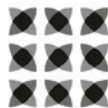


DOOR-TO-DOOR FOR MENTAL HEALTH: A SUMMARY REPORT

*Research and evaluation findings for the
Assisting Communities through Direct
Connection Project, Round Three*

July 2024

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**CENTRE
for SOCIAL
IMPACT**



**THE UNIVERSITY OF
WESTERN
AUSTRALIA**





This report has been prepared by the Centre for Social Impact (CSI) with input from Community Mental Health Australia (CMHA). The CSI are the evaluation partners for the Assisting Communities through Direct Connection (ACDC) Project, an initiative of CMHA.

Community Mental Health Australia

Community Mental Health Australia (CMHA) is a coalition of peak community mental health organisations from Australian States and Territories. It was established to provide leadership and direction to promote the importance and benefits of community mental health and recovery services across Australia. CMHA provides a unified voice for several hundred community-based, non-government organisations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.

Centre for Social Impact

The Centre for Social Impact is a national research and education centre dedicated to catalysing social change for a better world. CSI is built on the foundation of four of Australia's leading universities: UNSW Sydney, The University of Western Australia, Swinburne University of Technology and Flinders University. Our research develops and brings together knowledge to understand current social challenges and opportunities; our postgraduate and undergraduate education develops social impact leaders; and we aim to catalyse change by drawing on these foundations and translating knowledge, creating leaders, developing usable resources, and reaching across traditional divides to facilitate collaborations.

Acknowledgement of Country

We collectively acknowledge and pay respects to the Traditional Owners and Country on which we work, including the Traditional Owners of those Countries on which this work has taken place. We pay respects to these diverse Lands and Peoples and their Elders, past and present.

Acknowledgement of lived experience

We acknowledge the individual and collective expertise of people with a living or lived experience of mental health, alcohol and other drug issues, and the families and carers who provide support and have a lived/living experience. We recognise the vital contribution, and value the courage, of individuals who have shared their perspectives and personal experiences for the purpose of learning and growing together to achieve better outcomes for all.

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Report design

Michlin Mustac Designs



"The proactive outreach approach of systematically seeking to **connect and check in with all people in community is an act of radical inclusion**. It can and should be scaled up to be a component of future psychosocial supports right across Australia to counter the fragmentation that is occurring and to ensure no one is abandoned."

(Bill Gye, CEO of Community Mental Health Australia)

"A Householder said '**I don't normally like opening the doors to people, but I'm so happy that I opened the door to you guys**', and she was quite teary-eyed and gave us a hug at the end. She thanked us for helping her out as she was in a really bad way."

(People Connector)

"Doorknocking is having a chat with a bartender. You tell them how you're feeling because they're not going to go around and tell people.
There is the freedom of being able to show your rawness."

(People Connector)



OVERVIEW OF FINDINGS

ACTIVITY DATA FOR ROUND ONE + TWO + THREE



28

Communities engaged



27

Communities commenced doorknocking



52,594

Doors knocked



9,287

Conversations

ENGAGEMENT DATA FOR ROUND TWO + THREE



Where People Connectors knocked,

36%

of doors were opened



Of those who answered the door,

47%

had a conversation with a People Connector



4,979

Round Two + Round Three Surveys completed¹
(23 ACDC Project Sites)

PROJECT OUTCOMES DATA ROUND ONE + TWO + THREE



78%

of people put a fridge magnet provided by People Connectors about mental health supports on their fridge



83%

of people read the information given by the People Connectors about mental health



59%

of people talked with a friend/family member about their own mental health and wellbeing as a result of the visit

As a result of the visit,

31%

of people contacted a professional, a service or a community organisation to ask about support for their mental health or wellbeing



A further

24%

of people were planning to do this

As a result of the visit,

20%

of people had contacted a professional, a service, or a community organisation to ask about support for someone else's mental health or wellbeing



A further

23%

of people were planning to do this

¹ Completed survey refers to 70% finished.

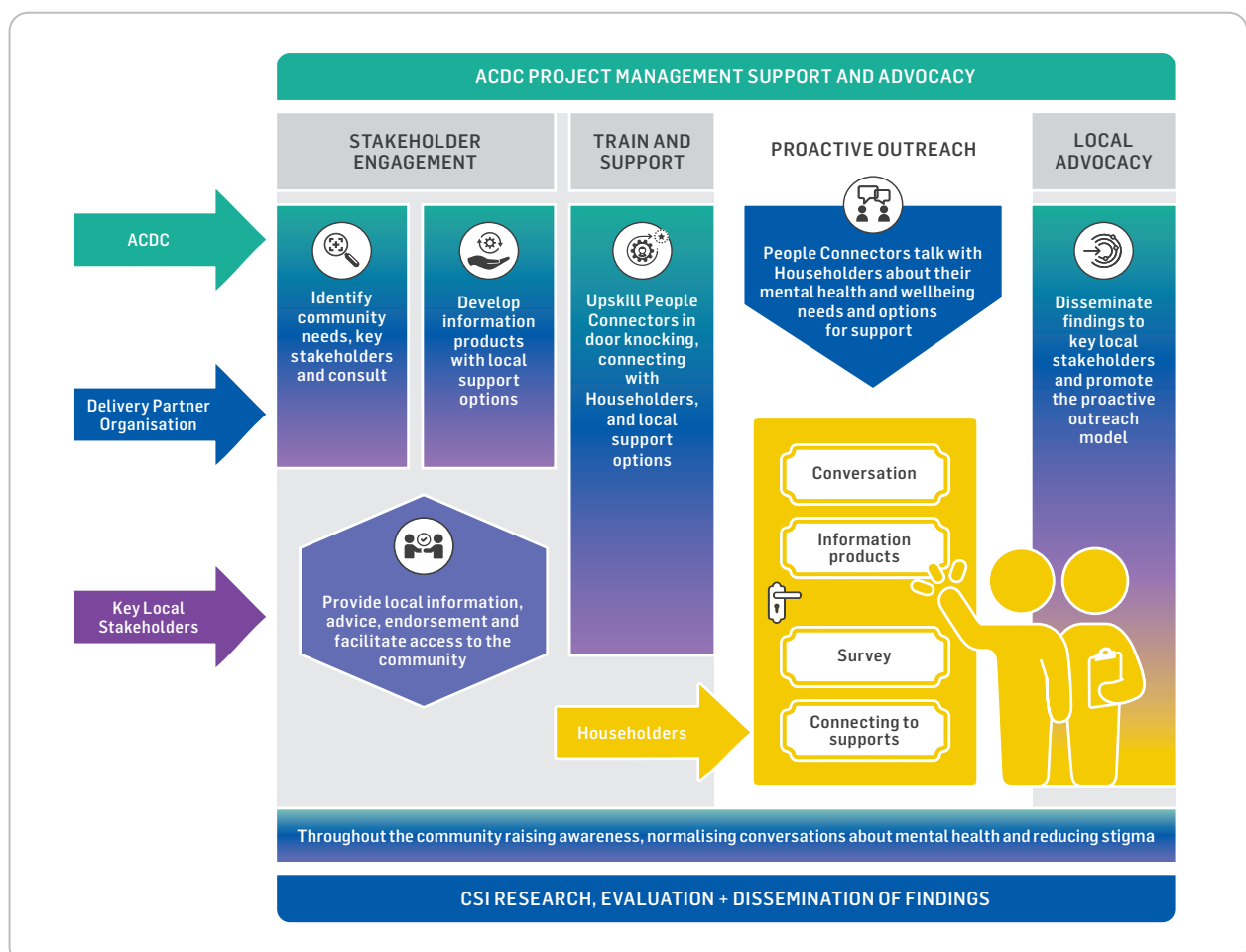
INTRODUCTION

The act of knocking on a door to check in on the household is not new. As a show of care, this has presumably worked to keep people well and connected to natural supports throughout history and across diverse cultures. The Assisting Communities through Direct Connection (ACDC) Project has turned this simple idea into a large-scale program adapted to the contemporary Australian context and implemented across diverse communities.

Between 2021 and 2024, teams of two, three or four people – referred to as ‘People Connectors’ – knocked on close to 52,600 doors in 27 communities around Australia to ask Householders about their wellbeing. They had conversations about mental health and social and emotional wellbeing, collected data through a survey, discussed any needs that arose, and provided information and assistance by suggesting support options or linking people to services. In Round Three, People Connectors had more capacity to follow up on Householders who asked for additional support. This involved People Connectors contacting services on their behalf, offering an extra visit, contacting them again through texting or phone calls, and providing additional information.

In every community, a Delivery Partner Organisation (DPO) was engaged to deliver the Project in their community. The ACDC Project Team, together with DPOs, consulted with local stakeholders to develop an Information Pack which summarised locally-available mental health support options on a brochure and a fridge magnet to distribute to Householders. People Connectors also received training in the doorknocking method and ongoing supervision and support activities, including peer support. A summary of the Project core activities is provided as Figure 1.

