transforming the state's child protection system to help families care for their children and make Queensland the safest place in Australia to raise a child. In December 2013, the Queensland Government published its response to the Queensland Child Protection Commission of Inquiry's final report *Taking Responsibility: A Roadmap for Queensland Child Protection*. The inquiry report, which was released on 1 July 2013, states that "it is clear [...] that parents (and families) should take primary responsibility for the protection of their children and that, where appropriate, parents should receive the support and guidance they need to keep their children safe."<sup>2</sup>

Over the next 10 years, government and non-government sectors, including peak bodies, service providers and communities, will work together to:

- build a new child and family support system with a greater focus on supporting families to provide a safe home for their children
- deliver the best outcomes for all Queensland children and their families
- shape a more accountable, transparent and cost-effective child protection system for Queensland.

The vision for the Queensland Child Protection Reforms (the Reforms) includes empowering families to seek the help they need through supportive services they trust to enable them to better care for their children and young people. In 2014 the Queensland Family and Child Commission (QFCC) launched the first phase of the Talking Families social marketing campaign as part of a public communication strategy to support the Reforms. In July 2015 the QFCC commissioned Ipsos to undertake market research services to support the second phase of the Talking Families campaign.

In 2015, 4,000 parents and non-parents were surveyed to better understand what drives help-seeking, help-offering and help-accepting behaviours in relation to parenting in Queensland.<sup>3</sup> By working together with our stakeholders, the QFCC want to use this research to support and inform future community education campaigns to encourage more help-seeking, help-offering and help-accepting behaviours in relation to parenting. To complement this research a survey of stakeholders

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<sup>2</sup> Queensland Government response to the Queensland Child Protection Commission of Inquiry final report, December 2013, page 1

<sup>3</sup> <http://www.qfcc.qld.gov.au/talking-families-research-report>

from the Child and Family Support Sector was conducted in July 2016. This section provides a brief overview of the research background including the scope of the stakeholder survey.

## 2.1 Research objectives

The survey sought to understand the sector's perspective of why families would or would not seek out services or take up support services when referred. The Talking Families Baseline Survey conducted among parents and non-parents provided insights into families' perceptions of the barriers to, and facilitators of, seeking, accepting and/or offering help. The survey discussed here intended to understand stakeholders' perceptions of what is driving these behaviours.

## 2.2 Methodology

The survey consisted of an online questionnaire which was sent by email by the Queensland Family and Child Commission to stakeholders of the Child and Family Support Sector:

- NGO staff who work with families (e.g. QCOSS members)
- QLD Government staff with mandatory reporting requirements (e.g. police, teachers, health practitioners, community visitors, child safety staff etc.)
- Staff of organisations (State and NGO) of programs and services that support families and children (Indigenous and non-indigenous organisations and staff).

The survey was completed by 200 respondents between 29/06/2016 and 21/07/2016, and took on average 42 minutes to complete.

