

A pilot intervention to increase social and economic participation for lone mothers

Alison Angleton
Research and Evaluation Manager

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Background

CRS Australia delivers vocational rehabilitation services to assist people who have an injury, disability or health condition to gain or retain employment. Funded by the Department of Employment and Workplace Relations, CRS Australia contributes to the Australian Government's economic and social policy objectives. As part of the Australians Working Together (AWT) strategy, Government has improved the opportunities for recipients of Parenting Payment through early intervention strategies including vocational rehabilitation.

Twenty one per cent of Australian families with dependent children are sole parent families (Gregory 1999), the number doubling in the past 25 years (Walters 2002). Approximately 70 per cent of Australian sole parents receive Parenting Payment (Whiteford 2001).

In the period 1980 – 2000 the rates of Disability Support Pension (DSP) receipt grew substantially. One major component of growth was due to switching from other payment types such as Parenting Payment (Wilkins 2003). Parenting Payment recipients are the third highest group of people entering DSP; new claims and Newstart Allowance recipients being greater. The most significant proportion has a diagnosis of anxiety or depression.

In response to these changes, CRS Australia researched and developed an innovative program to address mental and physical health barriers and the entrenched and systemic barriers experienced by Parenting Payment recipients. This paper describes the innovation and the evaluation approach used to assess its effectiveness.

Barriers to participation

Lone mothers typically face greater barriers to employment than coupled mothers (Whiteford, 2001, Reed, 1999, East, 1999, De bord, Canu & Kerpelman, 2000). Lone mothers are more likely to lack formal education and work experience, have a substance use problem, experience physical and mental health problems and have previously experienced physical and sexual violence than partnered recipient or non-recipient mothers (Gray, Qu, de Vaus & Millard, 2002). Although there is an increased number of lone mothers who are working both part time and receiving government income support (Gray, Qu, Renda & de Vaus 2003)

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most are dependent on benefits for long periods of time, with the average duration around 12 years (Gregory 2002). In combination, these factors demonstrate how many of the barriers faced by this group are both entrenched and systematic.

In addition, mental health is an important predictor of employment outcomes and research demonstrates the relationship between mental health, unemployment, poverty and sole parent status (Dohrenwend, Levav, Shrout, Schwartz, Naveh, Link, Skodol, & Stueve, 1992, Rodgers, 1991, Butterworth, 2003). While found to be present in the majority of cases, mental health barriers are largely hidden, undiagnosed and untreated.

Service Delivery Innovation

Two pilot sites (Campbelltown and Southport) were selected on the basis of a) high number of Parenting Payment recipients in the region and b) interest expressed by regional managers to trial a new and innovative service delivery model.

Program Outlines

A primary consideration when designing the pilot was the importance of overcoming barriers to vocational rehabilitation such as child care, transport, social isolation and apparent “lack of motivation”. Rehabilitation Consultants addressed these issues while clients participated in a group program, initially focused on personal skill enhancement and social support. The approach was informed by a wellness perspective, aimed at developing strengths, confidence and capability.

The personal development activities included sessions on self confidence, life style, communication, presentation, self esteem, links with previous CRS Australia clients who have successfully gained work, agency visits (eg to Centrelink, childcare centre, TAFE), guest speakers, an introduction to career planning and practical activities outside the group to promote durable peer support.

The Campbelltown pilot ran a 2 day per week intensive group over 4 weeks. The Southport pilot ran a 2 day per week intensive group over 3 weeks. The major difference between the two pilots was that Campbelltown developed a partnership with a local Women’s Health Centre which

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proved extremely successful in enhancing the trust and rapport with facilitators and led to links with other community agencies.

Following both group programs, participants were offered individually tailored vocational rehabilitation programs. A team of Rehabilitation Consultants from various health professional backgrounds assist the person to manage their health condition and to develop confidence and capability for employment by accommodating disability specific issues and appropriately supporting a return to work.

Evaluation Design

The new approach sought to explore both the health issues identified as barriers to participation and systemic issues affecting participation rates. The evaluation incorporated measures of participants' psychological wellbeing and motivation and an examination of Rehabilitation Consultants decision making.

Method

Participants completed the Kessler Psychological Distress Scale and a readiness for change questionnaire at commencement and conclusion of the group programs.

The Readiness for Change questionnaire was developed by the author to reflect an existing body of work conducted at the Centre for Psychiatric Rehabilitation at Boston University. The questionnaire was administered to a group of 14 CRS Australia program participants.¹ Firstly, the participants' responses pre and post program were compared. Secondly, differences between the participants' responses and the Rehabilitation Consultants' assessment of the participants' readiness for change were analysed.

To explore systemic issues, a Values Inquiry was conducted with 12 CRS Australia staff. This consisted of a one to one interview with staff to better understand the rationale behind their decisions as well as personal values underpinning decision making.