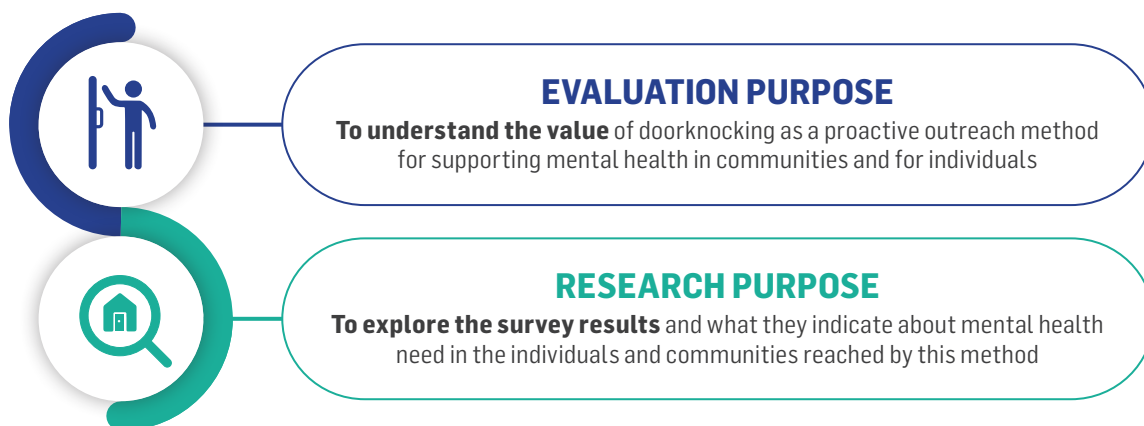
FIGURE 1 Outline of the key activities of the ACDC Project



RESEARCH AND EVALUATION PURPOSE

As Community Mental Health Australia's (CMHA) Research and Evaluation Partner for the ACDC Project, the Centre for Social Impact, The University of Western Australia (CSI UWA) conducted an independent evaluation, as well as the analysis of Householder Survey data. The ACDC Project's Research and Evaluation Framework specifies evaluation and research as two related but distinct functions (see Figure 2).

FIGURE 2 The purpose of evaluation and research for the ACDC Project



This report is a summary of high-level evaluation findings and preliminary research findings. For Round Three, see the Evaluation and Research Reports for more detailed findings. For Round Two findings, see the [‘Doorknocking for mental health’ Evaluation Report](#), and the [‘Home truths about mental health in Australian communities’ Research Report](#).



“Doorknocking is very humanitarian and different to what I’ve done in my past work experiences. This brings people closer, and you form valuable connections. It’s very meaningful to interact and engage with people.”

(People Connector)



OVERVIEW OF METHODS

The Round Three evaluation involved a mixed methods approach: collecting evidence via People Connector focus groups, a Householder Evaluation Survey, and a survey of the ACDC Project Team and DPO managers. Additionally, CSI UWA conducted an Impact Story Analysis (n=117) of descriptions (Impact Stories) of Householders and their interaction with People Connectors – these Impact Stories were from People Connectors' Fortnightly Activity Reports at each Project Site. A selection of these Impact Stories informed the Most Significant Change (MSC) Workshops, which were reflective workshops using a [MSC Technique](#). Ten MSC workshops were conducted: one with every People Connector team and their Line Manager (where additional Impact Stories were shared), one with the ACDC Project Team, one with the ACDC Leadership Group (members of the ACDC Steering Committee and/or Research and Evaluation Working Group) and two separate sessions with Lived Experience experts (one with experience as a consumer and one with experience as a carer/family member of a person with a mental health condition).

The MSC Technique was introduced as a method in Round Three to more deeply understand the impact and 'significance' of doorknocking through the selection of Impact Stories, consensus building about why these Impact Stories matter and for whom, and an exploration of the reasons why these Impact Stories had resonance in the context of the ACDC Project intentions.

Analysis of data from other sources helped to verify the findings – these sources included the Field Survey (that tracked Householder engagement and conversation data), and additional information recorded in the DPOs' Fortnightly Activity Reports.

The research findings presented in this report are based on the Householder Survey data, which was designed using a mix of standardised, validated questionnaires (such as the Kessler Psychological Distress Scale² and the 5-item World Health Organisation Well-Being Index³) and bespoke questions that were co-designed with ACDC Project working groups, which included the input of Lived Experience Experts. The survey asked Householders about challenges that impact their mental health and wellbeing (for example, financial or housing stress and other social determinants of mental health), experiences of mental health support needs, and barriers to getting help. The Householder Survey data underwent revisions prior to Round Three.

THE PARTICIPATING COMMUNITIES

The contextual diversity across and within the ACDC Project Sites was significant. Between 2021 and 2024 doorknocking took place in 27 metropolitan and regional communities across all Australian states and territories, usually with several suburbs visited within each site (see Table 1). For the Round Three Project Sites, Cumberland, the City of Salisbury, the City of Stirling, and Dandenong were in metropolitan areas; South Burnett was classified as 'inner regional', and Townsville was classified as 'outer regional' ([ABS Remoteness Area index: ARIA](#)). No Project Sites met the classification for 'remote' or 'very remote'.

Overall, a greater proportion of the suburbs visited by the ACDC Project were classified as lower socioeconomic status (SES). Suburbs were categorised using quintiles 1 to 5 of the [ABS Index of Relative Socioeconomic Advantage and Disadvantage \(IRSAD\)](#), quintile 1 being the most disadvantaged suburbs and quintile 5 the most advantaged. As Table 1 shows (with the Round Three Sites in blue text), five out of six Project Sites were classified as the highest levels of socioeconomic disadvantage.

² A validated questionnaire that measures subjective psychological distress.

³ A validated questionnaire that measures subjective wellbeing.

TABLE 1 IRSAD Quintiles (SSC Level) across Project Sites (states, territories, and suburbs) for Round One, Two and Three

STATE	ACDC PROJECT SITE	SUBURB	POSTCODE				
			Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
New South Wales	Cumberland	Westmead South Wentworthville Wentworthville			2145		2145 2145
	Cabramatta	Cabramatta	2166				
	Campbelltown	Claymore Caids	2559 2560				
	Clarence Valley	Maclean Yamba	2463	2464			
	Greenacre	Greenacre		2190			
	Hurstville	Hurstville				2220	
	Wollondilly	Picton Tahmoor		2573		2571	
Queensland	Townsville	Aitkenvale Heatley Rasmussen	4814 4814 4815				
	South Burnett	Kingaroy Murgon Cherbourg	4610 4605 4605				
	Ipswich	Ipswich North Ipswich West Ipswich	4305 4305 4305				
	Mareeba	Mareeba	4880				
	Brisbane	Murarrie Tingalpa Hemmant Wynnum West Manly West Moreton Bay Islands	 4184		4178	4173 4174 4179	4172
	Redcliffe	Margate Redcliffe	 4020	4019			
	Roma	Roma		4455			
	Toowoomba	Harristown Kearneys Spring	4350	4350			
	South Australia	City of Salisbury	Salisbury Salisbury North Paralowie	5108 5108 5108			
Port Adelaide		Alberton Rosewater	5013		5014		
Victoria	Dandenong	Dandenong Dandenong North	3175 3175				
	Macedon Ranges	Riddells Creek Romsey Gisborne				3434	3431 3437
	Bendigo	Bendigo Long Gully North Bendigo White Hills Golden Square Kangaroo Flat Eaglehawk	3550 3550 3555 3556	3550 3555	3550		
	Fitzroy	Fitzroy					3065
	Western Australia	City of Stirling	Mirrabeeka Nollamara Westminster	6061 6061	6061		
City of Swan		Beechboro Ballajura	6063	6066			
Northern Territory	Palmerston	Johnston Moulden Woodroffe	0830	0830		0832	
Australian Capital Territory	Canberra	Dunlop Macgregor					2615 4109

Note: Blue text is Round Three Project Sites.



welcome to

MURGON

South Burnett



SOUTH BURNETT
REGIONAL COUNCIL



KEY EVALUATION FINDINGS

FINDING 1: Householders were responsive to informal conversations about mental health and welcomed the opportunity to receive information about supports and services

As in Round Two, Householders in Round Three were highly responsive to having conversations about mental health with someone unknown to them at their doorstep. This was indicated by both engagement rates – 44% were willing to have a conversation with a People Connector (see Figure 3) – and the overall positive feedback received about the experience reflected in the Householder Evaluation Survey (see Figure 4).

FIGURE 3 Responsiveness of Householders as reflected in Round Three engagement data

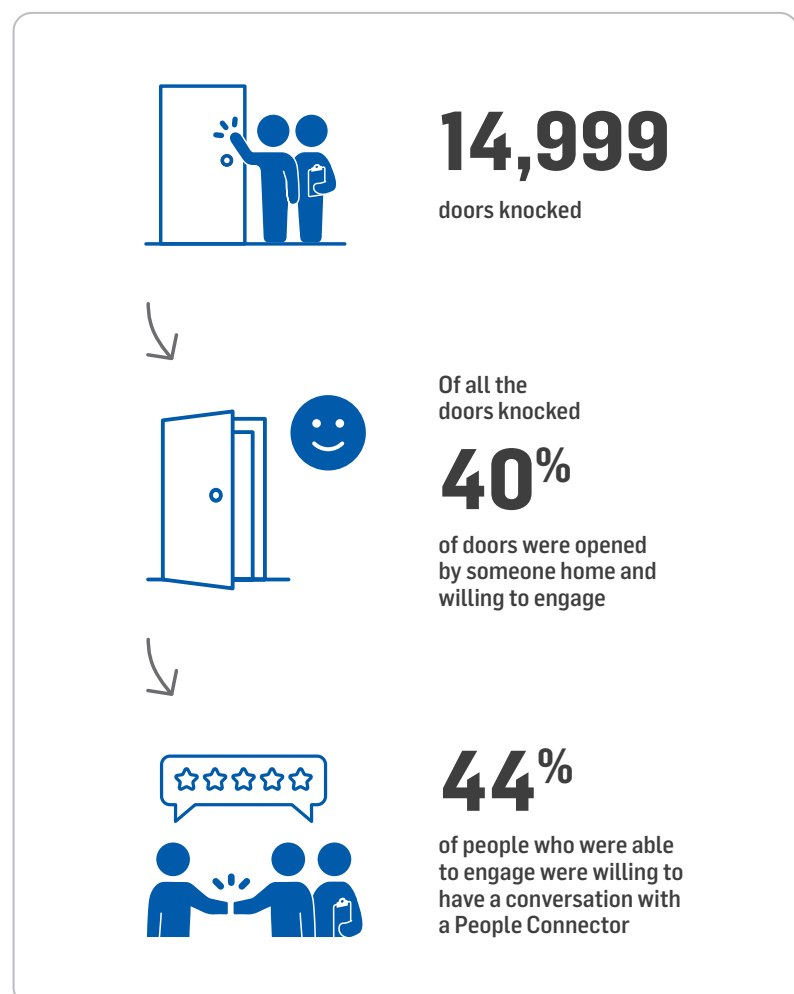
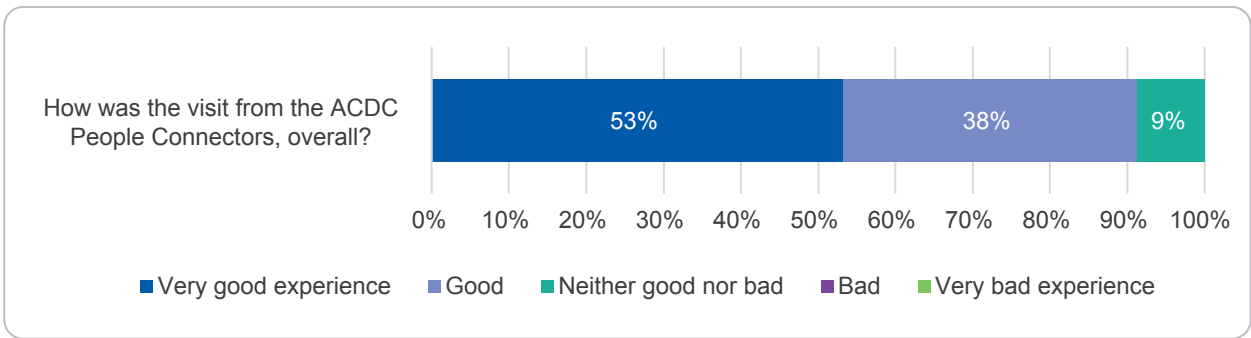