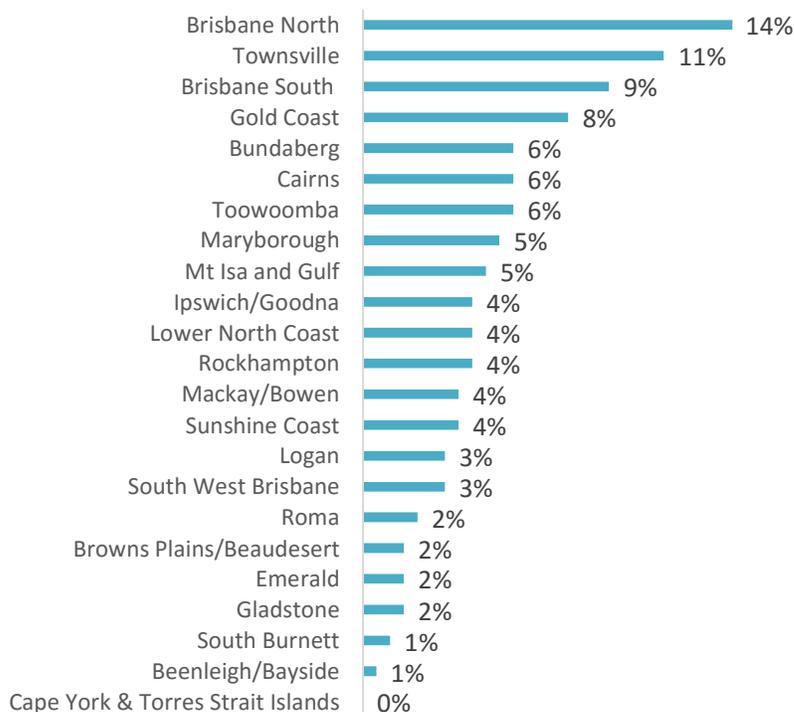
## 2.3 Sample profile

Overall 87% of the sample were female and 13% were male. Of the respondents, 10% identified as Aboriginal and/or Torres Strait Islander and 8% were from culturally and linguistically diverse backgrounds. The proportion completing the survey in each of the Department of Communities, Child Safety and Disability Services regional boundaries of Queensland (DCCSDS Regions)<sup>4</sup> are listed in Figure 1.

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<sup>4</sup> <https://publications.qld.gov.au/dataset/family-support-service-stocktake-department-of-communities-child-safety-and-disability-services>

