

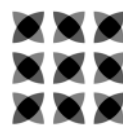
Doorknocking for Mental Health

*Evaluating a novel outreach
approach for addressing
mental health.*

*Round Three update of the
Assisting Communities through
Direct Connection Project*

Prepared by the Centre for Social Impact, The University of Western Australia
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CENTRE
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IMPACT



This report has been prepared by the Centre for Social Impact, The University of Western Australia (CSI UWA) for Community Mental Health Australia (CMHA). The CSI UWA are the evaluation partners for the Assisting Communities through Direct Connection (ACDC) Project, an initiative of CMHA. This project has been implemented since 2021, over three rounds. An initial report was written for the evaluation of Round One and Two. This report provides a summative evaluation of Round Three of the ACDC Project.

We acknowledge the work of the ACDC Project Team from CMHA who have contributed to this report, with comprehensive knowledge of project implementation. The CSI Evaluation Team also acknowledges the Research and Evaluation Working Group of the ACDC Project, whose expertise and guidance have contributed to this report.

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Acknowledgement of Country

In the spirit of reconciliation, CSI UWA acknowledges that their operations are situated on Noongar land, and that the Noongar people remain the spiritual and cultural custodians of their land, and continue to practise their values, languages, beliefs, and knowledge. We acknowledge the Traditional Custodians of the country throughout Australia and their connections to land, sea, and community. We pay our respect to their elders and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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For this project, people with lived experience contributed through various roles; on the ACDC Research and Evaluation Working Group, the ACDC Steering Committee, the ACDC Project Team and the CSI Evaluation Team. Collectively, they have influenced the design of the model and guided the research and evaluation in the hope that the questions we sought to answer, the way questions were framed, and our interpretation of findings, might have value beyond this project. We recognise this ongoing contribution helps to make this evaluation work more relevant and hopefully also more impactful.

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1. INTRODUCTION

1.1 *The Assisting Communities through Direct Connection Project*

The Assisting Communities through Direct Connection (ACDC) Project is a novel approach to understanding and supporting mental health and wellbeing in Australia. Since 2021, in 27 communities across all states and territories, teams of two, three or four people – referred to as ‘People Connectors’ – knocked on doors to invite Householders to have a conversation about their mental health and wellbeing.

People Connectors initiated conversations about mental health and social and emotional wellbeing, collected data through a Householder Field Survey, responded to needs that arose, and provided assistance by suggesting support options or linking people to services. In each community a Delivery Partner Organisation (DPO) was engaged to deliver the project in their community. The DPO, in partnership with the ACDC Project Team, consulted with local stakeholders to develop an Information Pack which summarised locally available mental health supports on a brochure and a fridge magnet to distribute to Householders. People Connectors, employed through the DPO, received training in the doorknocking methodology and community engagement.

In Round Three (2023–2024), the role of the People Connectors was expanded, so they were more involved in stakeholder engagement with community services before and during doorknocking. They spread awareness of the ACDC Project in their local communities through meetings with stakeholders, presentations, social media posts, radio station segments, and distributing posters. They also attended community events and organised workshops and BBQs. People Connectors built strong referral relationships with services. People Connector teams in Round Three also doorknocked in their communities for a longer period, compared to previous rounds.

This report builds off the previous evaluation report for the ACDC Project – ‘Doorknocking for mental health: Evaluating a novel outreach approach for addressing mental health’ (the [Round Two Report](#)). This report should be considered as an Addendum to the Round Two Report, in providing updated findings and learnings from Round Three, without covering the same level of detail that was provided in the Round Two report.

1.2 *Background*

Three ‘rounds’ of the ACDC Project were implemented in Australia between 2021 and 2024. In Round One four Project Sites were completed, and in Round Two 17 Project Sites were completed. At the end of Round Two an evaluation report was published which was comprehensive in its description of project activity, and how project objectives were met in terms of engagement, responsiveness, and effectiveness. It also provided analysis of the worth and value of the approach from a health equity orientation.

Funding was renewed for a third round, and doorknocking for Round Three was conducted between April 2023 and April 2024 across six Project Sites.

Between Round Two and Three, changes were made in response to feedback and recommendations, including (but not limited to) findings documented in the Round Two Evaluation Report. The main points of difference between Round Two and Round Three were as follows.

- The project was active in each community for a longer period of time – with doorknocking occurring for 23 weeks (rather than 14 weeks in Round Two), to allow for:
 - 1) Extending the engagement of People Connectors so their role could benefit from community engagement work and relationships with services that developed over time.
 - 2) Maximising the potential for reaching greater numbers in every community.
 - 3) Providing more time and staff resources for linking Householders to supports and follow-up linking activities; and
 - 4) A stronger focus on community engagement, including the time to follow cultural protocols where appropriate.
- Teams of People Connectors were expanded from two People Connectors per site to three or four People Connectors, to help share the physical and emotional load between team members.
- Project Sites in Round Three tended to have a greater focus on communities and suburbs in lower socioeconomic areas than the Project Sites in Round Two (although this shift was not deliberate).