FIGURE 4 Overall rating by Householders about the visit from the People Connectors
(Householder Evaluation Survey)



People Connectors reported that, although there was sometimes initial hesitation, it was not always an effort to get people interested in talking about mental health and wellbeing, and that perhaps these conversations met a need, or provided comfort.

“People have said that they needed the check-in because it was the first time they spoke about their mental health to anybody.” (People Connector)

Not only were Householders generally keen to engage, but qualitative data collected directly from Householders also indicated that the visit was welcomed and for some, had lasting benefits.

“I was down in the dumps. And then the fact that someone’s just come in and, you know, just asked how you are going; that’s enough to spark that little bit of happiness back, you know?”
(Householder, Round Two)

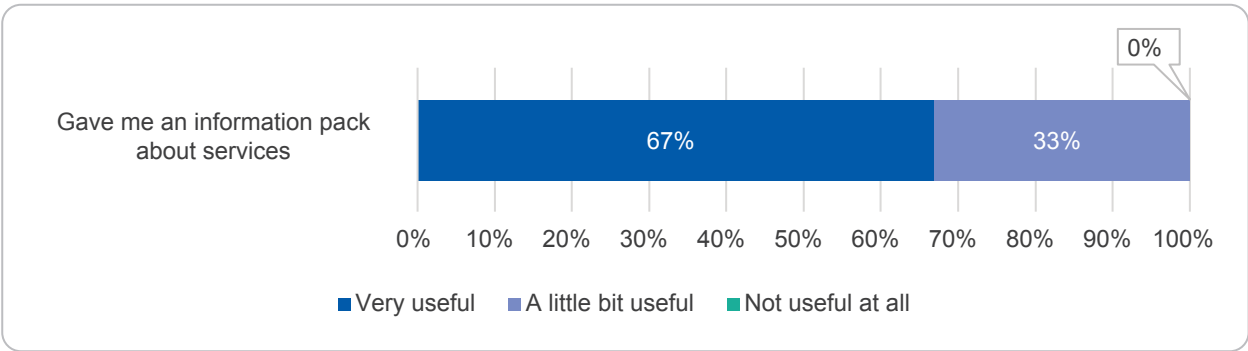
One key objective of the ACDC Project was to inform Householders about services and community-based supports – usually locally available, easily accessible, and free or low-cost options. All Householders, even those who were not home or could not engage, were given Information Packs that included a fridge magnet and brochures with service options and contact details. This was an important complement to the conversations.

“I was not home at the time of the visit, but I found the resources that were left in my mailbox very useful. It prompted me to have conversations at home with the other members of my household regarding mental health and access to services.” (Householder, Round Three)

“I have really bad social anxiety, so I brushed them off, but then used the information to look more into it.” (Householder, Round Three)

In the Householder Evaluation Survey, Householders who received an information pack about services found the information useful, as seen in Figure 5.

FIGURE 5 Householder feedback on usefulness of Information Packs (Householder Evaluation Survey)



Additionally, Impact Story Analysis found that across Project Sites, there was variation in the extent to which people were unaware of services – at one Project Site, over 90% of Householders were unaware of services in the Impact Stories. People Connectors reported being surprised to find a significant number of Householders who were unaware of government support potentially available to them through the National Disability Insurance Scheme (NDIS), My Aged Care and Centrelink. Or, if they did know of these supports, they had not investigated whether they were eligible to apply or were unsure about how they might go about trying to access the service. This is indicative of a general lack of understanding and knowledge of supports and services within the community, further suggesting the need for doorknocking.

Overall, findings point to there being limited or poor-quality opportunities in many communities for people to informally discuss their own mental health and wellbeing, explore their support needs, and be provided with options for seeking supports. Within this context, the doorknocking approach was welcomed and needed.



FINDING 2: The one-off visit with (in some cases) short-term follow-up contact, resulted in tangible outcomes for many Householders

The Householder Evaluation Survey found that 46% of Householders had a follow-up contact with People Connectors (i.e., they consented for follow-up). Fortnightly Activity Reports indicated that follow-up contact was usually a very short-term engagement. Averaged over all engagements, People Connectors had 2.74 contacts and spent 60 additional minutes with each Householder who consented to follow-up. Follow-up work involved extra efforts to ensure Householders were successfully linked with requested supports. In the Householder Evaluation Survey, Householders who had a one-off contact (i.e., no follow-up; 54%), and Householders who had a follow-up contact, both found their experience of the visit valuable.

As in previous rounds, Round Three survey results demonstrate that the doorknocking event led to many Householders' initiating help-seeking behaviours. Most Householders valued and utilised the information products, many went on to have conversations with friends or family members, and about one in five contacted services as a result of the visit – see Table 2.

TABLE 2 Householder behaviours as a result of the ACDC visit (Householder Evaluation Survey)

Outcomes		Percentage of Householders		
		Round One-Two	Round Three	All Rounds
Utilising resources	Read the information given by the People Connectors about mental health	82%	85%	83%
	Put the fridge magnet on their fridge	80%	72%	78%
Starting conversations	Talked with a friend/family member about their own mental health and wellbeing as a result of the visit	64%	54%	59%
	Talked with a friend/family member about someone else's mental health and wellbeing as a result of the visit	64%	62%	64%
Seeking mental health supports	Contacted a professional, a service or a community organisation to ask about support for their own mental health or wellbeing	32%	26%	31%
	Contacted a professional, a service or a community organisation to ask about support for someone else's mental health or wellbeing	21%	16%	20%

Note: Sample sizes ranged from n = 254–260 for Round 1–2 and n = 87–89 for Round Three.

Evidence presented in Table 2 indicates that contact with People Connectors led to tangible actions and outcomes for many Householders. One surprising finding was the extent to which Householders went on to have conversations about mental health with a loved one, a friend or family member. It is possible that conversations about mental health and wellbeing with People Connectors may have inspired the Householders to continue these constructive, caring, and informal conversations with others.

“The person who answers the door may be like, ‘Oh, actually, I don’t need anything, but I know someone else who could benefit from it’. And that is the beauty of the ACDC Project. It has a ‘ripple effect’.” (Lived Experience Expert)

Similar to Round Two, these findings suggest that although the visit was often a one-off or short-term experience, the connection ultimately sparked something meaningful, and perhaps life-changing, for Householders. An example of this is Impact Story 1, which demonstrates how a Householder overcame her social isolation because of the trusting and supportive connection she developed with the People Connectors.

IMPACT STORY 1 Socially isolated Householder who had not left her home in two years



A mother was living with her adult son and husband. For decades, she cared for her father, but then he suddenly passed away. Since her father’s death, she hasn’t left her home. She would have panic attacks if she tried to walk outside. She was reluctant to talk to People Connectors, but she slowly opened up and explained her situation. She had the responsibility of looking after her siblings from a young age when her mother died by suicide, and then her children when she started a family. For her entire life she always cared for someone and was experiencing complex grief and felt that she had no purpose, identity, or worth. People Connectors offered to connect her with services, but she didn’t want to talk to anyone else. People Connectors had follow-up visits and stayed in touch with regular texts. Through the gentle encouragement of People Connectors, she eventually left her home for the first time in two years. **She has since been doing walks in the neighbourhood, catching up with old friends, grocery shopping, painting, and communicating to loved ones about her feelings.** People Connectors have received many texts of gratitude from her.

“Imagine not leaving your house for two years and then someone comes to your door and inspires you to get out of that social isolation.” (Leadership Group Member)

Overall, findings indicate that in the right conditions – with a receptive Householder and skilled People Connector team – it is possible that a one-off or short-term interaction with People Connectors can spark transformational change.

FINDING 3: Householders sought support for more immediate issues to help address their mental health and wellbeing

When People Connectors began conversations with Householders about their mental health and wellbeing, they noted that many of their struggles and/or mental health vulnerabilities intersected with other immediate life issues or circumstances. Householders wanted to talk about improving their wellbeing by addressing the stressors and burden that were most pressing, relevant and having the greatest impacts on their life – how this directly impacted Householders' mental health and wellbeing in explored in [Research Finding 3](#).