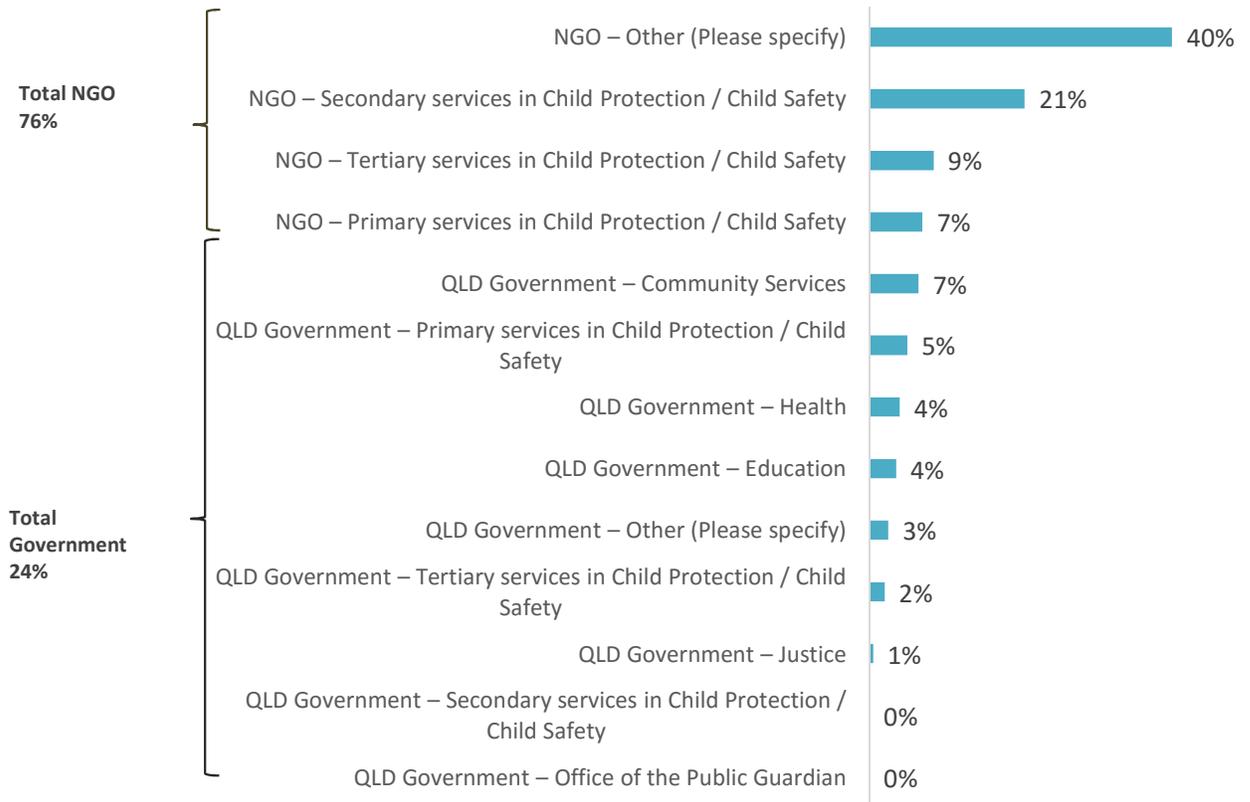
**Figure 1 DCCSDS Region**



SQ3. What is the postcode in which your work?  
Base n = 200

Almost all (approximately 98%) of the sample had tertiary qualifications, including TAFE qualifications, diplomas, and university degrees. As shown in Figure 2, three quarters (76%) of the sample worked in non-government organisations (NGO) and a quarter (24%) were working in government. Of those working in NGOs, 3% worked for Aboriginal and/or Torres Strait Islander-owned or -operated organisations, 5% for other types of organisations, 32% for an organisation owned by a religious entity or affiliated with a religion and 60% for organisations with no cultural or religious affiliations. Just over half (54%) worked directly with children, young people and/or their families. The remainder of the sample consisted of those who manage frontline workers (41%) and those who work in a central office or agency that administers or funds services or programs that work with children, young people and/or their families (5%).

**Figure 2 Sector**

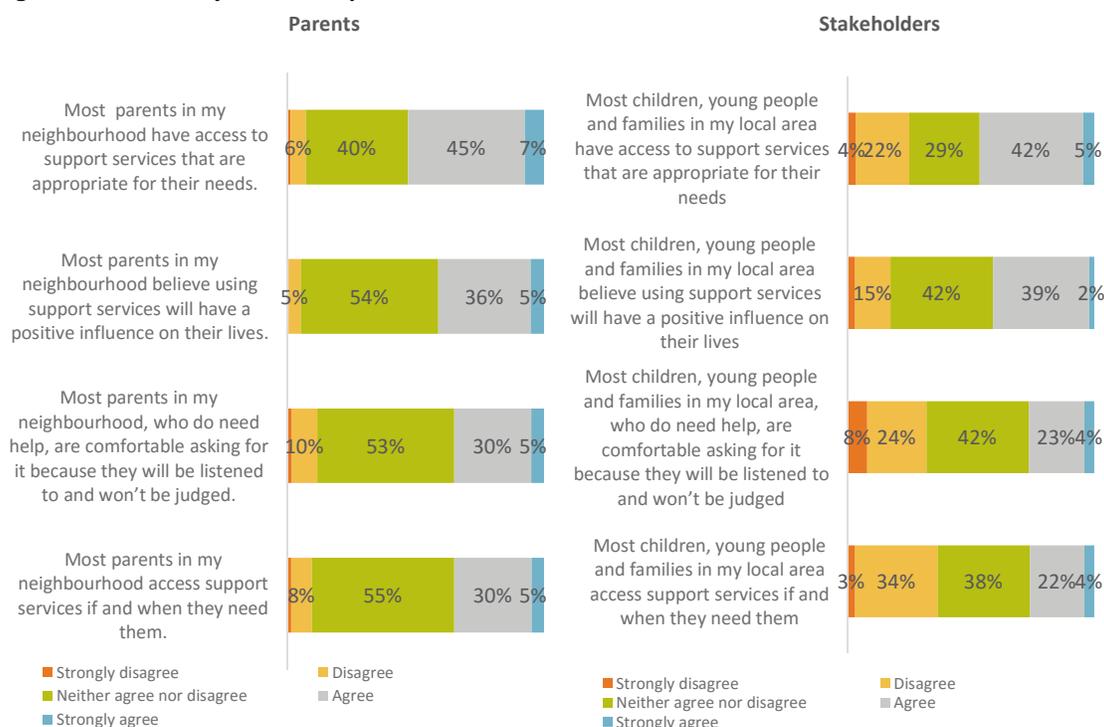


SQ2. Which part of the sector are you working in?  
Base n = 200

### 3 Community norms

If community norms of seeking help and support are an important mediator of parenting behaviours, then measuring community norms represents an important component of evaluating the social environment. A community norm is typically defined as a shared expectation of how people should behave within certain roles or situations. Community norms regarding help seeking are descriptive norms defining what most people think most people do in regards to accessing and using support services. The Talking Families Research Report of Queenslanders<sup>5</sup> found that few parents had strong positive community norms for accessing support services. This was a consistent finding, but to a greater extent with stakeholders. Only a third (35%) of parents believed that most parents in their neighbourhood access support services if and when they need them compared to a quarter (26%) of stakeholders.