In terms of the wider social, cultural, and economic context of Round Three compared to Round Two, there are several observations that may be relevant.

- During 2023, Australia held a referendum asking all Australian citizens with the right to vote to consider an Indigenous Voice to Parliament¹. While there was a lot of support for the Voice to Parliament across the country, issues regarding Aboriginal rights also tended to become highly politicised, and racist views more openly shared during this time. As the quality of the public discourse deteriorated (with some spaces and some communities particularly vulnerable to this), some project participants noted a decrease in social cohesion, especially in communities with higher Aboriginal populations.
- Round Two occurred in 2021 and 2022, where communities around Australia were experiencing or just emerging from periods of extended lockdowns, working from home arrangements or isolation due to the impacts of COVID-19 and policies around managing COVID-19. During Round Three, COVID-19 responses became more individualised and localised. It is possible that in Round Two a more representative proportion of the Australian community may have been at home and able to answer the knock at the door.
- Financial conditions for Householders deteriorated between Round Two and Round Three, with the cost of living rising across Australia affecting almost all cohorts, and housing becoming increasingly unaffordable and out of reach for many, in most communities across both metropolitan and regional areas.

These contextual points of difference helped to guide the analysis and interpretation of evidence in Round Three.

¹ Australian Human Rights Commission. (2023). *Voice Referendum: Understanding the Referendum from a Human Rights Perspective Report*. <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/voice-referendum-understanding>

1.3 Methodology

The evaluation of Round Three of the ACDC Project consisted of a mixed-methods approach, employing quantitative and qualitative methods from primary and secondary data sources. Table 1 outlines Primary Data Sources, collected by the Evaluation Team at CSI UWA.

Table 1 – Primary Data Sources

Primary Data Sources	Who	Description
Most Significant Change (MSC) Workshops (N=10 Workshops)	People Connector and Line Manager teams (6x Workshops, n=21)	In the workshops with People Connector teams and their Line Manager ² , each Project Site was asked to share and categorise their Impact Stories ³ about their experiences helping Householders.
	The ACDC Project Team (1x Workshop, n=5)	In the workshops with the ACDC Project Team and ACDC Leadership Group, participants were asked to select and categorise the Impact Stories from People Connector teams, provide insights and explain their reasoning.
	ACDC Leadership Group (members of the ACDC Steering Committee and/or Research and Evaluation Working Group) (1x Workshop, n=12)	
	Lived Experience Experts ⁴ (2x Workshops, n=2)	Workshops with Lived Experience Experts were conducted separately to gain meaningful insights based on lived experience, across a range of high-level findings and significant Impact Stories.
Householder Evaluation Survey	Householders (N=387 respondents)	This was a Qualtrics-based survey offered to Householders who had received a doorknocking visit as part of the ACDC Project. Householders were asked questions about their experiences of the visit, how they were helped by People Connectors at the time, if they received any follow-up support, and what they have experienced, planned or done as a result of the visit, as explored in Section 4 .
Focus Groups	People Connectors (5x Focus Groups, n=14) ⁵	Towards the end of project implementation in every site, CSI UWA conducted focus groups with People Connector teams for their Project Site. Participants were asked to reflect on their experiences with doorknocking and their understandings of community needs, and their understanding of the value and limitations of doorknocking for their community, as explored in Section 7 .
Perspectives on Implementation Survey	ACDC Project Team and Delivery Partner Organisations (DPO) (n=8 respondents)	A short survey was sent to the ACDC Project Team and Delivery Partner Organisations to gather their perspectives about overall implementation learnings (see Section 8).

² Line Managers at each Project Site had the role of supervising their People Connectors.

³ In addition to the Impact Stories from the DPO Fortnightly Activity Reports, People Connectors verbally shared more Impact Stories in their MSC Workshops.

⁴ One with experience as a consumer and one with experience as a carer/family member of a person with a mental health condition.

⁵ The City of Stirling did not have a focus group.

CSI UWA also analysed secondary data, for example information collected by DPOs in their Fortnightly Activity Reports⁶. Across all six Project Sites, People Connectors documented descriptions of their interactions with Householders guided by a template. These were known as Impact Stories (n=117). CSI UWA conducted an analysis of these Impact Stories, which is explored in [Section 5](#). A selection of these Impact Stories also informed a series of reflective workshops that utilised an adapted version of the [MSC Technique](#), as explored in [Section 6](#).

⁶ DPO Fortnightly Activity Reports also provided informational updated about People Connector activities, engagement, and success with linking and connecting, which verified findings.

2. ROUND THREE PROJECT SITES

Understanding the characteristics of the participating communities was central to the ACDC Project. This section provides an overview of the ACDC Project’s six Round Three Project Sites to help understand the social, cultural, and socioeconomic contexts in which doorknocking took place.