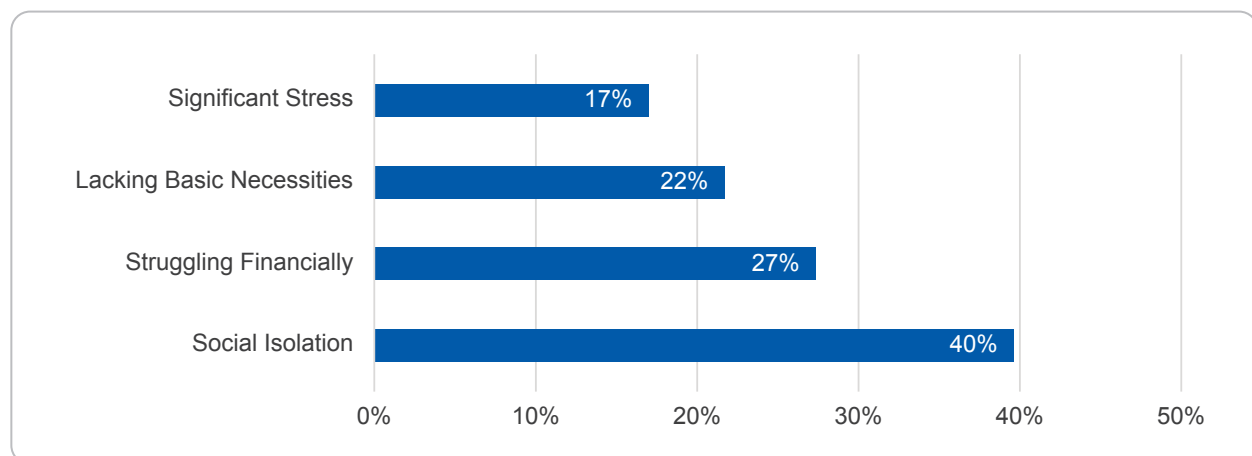
"A precursor of mental illness is stress. What causes stress is a lack of support, access, and feeling like you can't get through the day. If that is not resolved, it can lead to chronic stress and then mental illness." (Lived Experience Expert)

Across the 117 Impact Stories, issues raised by Householders included, but were not limited to:

- Social isolation
- Language barriers
- Homelessness (couch surfing) or risk of homelessness
- Unsafe living situations
- Inability to carry out domestic duties and maintain property
- Living in squalor-like conditions
- Needing food or clothing
- Hoarding
- Financial struggles
- Transport issues
- Unemployment
- Inability to carry out work due to injury/illness
- Health issues, injuries, and diseases

Adverse experiences and circumstances (issues) most frequently reported by Householders in the Impact Stories are presented in Figure 6. As shown below, a high proportion of Householders were struggling financially (27%) and lacking basic necessities⁴ (22%). This highlights the costs of living as having an impact for many Householders – the high proportion of significant stress (17%) could be linked to such pressures. Most notably, it was social isolation that was found to be the most common issue for this sample of Householders (40%).

FIGURE 6 Most common adverse experiences and circumstances of Householders (Impact Story Analysis, n=117)⁵

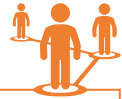


⁴ Food, clothing, supplies, etc.

⁵ Multiple responses permitted.

Accordingly, to assist people who were struggling with wellbeing or mental health concerns, People Connectors went above and beyond to help Householders address their more immediate needs. They provided information about and connected Householders to services and supports to assist with social isolation and loneliness (such as community sports and recreation), employment, cost of living and financial pressures (such as employment services, bill assistance, food relief, etc). An example of this is Impact Story 2 where People Connectors helped link Householders with services to address their financial pressures, insecure housing, and social isolation.

IMPACT STORY 2 Socially isolated elderly Householders struggling to maintain their home



A Householder indicated to People Connectors that her elderly Vietnamese parents needed help, but they were too proud to ask for help and had very limited English. The parents eventually reached out to People Connectors through the ACDC brochure they received from their daughter. People Connectors visited the parents and they shared that they have been experiencing significant stress and health issues. Due to their limited capabilities, they had been financially struggling to maintain their house which has introduced some safety risks. They were feeling very isolated and were hoarding items with a 'scarcity mindset'. The couple tried to apply for aged care support services but faced language barriers. People Connectors finished their application with the help of interpreter services and their daughter. **The Householders were assessed and connected with services for housework, handyman jobs, and transportation.** People Connectors spoke of how they were able to relieve their daughter's pressure and burden of looking after her parents.

In designing and setting the objectives of the ACDC Project, the social determinants of mental health were acknowledged as critical to address alongside mental health. People Connectors had the flexibility and permission in their roles to respond to a broad range of needs.

"The ACDC Project is working with the social determinants of mental health. People Connectors didn't just connect people to mental health services. They provided a holistic, well-rounded approach, such as making sure that the person feels supported with their condition or the stresses in their life."

(Lived Experience Expert)

"The proactive outreach uncovered the social determinants of mental health. These Impact Stories uncovered lots of different needs, and the People Connectors went above and beyond to address these and made significant changes for the lives of Householders."

(Leadership Group Member)

"The ACDC Project has identified a whole range of needs [of Householders]. When I read what the People Connectors were doing, I was thinking, 'hang on, is that what the original intent of the role was?' So it's morphed into something else." (Leadership Group Member)

Overall, findings indicate that through providing a flexible and 'Householder-led' approach, the ACDC Project has affirmed the understanding that supporting mental health and wellbeing cannot be achieved without addressing the more immediate needs.

FINDING 4: Addressing the more complex support needs of Householders in 'high-risk' circumstances was challenging, but through their dedicated efforts, People Connectors were able to provide assistance

This finding does not speak to the number of people who were found to be living with complex support needs, but rather how People Connectors were struck by the complexity of circumstances many Householders were experiencing. As such, People Connectors reflected on the doorknocking approach, opportunities, and limitations in these situations.

People Connectors provided many examples of encountering Householders who were struggling with multiple and complex unmet needs. Impact Stories were analysed with a 'high-risk' category which captured cases where Householders were experiencing five or more adverse experiences and circumstances – of the 117 Impact Stories, 24% were categorised as 'high-risk' (n=28). Examples of these 'high-risk' circumstances included, but was not limited to, the following:

- Homelessness or risk of homelessness
- Unemployment and severe financial hardships (which were often related to injuries or health issues which put Householders out of work)
- Family domestic violence and sexual abuse
- Visa issues, severe language barriers, and ineligibility to access services
- Unsafe or squalor living conditions
- Thoughts of suicide
- Severe social isolation (years of not leaving home)



57%

of the Impact Stories categorised as 'high-risk' described Householders with children in their care (households with young children were more likely to be considered as 'high-risk' because Householders with parenting responsibilities had additional concerns about potential adverse impacts on their children)

People Connectors felt that for Householders in such complex situations, the brief encounter of doorknocking limited their ability to offer help. There were no easy, quick, nor straightforward fixes for people experiencing entrenched disadvantage. Householders in these circumstances, however, appreciated the outreach and the comfort of a safe connection, leaving People Connectors with the desire to help that was mixed with a sense of hopelessness and even 'moral injury' due to the limits of their role.



**"I always feel like there were a lot of people that really, really needed help.
But we couldn't do anything."** (People Connector)

This could be a general sense of despair after meeting so many Householders needing assistance, or a feeling based around one specific Householder experience – especially when People Connectors had negative experiences with services or supports that were uncooperative, rigid, and difficult to access when helping Householders.

"You can have some sort of moral injury because you don't want to walk away from someone."
(People Connector)

**"I'm just worried about her because once we left the door, I wasn't sure how she was
going to go about her life."** (People Connector)

Notably, 32% of 'high-risk' Impact Stories were of Householders experiencing domestic violence. These highly complex situations described Householders, mainly women, who were paralysed, uncertain and anxious to speak up, and unaware of how to go about seeking support for their circumstances – which often included legal issues, mental health issues, child support or custody issues, drug and alcohol use, financial insecurity or limited housing options. As such, People Connectors faced many challenges to help this particular cohort of Householders.

"What consistently came up for People Connectors was domestic violence issues and the systemic failure in supporting people with domestic violence issues. People Connectors had issues with how to support them in such a short interaction... People Connectors have anecdotally told me that they felt really helpless in what they could provide and support them with."

(Leadership Group Member)

"What if you came across someone who's experiencing domestic violence? What if there's a crisis situation? What would you do? What's your responsibility there? Family and domestic violence victims need specialised case management to resolve their issues because there are a lot of complexities."

(Lived Experience Expert)

Despite the complexity of these 'high-risk' circumstances, People Connectors were still successful in connecting half of Householders in these situations to services that could provide help. The other half of Householders were provided with information and awareness about relevant service options. This meant that no Householders in 'high-risk' circumstances went without People Connectors providing some assistance or information, as reflected by the Impact Stories sample.

The dedication of People Connectors, combined with the provision of additional time and resources for follow-up support in Round Three, enabled People Connectors to be proactive in finding solutions for people in tricky situations. An example of this is Impact Story 3.

IMPACT STORY 3 Female experiencing domestic violence was walked to services by People Connectors

A lady was escaping domestic violence and has been a carer for her disabled daughter and elderly mother. She has found herself homeless and was experiencing extreme fear for her safety. She needed legal support, along with mental health support and advocacy. She had never accessed support before and didn't know where to ask for help. She had a sense of reluctance, saying that she had tried to access support at other services but didn't have any luck. She felt a lot of fear as she has been threatened her life if she were to speak up, so she had not asked for help before for this reason as well.

When accessing food relief at a community house, her feelings of safety and trust grew, and she eventually reached out to People Connectors asking for mental health support.