**Figure 3 Community norms for parents and stakeholders**



Source: Q12.  
Base: parents (n, n#=1991)

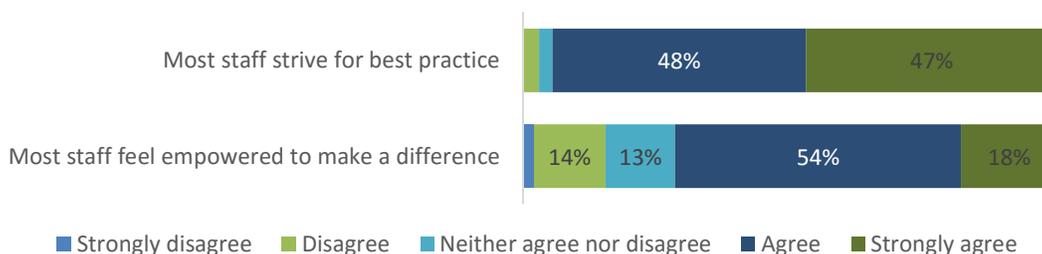
D8. Thinking about your local area, how strongly do you agree or disagree with these statements?  
Base n = 200

<sup>5</sup> <http://www.qfcc.qld.gov.au/talking-families-research-report>

Nearly half (47%) of the stakeholder sample felt most children, young people and families have access to support services that are appropriate to their needs but a quarter (26%) did not. One in five (18%) thought most children and families don't believe using support services will have a positive influence on their life. A third (32%) didn't think most families who need help are comfortable asking for it.

Figure 3 shows a positive sentiment amongst the stakeholders surveyed regarding the social norms of the sector. The vast majority (95%) of the sample felt most staff strive for best practice. Three quarters (72%) stated most staff reported feeling empowered to make a difference.

**Figure 4 Staff social norms**



C1. Thinking about your organisation, how strongly do you agree or disagree with these statements?  
Base n = 200

## 4 Getting the right services at the right time

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The Talking Families Research Report<sup>6</sup> found that parents do not ask for help and support because there is often limited social connections and local networks available, a lack of trust in those around them and fear of stigmatisation, all of which decrease their motivation to act. Those stakeholders surveyed felt that barriers such as stigma (19%), lack of service awareness (18%), and fear of child removal (13%) were the main reasons children, young people and/or their families may not be getting the right services at the right time. Physical access due to locality or opening times (16%), waiting lists (11%), unavailability of services (8%), delays (6%), lack of cultural appropriateness (5%) and lack of family engagement (5%) were thought to be system barriers to children, young people and/or their families getting the right services at the right time.

*“Stigma, fear that their kids will be removed, a lack of understanding about the DOCS process and a general belief in Australian culture that asking for help makes you soft.”*

*“There are physical barriers such as transport or they don't know what services are available. There are also other barriers such as fear of judgement and shame. Long term unaddressed trauma. Services not meeting clients in their home or places where they feel comfortable. Short term support or limited time to work with families due to contract requirements. This means services are often not delivered based on the needs of the families but the needs outlined in funding contracts.”*

*“Shame factor for client making them unwilling to accept help. Fear of being judged. Some services staffed by volunteers, only available till lunch-time. Lack of bus money to get there, Inappropriate referrals. Fear of a notification. No transport. No appropriate service in area. Lack of phone credit or no phone.”*

Stakeholders felt the factors that encourage children, young people and/or their families to access support and get help when they need it included receiving non-judgemental support, having access to the right person, receiving recommendations and referrals from word of mouth or people they trust, being shown the importance and benefits of using a service and being aware of the services.

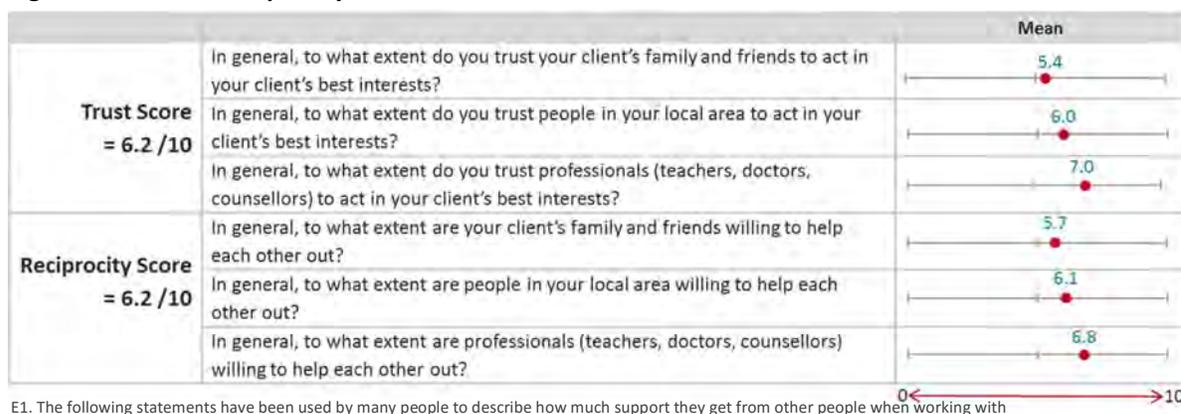
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<sup>6</sup> <http://www.qfcc.qld.gov.au/talking-families-research-report>