¹ Cronbach Alpha reliability analyses indicated acceptable reliability coefficients in all subsets of the Readiness to Change questionnaire. The reliability for all 16 questions of the assessment was .86, and subset reliabilities were desire to make a change, .78, positive expectations .67, self-efficacy .72, and support .75. (Santos, J.R., 1999, Nunnaly, J., 1978)

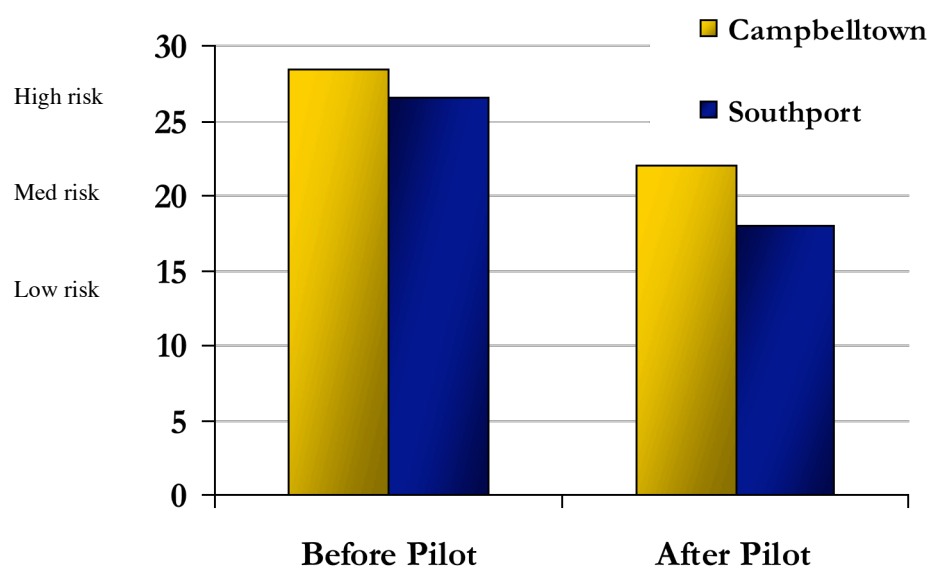
Finally, a focus group was conducted with each group of participants to gain information about their experience of the program.

Results and Discussion

Kessler Psychological Distress Scale (K10)

Figure 1 demonstrates marked improvements in levels of depression and anxiety as measured by the Kessler Psychological Distress Scale. A significant proportion of participants scored in the high risk category prior to the group and had significantly reduced their risk by the completion of the group. At the end of the group, 92% of participants had reduced self reported levels of depression and anxiety.

Figure 1 K10 mean scores pre and post group



Readiness for Change questionnaires

Participants consistently rated themselves as ready for and committed to change. At the beginning of the group, this assessment related to personal circumstances and life stage and demonstrated a willingness on the part of participants to engage in the group. At completion, their assessment of readiness for change was more closely aligned to readiness for employment with all but one participant identifying employment as a clear goal.

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Interestingly, the Rehabilitation Consultants assessments of readiness for change increased over the course of the program, reflecting the participants change in focus from generally improving personal circumstances to more specific strategies such as employment.

This change in focus is thought to relate to the participants improved self confidence in being able to achieve an employment outcome and the goal setting activities included in the group program. Participant reports indicate that they were impressed by:

- gaining practical information
- developing new skills
- focusing on self esteem
- building self confidence
- the use of team work and
- working in small groups.

The participants liked the informal structure and the respectful relationships they developed:

“We learned about self esteem, about how to feel good about ourselves.”

“We developed new skills like decision making and how to deal with different situations and circumstances like different people and our emotions.”

“We learnt to deal with our feelings: like accepting how you feel. We learnt to own our feelings.”

“If we feel good on the inside it will show in our work.”

“I feel confident to say what I want to say and not worry about what I am going to say”

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Values Inquiry

A Values Inquiry sought to identify whether and to what extent Rehabilitation Consultants' skills and attributes were a factor in facilitating access to services. Interviews gauged perceptions of the pilot population and examined decision making processes underpinning Rehabilitation Consultants' service delivery.

This inquiry helped us to identify potential developmental activities for our staff and areas of further analysis and inquiry.

Focus groups – Participant satisfaction

The group programs were highly regarded by participants. This was in large part due to the rapport built between participants and facilitators. The small group format fostered positive social relationships which it is anticipated will support the successful return to paid employment.

Community partnerships with key service providers enabled participants to gain access and confidence to use essential services such as counsellors, financial planners, dieticians.


Importantly, the program has supported participants to develop appropriate skills and confidence to engage with CRS Australia and commence vocational rehabilitation.

Conclusion and Future Directions

The interim findings of the pilot suggest that lone mothers can increase self sufficiency and independence and increase readiness to participate in vocational rehabilitation with interventions that include a focus on personal development.

The identification of an employment goal and willingness to engage in vocational activities is a very positive outcome so early in the pilot. Initial indicators suggest employment outcomes are likely as the vocational rehabilitation program and individual case management activities progress.

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Although the pilot is still in its early stages, significant gains were demonstrated in the women's mental health and general well being as indicated by the results of the Kessler Psychological Distress Scale and the self reported importance of the social networks developed during the group program. Among the recommendations from the interim report is the need for strategies to continue the social support initiatives begun during the group. A key question for the next phase is how social support influences mental health and well being.

Drawing on this experience, further work is underway in Victoria, Queensland and South Australia. A final report and comprehensive evaluation of the program will be completed by July 2005.

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