People Connectors ended up **walking her down to a domestic violence service.**



“Walking people to services needs to happen a little bit more. I know a lot of times people will go, ‘here’s the brochure, just call that number, they’re really nice, ask for this’, but it’s just not enough sometimes... I acted as an advocacy role and the family domestic violence service took her in straight away because I was there.” (People Connector)

As illustrated by this example, for People Connectors to effectively help Householders in more complex circumstances, they relied on strong and trusted relationships with a wide range of service providers and supports in their local areas. It was these relationships that allowed them to call on the ‘right people’ for an immediate response if needed, demonstrating that effective doorknocking, especially in lower SES suburbs, works in tandem with an ecosystem of services and supports.

Overall, findings indicate that People Connectors connected with many Householders in complex circumstances, and at times felt hopeless or even compromised by the limitations of their role. However, through their empathy and determination to assist, and their relationships with, and in-depth knowledge of, community supports and services, People Connectors were able to provide options for helping Householders in ‘high-risk’ situations.



"Talking to Householders and actively listening, helping, and encouraging them are real life skills and stay with you wherever you go."

(People Connector)

"Doorknocking is having a chat with a bartender. You tell them how you're feeling because they're not going to go around and tell people. There is freedom of being able to show your rawness."

(People Connector)



"It was not an officious visit. But it was a very powerful experience, just talking."

(Householder, Round Two)

"I just felt better about myself – I just felt really good. It was a really positive experience that was out of the blue. It really did affect me in a good way."

(Householder, Round Two)



FINDING 5: Certain Householder cohorts were particularly responsive to, and appreciative of, the doorknocking visit

One key finding from Round Three, was that certain Householder cohorts (i.e., particular demographic groups and/or Household members facing specific circumstances) appeared to be particularly highlighted. This was evidenced in both qualitative and quantitative data, including the Impact Story Analysis – these groups were:

- Carers or family members providing care (for example, people supporting a loved one with a mental health condition, chronic health condition, disability or who are elderly – usually unpaid)
- People from Culturally and Linguistically Diverse (CaLD) communities
- Elderly persons⁶

There were many Impact Stories that involved people from these groups or in these circumstances. It was found that 25% of the 'high-risk' Impact Stories, and four of the twelve most significant Impact Stories selected by the MSC Technique, involved Household members who were family members providing care. This high representation of family members providing care could indicate that:

- the doorknocking method was an effective way to reach carers;
- carers were particularly responsive and keen to engage with a doorknocking visit and share their story with People Connectors; and/or
- carers faced significant challenges which led People Connectors to respond, intervene and/or document their Impact Stories.

Impact Stories revealed that several carers or family members providing care had difficulties with recognising their own needs and seeking help for their own mental wellbeing (see Impact Story 1), which was emphasised by a Lived Experience Expert reflecting on the Impact Stories.

"A lot of people don't even know that they're a family carer. They don't realise it growing up, and it is thought to just be a way of life. So it's very hard as a carer to seek support because you don't even know you're different from anyone else."
(Lived Experience Expert)

"It's a real challenge to even recognise yourself as a carer and to not feel guilty that you have needs... you see your family member with more needs than you, so there's a sense of guilt that comes along with seeking help."
(Lived Experience Expert)

Additionally, carers or family members providing care, especially for those who are in the CaLD community, had complicated mental health needs, which involved intersecting factors such as family expectations, cultural obligations, and cultural understandings around mental health and wellbeing (see Impact Story 2).

"For a lot of carers they become so accustomed to neglecting themselves, and when there is a CaLD background, it's an assumed task to be a carer. No one asks you if you want to be a carer. It's a duty that you just take on." (Lived Experience Expert)

⁶ aged over 65.

For the Householders who were elderly people, the Impact Stories also helped to highlight issues that commonly impacted their wellbeing. Analysis found that 56% of Householders facing issues with carrying out domestic duties and maintaining their home, and 55% of Householders facing transport issues within their community, were elderly persons. Notably, issues with transport in the community can lead to social isolation. Impact Story 4 illustrates an example of an elderly Householder with challenges to accessing help for barriers such as transport, money, or independence to make informal and formal connections outside of her home – sometimes this support is available, however, people can fall through the gaps and lack the knowledge and capabilities to advocate for themselves.

IMPACT STORY 4 Elderly Householder facing transport issues and social isolation



An elderly woman was receiving support from the hospital to help with her home rehabilitation and post-surgery recovery after a major surgery. However, she needed aged care and transport services and was struggling with social isolation and loneliness. **People Connectors helped connect her with patient transport services and a social group outings service with her own desired destinations. These services helped her get to medical appointments, the hospital medical centre, and the grocery store.** She stated that she hadn't spoken to someone in a long time and was very appreciative of the People Connectors and asked for them to do multiple follow up visits.

Through doorknocking conversations, People Connectors were able to surface and explore the barriers that particular cohorts face to their own wellbeing as well as their ability to access supports. These experiences and individuals often remain 'hidden', outside the reach, or even visibility of services.

"If we didn't have the ACDC Project, we wouldn't have uncovered those hidden carers and we wouldn't have been able to educate people about their caring role: 'Do you know that you are a carer? Did you know that there are services for you?'" (Lived Experience Expert)

"The ACDC Project is trying to find the missing middle. We're trying to find the people that don't reach out. And hidden carers are people who don't identify as having an overt need. They just get on with life and do stuff." (Leadership Group Member)

People Connectors found these cohorts were highly receptive to doorknocking conversations and follow up information (and linking in some cases).

"We were very proud of ourselves that she [an elderly Householder] connected with these services and that we helped her out. She was very, very appreciative towards us. She hadn't spoken to someone in a very, very long time where she could feel comfortable and open up. She wants us to visit her again before the round ends." (People Connector)

Overall, findings indicate that the caring doorknocking conversations with People Connectors, and the proactive outreach and connection functions of the ACDC Project, were able to help Householders acknowledge the difficulties they faced (which might have been unrecognised) and explore support options that were logistically feasible – this was found to be especially so for CaLD community members, carers/family members providing care, and elderly persons.



WELLNESS. DELIVERED.

**"With People Connectors, there's no agenda. It's a conversation that evolves.
And that empowers the person to tell their story." (Lived Experience Expert)**



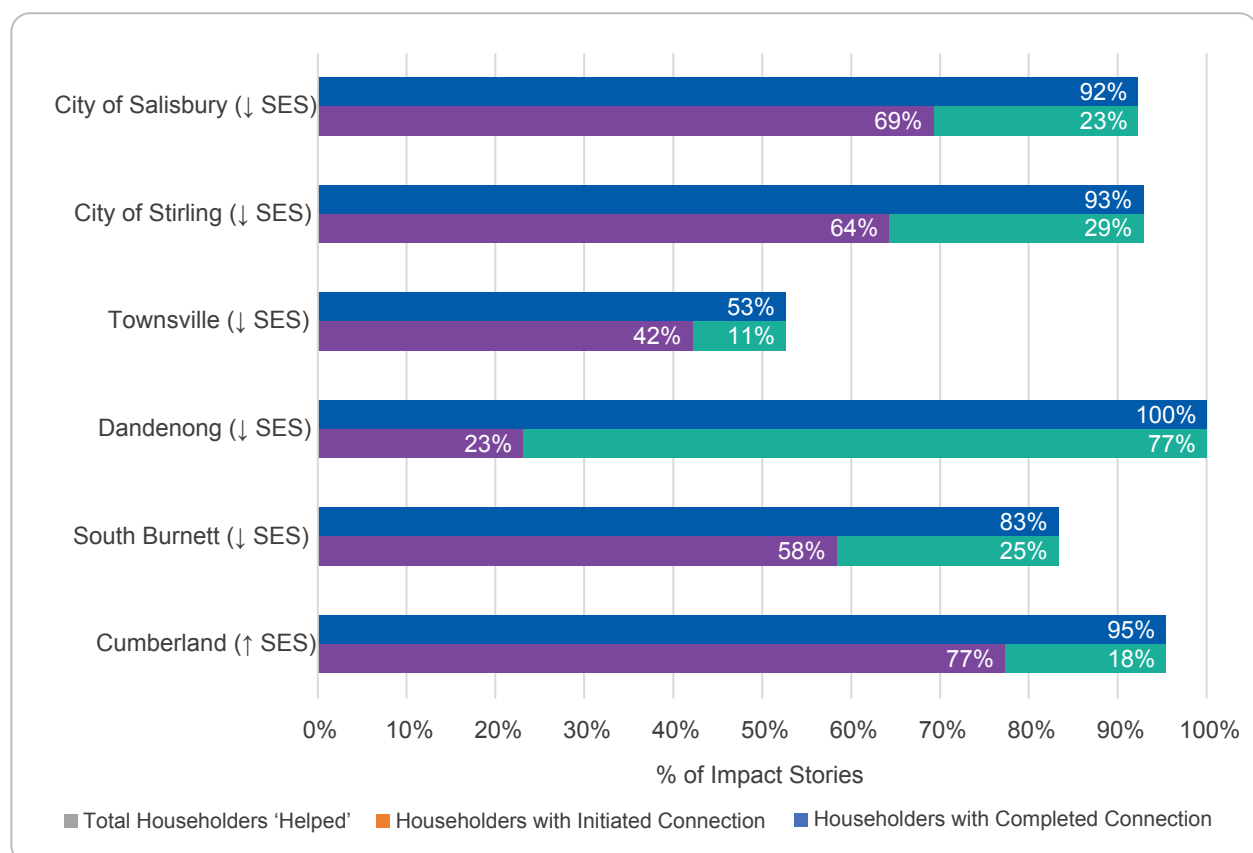
FINDING 6: The proactive outreach aspect of doorknocking was largely helpful, but particular cultural and social conditions challenged its effectiveness

[Round Two findings](#) explored how effective the 'low barrier approach' of the ACDC Project was for reaching people who were not already connected to services, and People Connectors believed this made it especially suitable for people living in lower SES communities. In Round Three, with many of the doorknocking suburbs being in the lowest SES quintile, there was a chance to 'test' if Round Two insights about doorknocking in more disadvantaged SES communities held. Round Three People Connectors also reflected that overall, Householders seemed to gain a sense of relief, hope, and unburdening through the conversations at the door.