## 5 Perceptions of services

Most stakeholders (94%) believed there is access to basic services in their local area. However, just under a quarter did not think there is access to services for children, young people and families with special needs (24%) or who are culturally and linguistically diverse (20%), or for Aboriginal and Torres Strait Islander families (13%). As shown in Figure 4, over two thirds (70%) of the sample believed support services in their local area can be trusted. Stakeholders rated on average 7 out of 10 their trust in professionals to act in their client’s best interests and rated 6.8 the reciprocity (willingness to help each other out) between professionals. However, stakeholders’ feelings of trust and reciprocity regarding clients’ family and friends were low. The trust and reciprocity among people in the local area and other professionals were significantly higher.

**Figure 5 Trust and Reciprocity**



E1. The following statements have been used by many people to describe how much support they get from other people when working with children, young people or families. How much do you agree or disagree with each?  
Base n = 200

Figure 5 shows that the services and professionals most trusted by respondents included child and baby health clinics (which scored an average trust rating of 7.7 out of 10), nurses and midwives (7.5), Lifeline and BeyondBlue (7.4) and doctors and psychiatrists (7.3). In the past 12 months, the majority of respondents (95%) had contacted government, community or welfare organisations at least once. Child and adolescent psychologists and psychiatrists, and doctors were among the professionals and services perceived to have the most impact. Overall most services and professionals were highly recommended.

**Figure 6 Services**

	Average Trust Score out of 10 (H1)	Contact (H2)	Impact (H3)	Recommend (H4)
BeyondBlue	7.4	42%	89%	95%
Chaplain or religious leaders	5.6	65%	89%	75%
Child and baby health clinics	7.7	71%	94%	99%
Community Centre Counselling Services	7.2	86%	95%	95%
Doctors	7.3	90%	96%	96%
Early Years Centres	7.1	75%	89%	95%
Family and Child Connect Service	7.0	81%	85%	94%
Headspace	6.9	77%	92%	93%
Lifeline	7.4	74%	95%	96%
MensLine Australia	6.9	48%	79%	93%
MyTime groups	5.6	29%	81%	79%
Nurses / Midwives	7.5	74%	93%	96%
Parenting drop-in services	6.7	60%	88%	95%
Parentline	7.1	54%	90%	98%
Parents' Groups	6.6	65%	91%	95%
Perinatal Anxiety and Depression Australia (PANDA)	6.8	37%	85%	93%
Pregnancy, Birth and Baby Helpline	6.9	37%	86%	96%
Teachers	6.9	91%	95%	94%
The Triple P – Positive Parenting Program	6.4	68%	84%	82%
Young Parents Support Program	6.8	59%	92%	97%
School counsellors	6.7	88%	94%	95%
Other Counsellors	7.2	90%	96%	96%
Oneplace.org.au – Community Services Directory	-	54%	85%	95%
Child and adolescence psychologists or psychiatrists	7.3	85%	97%	97%
Other government, community or welfare organisations	7.0	95%	97%	99%
Other telephone help services	6.7	69%	91%	97%
Other professionals	6.9	91%	97%	99%

H1. How much do you trust the following professionals or community services? A rating of 0 indicates that you do not trust the person/service at all. A rating of 10 indicates that you trust them perfectly.

H2. Have you contacted or used any of the following professionals or community services for help for a child, young person or family in the past 12 months?  
Base n = 200

H3. Did contacting or using this professional or community service make a positive difference for the child, young person or family?

H4. Would you recommend this professional or community service to others?  
Base n = from 58 to 190 (those who contacted the service)

Significantly higher than other services at 95% CL

Significantly lower than other services at 95% CL