"We can't fix all the problems in the community, but we can be a touchpoint after big incidences, which might be enough to settle, help or support a person just by having a caring conversation. It doesn't fix the issue, but it helps reassure Householders a little bit when we have those conversations." (People Connector)

To better understand the extent to which Householders were connected to sustained and ongoing support, the Impact Stories were categorised into whether there was evidence that Householders were 'Helped', as shown in Figure 7.

FIGURE 7 Householders who engaged with a support or service (Completed Connection) or received information about a service (Initiated Connection), and total proportion helped in at least one of these ways ('Helped'), across Project Sites (Impact Story Analysis, n=117)



Note: Total Householders 'Helped' = Initiated Connection + Completed Connection. Connection means to a support or service. Dandenong emerged with an extremely high success rate. While acknowledging potential biases of all teams towards reporting Impact Stories with 'positive' outcomes, it should also be noted that Dandenong was highly regarded for its dedicated People Connector team and Line Manager.

Across the Project Sites, a large majority of Householders were 'Helped' (over 80% at most Project Sites), with most examples involving the provision of information about specific relevant services (Initiated Connection), and to a lesser extent, examples where Householders were supported to engage with the service or support (Completed Connection). With five of the six Project Sites reflecting lower SES areas, this analysis indicates that generally Householders living in under-resourced communities benefitted from this approach.

However, there were some communities that did not follow the same pattern; for example, only 53% of Townsville Impact Stories had evidence that the Householder could be helped. Focus groups with People Connectors enabled a deeper understanding of the effectiveness of the doorknocking approach in that community. Through themes identified from these focus groups, the following cultural and social conditions across Project Sites (not Townsville alone) made doorknocking challenging, and particularly, less safe and less productive:

- ***Sharing discriminatory views and a reluctance to reflect on their own situation***

Particularly in Townsville, when Householders were prompted to explore mental health and wellbeing, many instead shared opinions about issues in their community, focusing on crime, distrust of the government and negative opinions about others in their community. For instance, Householders shared racist opinions or views about young people causing trouble. People Connectors described how these conversations were difficult to shift and were not productive in terms of the objectives of the ACDC Project.

"They would jump into this rabbit hole of all the issues that they face in the community, things we were trying to be away from. And we would try bring it back to how it affects their mentality, but they would only lightly cover it."

(People Connector)

"We came across Householders saying, 'I'm not racist, but...' and they always came out with something that was racist."

(People Connector)



- **Feelings of not being safe and incidences of crime**

Particularly in Townsville and the City of Salisbury, People Connectors and Householders felt less safe, and this created barriers to doorknocking. People Connectors noted that where, or when there were incidents of crime, there were also many unanswered doors.

"It's very different when you're out in the community because you're not in a safe setting, you're out in the street where anything can happen and there is an element that feels less safe." (People Connector)

"Householders were understandably shaken by [the incident] and we noticed more declines and no answers that week." (People Connector)

"[I would have liked] some kind of warning that someone was coming and if there wasn't so much crime in the world, I wouldn't feel so unsafe." (Householder, Round Three)

This finding did not emerge strongly in Round Two.

- **Avoidance of mental health conversations and stigma**

Particularly for smaller communities, Householders who lived in close proximity with their neighbours felt a level of suspicion and that a doorstep conversation was too risky and lacked privacy. Householders expressed a fear of judgement from neighbours overhearing their conversation, or even from people seeing them talk to People Connectors in their uniform, suggesting stigma and uncertainty about being open about mental health conversations.

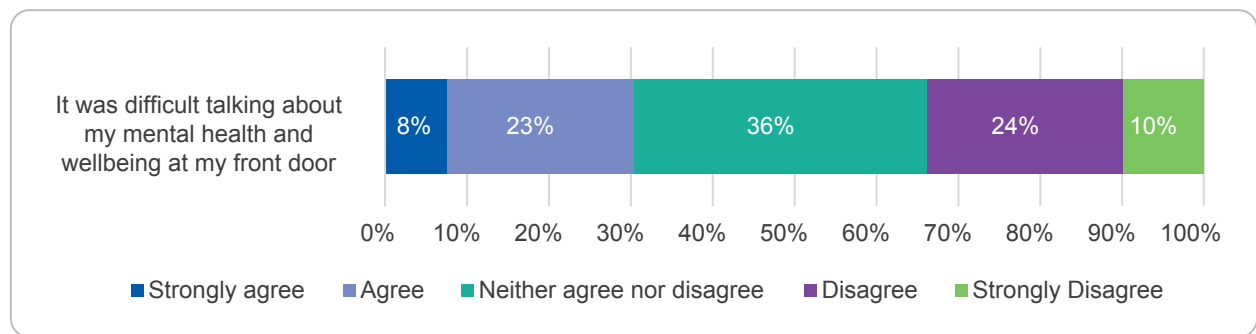
"They would say there's something wrong but wouldn't talk because they thought everyone was listening."

(People Connector)

"I'm asking do you need support and a lot of people would get insulted and would slam doors in our faces saying, 'We are fine here, how dare you ask, my wellbeing is fine.' It feels like an insult to them". (People Connector)

Indeed, Figure 8 from the Householder Evaluation Survey shows that approximately one third of Householders found it difficult to have conversations about mental health at their front door.

FIGURE 8 Householders' difficulty talking about mental health at the front door (Householder Evaluation Survey)



- ***Suicide prevalence and Sorry Business***

In the small community of Cherbourg in South Burnett, there were a number of people who died by suicide during the doorknocking period, which deeply affected People Connectors and Householders. People Connectors paused doorknocking for several weeks during Sorry Business.

"[Householders] need to know that they have that person to talk with. We can't show weakness, we always have to try to be strong. But there's days where you're going to struggle."

(People Connector)

It was decided that community gatherings would be a better way to connect with community members in this community, especially in difficult times.

While overall findings suggest that Householders living in under-resourced communities did benefit from the proactive outreach of People Connectors, the qualitative exploration of each community led to a new learning in Round Three: that the social and cultural conditions of a community can affect how People Connectors experience their role, how receptive Householders are to doorknocking, how productive the conversations are, and the overall success.





KEY RESEARCH FINDINGS

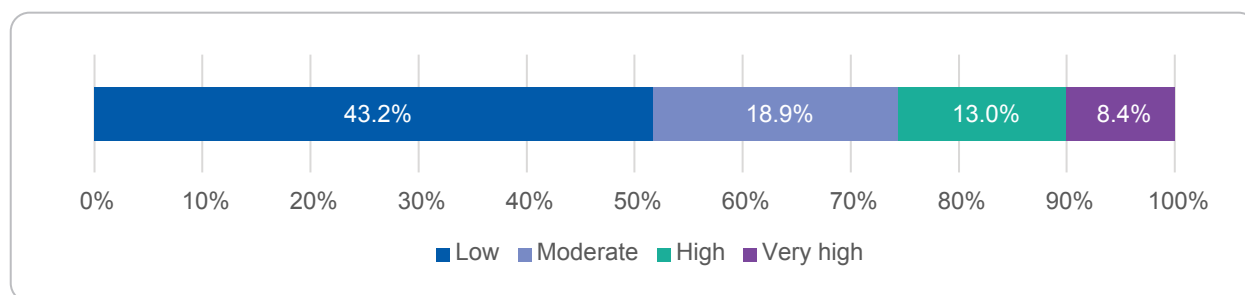
FINDING 1: The doorknocking approach identified many people with poor wellbeing and/or significant mental health need

Approximately one in three Householders rated their mental health as “fair” or “poor” and standardised measures of wellbeing (WHO-5) and distress (K10/K5) also suggest a significant proportion of people were experiencing a possible mental health need.

- Two in five respondents reported low wellbeing (WHO-5).
- More than half of all respondents reported moderate, high, or very high levels of psychological distress (see Figure 10). The average Householder was in moderate psychological distress (K10).
- Psychological distress among Householders was higher than the reported national average (K10).
- 18% of Householders wanted to seek help for their mental health and wellbeing, but were unable to get the care they needed.

“Everything is currently impacting my mental health. I can’t access a medical pension through Centrelink because they have said I’m not sick enough. But I have lung cancer, depression, and other diagnosed mental health issues.”
(Householder, Round Two)

FIGURE 9 Psychological distress of Householders (K10)



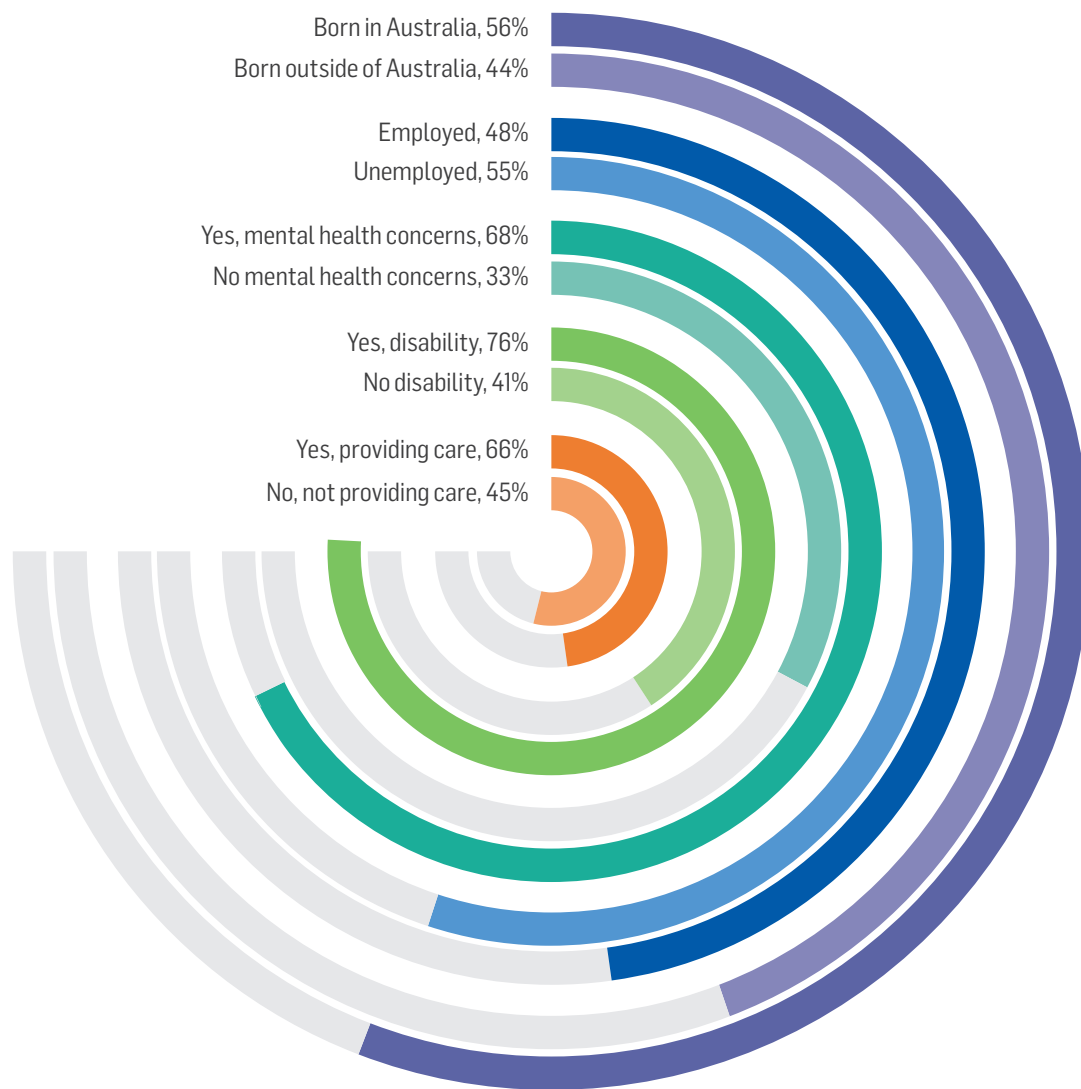
“I’m concerned for our son with mental health issues under treatment authority. He should have a psychiatrist appointment every three months but has appointments cancelled without us being advised. He is lucky to see a doctor twice per year and is seen by a different psychologist when he does get an appointment that doesn’t get cancelled.” (Householder, Round Three)



FINDING 2: The extent to which people were accessing services varied across demographics and communities

Collated Round Two and Round Three data sought to identify who was most likely accessing (and not accessing) support among those Householders who reported a mental health need⁷ across different demographic variables. Support referred to both clinical supports and community supports. No significant differences were identified by age, gender, or Aboriginal and/or Torres Strait Islander status. However, several other demographic variables indicated significantly different levels of connection to supports.

FIGURE 10 Percentage of Householders connected to services, by key demographic variables



⁷ Need was self-identified – we asked, ‘In the last 12 months, was there a time when you wanted to talk to someone, or seek help about, stress, depression, or problems with emotions?’



Demographic differences



Those **born outside of Australia** and/or who spoke a language other than English at home were less likely to be connected to mental health supports, despite having a mental health need.



Those with **employment** (irrespective of employment type), were significantly less likely to be connected to mental health supports, compared to those who were unemployed or not in the labour force, despite a mental health need. Those not in the labour force were more likely to be connected to supports.



Those who identified a **mental health condition or concern** were significantly more likely to be connected to a mental health support than those without a mental health issue.



Those with disability were significantly more likely to be connected to a mental health support than those without disability.

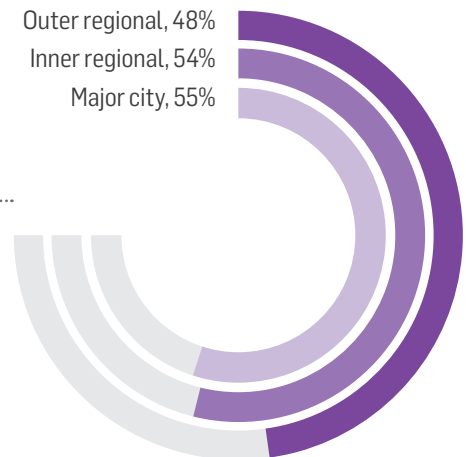


Those with a mental health need who reported **caring for someone with a disability, a chronic condition, or mental health issue**, were significantly more likely to be connected to supports than those who were not caring for someone.



Those **living in outer regional areas**⁸ visited by the Project were significantly less likely to be connected to mental health supports than those in major cities and inner regional areas.

Outer regional, 48%
Inner regional, 54%
Major city, 55%

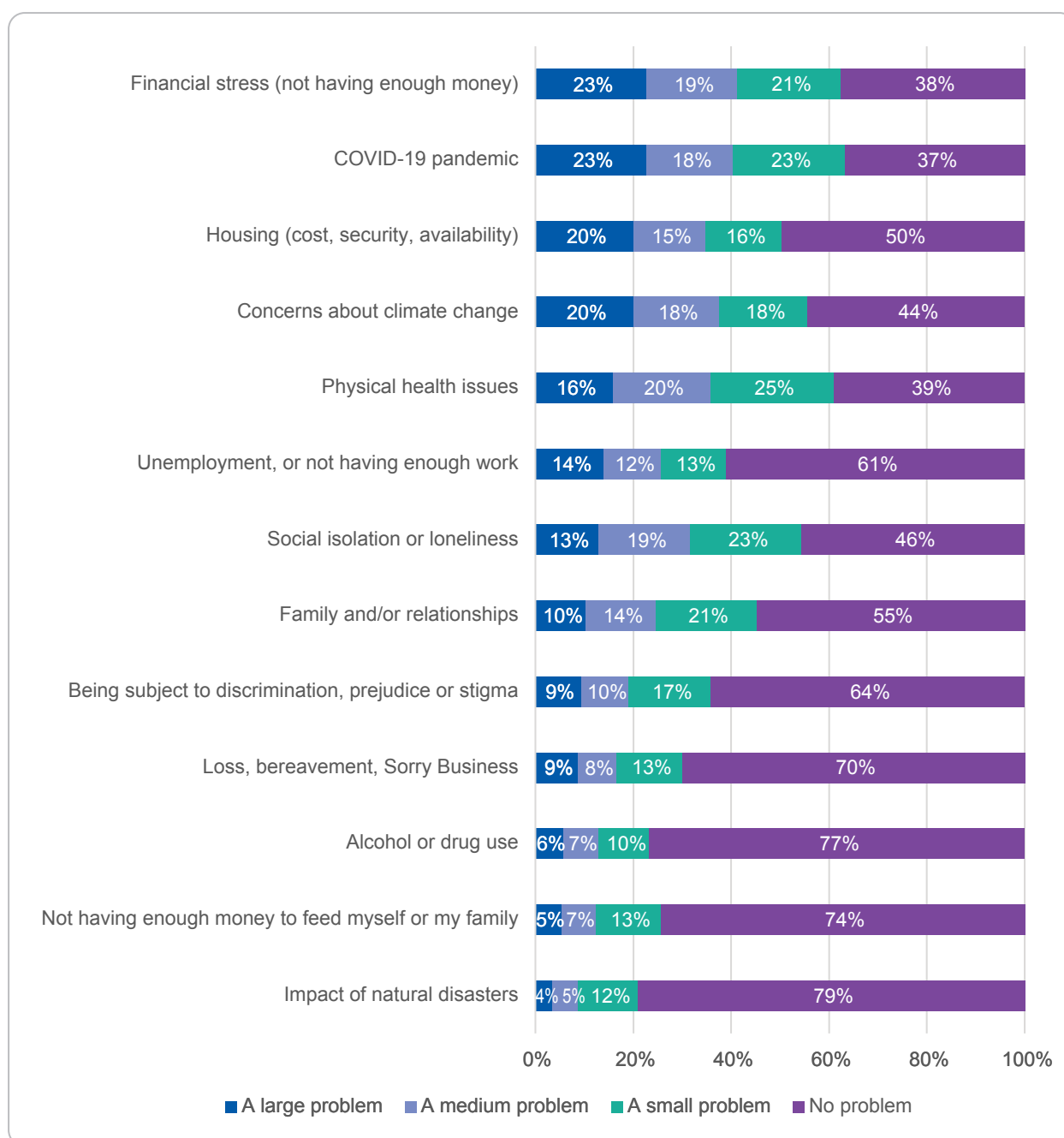


⁸ ARIA measures.

FINDING 3: People with mental health needs often faced several, compounding challenges which directly impacted their wellbeing

Survey findings suggest that Householders juggling multiple problems, including concerns regarding social determinants of mental health (e.g., housing concerns, financial stressors, underemployment, etc.). All the social determinants of mental health that were presented as survey options were identified as challenges or concerns to some degree, as seen in Figure 11. Higher degree of concern about social determinants was associated with significantly higher psychological distress (K10) and loneliness (UCLA Loneliness Scale), and lower wellbeing (WHO-5).

FIGURE 11 Extent of concern about various challenges and social determinants of mental health



“When the COVID-19 supplement was offered, I had more money for food, medication, rent and bills, but now that’s gone, I’ve been struggling financially. I’ve been having to choose every week between food, medication, rent, or bills – constantly juggling all four and sometimes missing out [on what I need]. Very stressed about money, the pension isn’t enough.”

(Householder, Round Two)

“The cost of food and essential services is a concern, along with water, electricity, petroleum products (oil, fuel). Then health services; I can’t find a local doctor that doesn’t have multiple months wait for appointments.”

(Householder, Round Three)

These findings illustrate the complexities and diversities of mental health issues. They do not exist in isolation; people experiencing poor mental health often have multiple unmet needs, or challenges which more often than not, are impacted by broader structural social problems and oppressions – such as concerns relative to discrimination, income, poverty, employment, housing – all of which have consequences for people’s wellbeing and quality of life.



FINDING 4: People with disability had significantly higher psychological distress and higher loneliness

Round 3 of the Householder Survey data comprised 21% of people with disability. Of these Householders, only a quarter were engaged with the NDIS, and approximately 22% of people who were not accessing the NDIS had tried to. Qualitative data also highlighted significant concern about the delivery and accessibility of the NDIS scheme. Firstly, a lack of access to appropriate and effective NDIS-funded services was noted by Householders when asked to consider local community issues/concerns:

"The lack of service providers for care under the NDIS scheme. It is very limited for personal assistance care up here and a lot of the staff seem to be unqualified or lack of experience to care for clients." (Householder, Round Three)

In the context of issues affecting Householder's mental health and wellbeing, Householders noted concerns directly related to the NDIS. For many, poor wellbeing was exacerbated by being rejected by the NDIS scheme, despite really needing more help to cope.

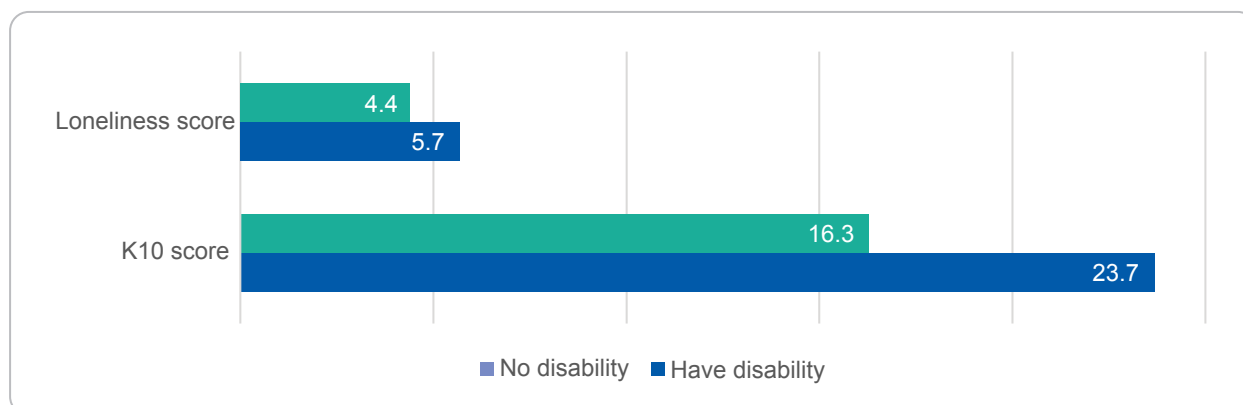
"I tried to access the NDIS but was rejected and I have not enough support or family around here." (Householder, Round Three)

Some Householders who were engaged with the NDIS reported feeling unsupported, distressed, and invalidated by their experience with the scheme.

"I nearly gave up on the NDIS because of the structure and disrespect. The support workers can be so disrespectful, and they just don't listen or care. A lot of them are just doing the job with no experience/understanding of what people are actually going through. Initially the whole process made my mental health worse." (Householder, Round Three)

Those with disability reported significantly higher psychological distress and significantly higher loneliness than those without a disability, as seen in Figure 12.

FIGURE 12 Average psychological distress (K10) score and UCLA Loneliness score across disability



Note: the average K10 score of the ACDC Project Round Three sample was 17.9; the average loneliness score of the ACDC Project Round Three sample was 4.7.

Taken together, these findings highlight a need for further research about disability and (unmet) need. Higher level analysis and more data are needed to make inferences about identified problems, the role of the NDIS moving forward, and what is needed to support these communities in the future.

"The continuity of even just one trusting relationship is the secret sauce for moving people out of that social isolation."

(People Connector)

"Maybe the People Connectors were the only people in his life that have believed in his ability to change his direction in life."

(Lived Experience Expert)



"In small communities people sometimes say they're okay, but when you got to their house, they weren't okay."

(People Connector)

"The Householder seemed so happy the first time we met him. Then we connected with him, and he was so sad because he never thought of these things and that they would be an issue in his life – after he read the survey he realised 'Oh, I'm actually not that good.'"

(People Connector)





REFLECTIONS ON IMPLEMENTING THE ACDC PROJECT

The ACDC Project Team and DPO managers shared high-level learnings about project implementation.⁹

They recognised the challenging context within which this project took place. Designing and initiating a novel doorknocking project – especially as Australia dealt with the emerging impacts of the COVID-19 pandemic – tested the ACDC Project Team and their ability to be adaptive.

“This project was able to be successfully implemented responsibly during a pandemic which is a great achievement.” (Project Team Member/DPO Manager)

In the early stages, the idea of doorknocking seemed an unusual and untested proposition that required flexible organisational practices, acceptance of risk and mindset shifts.

“This was a novel project with no obvious precedents to use as a model, so it had to be built from the ground up. This took time particularly to ensure that (a) the project could achieve all its broad contracted deliverables and (b) as much as possible risks were anticipated and where necessary mitigations put in place.” (Project Team Member/DPO Manager)

There were also sometimes misaligned or shifting expectations about how best to involve people with lived experience of mental health issues or family member representatives. While there was a strong commitment to lived experience involvement throughout the project, clarifying and meeting expectations around what this principle was to look like in practice, was challenging. Despite these challenges, there was a general sense of achievement overall.

“All contractual deliverables achieved to the full satisfaction of the funder, and we now have a legacy of data, research findings, we documented the ‘ACDC operating instructions’ and did a positive testing of the proactive outreach model.” (Project Team Member/DPO Manager)

There was also recognition for the ACDC Project Team who implemented an ‘outside the box’ project, leaving a potentially valuable legacy and contribution to innovation and learning.

⁹ This was via a short self-reflection survey. No other methods were employed through which to validate these personal reflections from a small group of people.



SUMMARY

These findings built off the learnings from Round One and Two, and the six new Project Sites in Round Three have now 'tested' the doorknocking approach.

Assessing the ACDC Project in terms of its core objective was simple. The objective – to proactively reach people and provide them with information about mental health, wellbeing and other community supports and services – was met, absolutely. Because of this project, potentially, over 50,000 Householders in Australia now have more awareness and information about how to find support for their mental health and wellbeing.

Beyond this achievement, and after over three years of doorknocking, we also know more about the additional and quite significant impacts that can happen when skilled and trained People Connectors engage in conversations with Householders about their wellbeing and mental health.

The CEO of Community Mental Health Australia, Bill Gye, has referred to proactive outreach through doorknocking as 'an act of radical inclusion', and many of the Impact Stories that were elevated through the MSC Technique in Round Three describe exactly this. Many Householders who meaningfully engaged with People Connectors included people who had experienced or were experiencing mental health issues, social isolation, cost of living pressures, and violence in the home, to name a few.

Due to the caring, non-stigmatising approach of People Connectors, and their tenacity to help wherever they could, many Householders living in 'high-risk' situations were successfully connected to services and supports. Some of these 'successes' were a result of very light efforts while others arose from determined People Connector teams who pulled every lever in their local communities to get Householders the help they needed.



"I think that in the longer term direct interpersonal proactive outreach will and should have a place as a reliable method of connecting and communicating with a wide group of people who, without this form of contact, would remain isolated with unmet need for supports that quite often actually are available in their communities."

(ACDC Project Team)

As in Round Two, engaging in hundreds of conversations about wellbeing directly with community members, and at their front door, had impacts on People Connectors at a personal level. Their work led them to have a heightened sense of empathy, and a desire to help people, especially those experiencing entrenched disadvantage. Setting out to assist people in complex circumstances (who were, for example, dealing with five or more issues such as financial stress, a housing crisis or health issues) through doorknocking was overwhelming at times for People Connectors.

To increase the capacity and readiness of People Connectors to respond to complex issues – related to housing, finance, social isolation, and domestic violence – People Connectors needed a strong knowledge of and links to many community organisations that deliver a broad range of services. They require a 'solutions ecosystems' at hand in order to effectively address the critical circumstances that some Householders face. People Connectors also needed to establish trusted relationships with people in acute or critical support services, such as family and domestic violence services, to provide and call for rapid responses.

Some new understandings of the limitations of doorknocking emerged in Round Three. Community characteristics – social cohesion, stigma, perceived safety and the extent of community crisis – seemed to influence how doorknocking would unfold. In deciding where to engage in doorknocking (and optimise the benefits), several factors should be considered, including community characteristics as well as where People Connectors would feel most comfortable and confident.

Round Three also raised questions about the suitability for doorknocking in the Aboriginal community context. Throughout Round Two and Round Three, several communities that engaged in the ACDC Project had high proportions of Aboriginal residents, and many doorknocking teams of Aboriginal People Connectors. In Round Two, there was no systematic analysis of themes and learnings across all of these sites, and possibly their experiences were as varied as they were for communities without high proportions of Aboriginal residents. However, for Round Three, the ACDC Project was fortunate to be working with an experienced DPO who implemented the project in their community, with Aboriginal leaders and People Connectors. They were supported to adapt their approach and actively reflect on what worked for them. An Addendum (due to be published Sep 2024) will be available based on this one community's experience, which will be co-authored by the South Burnett community and CSI UWA.

Going forward, findings point to the ongoing value of doorknocking, and the continuous learning of 'what works', because every community is different. However, what is clear is that in every community so far that have tested this approach, People Connectors have met with hundreds of Householders who: welcomed information, were in need of a conversation, appreciated the connection, wanted help with linking to supports, and wanted to know of supports. Overall, doorknocking through the ACDC Project has been highly suitable across Australia.



**“Talking to
Householders and
actively listening, helping,
and encouraging them are
real life skills and stay with
you wherever you go.”**

(People Connector)