2.1 Round Three site locations

As for Round Two, the contextual diversity in Round Three across and also within Project Sites was significant; with Round Three involving metropolitan and regional Project Sites across the following states and territories: New South Wales (NSW), Queensland (QLD), South Australia (SA), Victoria (Vic), and Western Australia (WA). Tasmania, the Australian Capital Territory (ACT) and the Northern Territory (NT) were not visited in Round Three. Table 2 presents the suburbs visited at each Project Site – a total of 17 suburbs were visited by People Connectors in Round Three.

Table 2 – ACDC Project Round Three Project Sites and suburbs

ACDC Project Site	Suburbs visited (postcodes)
New South Wales (NSW)	
Cumberland	Westmead, South Wentworthville, and Wentworthville (2145)
Queensland (QLD)	
Townsville	Aitkenvale and Heatley (4814), and Rasmussen (4815)
South Burnett	Kingaroy (4610), Murgon and Cherbourg (4605)
South Australia (SA)	
City of Salisbury	Salisbury, Salisbury North and Paralowie (5108)
Victoria (VIC)	
Dandenong	Dandenong and North Dandenong (3175)
Western Australia (WA)	
City of Stirling	Mirrabooka, Nollamara and Westminster (Postcode 6061)

2.2 Relative socioeconomic advantage and disadvantage of Project Sites

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 (i.e., based on ABS' [Socio-Economic Indexes for Areas \(SEIFA\)](#) and more specifically the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)), with quintile 1 being the most disadvantaged suburbs and quintile 5 the most advantaged.⁷ As Table 3 shows, 5 out of 6 Project Sites were classified as having the highest levels of socioeconomic disadvantage.

Table 3 – IRSAD Quintiles (SSC level) across states and territories, Project Sites, and suburb

State	ACDC Project Site	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
New South Wales – Cumberland	Westmead					2145
	South Wentworthville			2145		
	Wentworthville					2145
Queensland – Townsville	Aitkenvale	4814				
	Heatley	4814				
	Rasmussen	4815				
Queensland – South Burnett	Kingaroy	4610				
	Murgon	4605				
	Cherbourg	4605				
South Australia – City of Salisbury	Salisbury	5108				
	Salisbury North	5108				
	Paralowie	5108				
Victoria – Dandenong	Dandenong	3175				
	Dandenong North	3175				
	Mirrabooka	6061				

⁷ A low quintile can indicate a postcode where many households had low income, and/or many people in low-income occupations, but also, where few households had high incomes, and/or few people in high-income occupations. A high quintile indicates the contrary.

Western Australia – City of Stirling	Nollamara		6061			
	Westminster	6061				

2.3 Commentary on Project Sites

As outlined above, most suburbs (13 out of 17 suburbs; 76.5%) were categorised – in terms of their relative advantage/disadvantage – as quintile 1, putting them in areas experiencing lowest levels of advantage. This means that when doorknocking in these suburbs, People Connectors were more likely to visit Householders who were experiencing higher levels of economic and social disadvantage. Notably, Cherbourg was ranked the second most disadvantaged suburb in Australia. Of the 17 suburbs visited overall, only four suburbs were categorised as suburbs with higher advantage (quintiles 2, 3 and 5, in Cumberland and the City of Stirling). The quintiles are suburb-level indicators that do not necessarily reflect residents’ experiences; in many suburbs there is no ‘average’ experience.

“Householders are experiencing many stresses such as visa issues, housing issues, and increases in food, petrol and house prices.” (People Connector, Townsville)

Despite this, the overall socioeconomic status of the suburbs is relevant as it may indicate the extent to which the social determinants of health and mental health are at play. Generally, people living in lower socioeconomic areas are at greater risk of poor health and wellbeing, disability and illness, unemployment, social exclusion, and homelessness/housing instability.⁸ These experiences can be compounding, leading to escalating or co-occurring needs. Higher disadvantage is typically associated with shortage of income (and money), and this is often correlated with lower social participation, poorer wellbeing⁹, and less opportunity to access support. As such, in suburbs where the IRSAD is lower, it is reasonable to expect that People Connectors will find more Householders experiencing greater social disadvantage, adversity, and living in more complex circumstance with multiple unmet needs.

⁸ Australian Institute of Health and Welfare. (2022). Health across socioeconomic groups. <https://www.aihw.gov.au/>

⁹ Steen, A. & MacKenzie, D. (2013). Financial stress, financial literacy, counselling and the risk of homelessness. *Australasian Accounting, Business and Finance Journal*, 7, 31–48.

3. OVERVIEW OF FINDINGS FROM ROUND THREE

Six key findings emerged from the evidence collected in Round Three across various data sources: the Householder Evaluation Survey, Focus Groups, MSC Workshops, and Impact Stories. This section presents a high-level summary of each finding, with reference to where the supporting evidence can be found in this report.

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 ‘a caring stranger’ at their doorstep. This was indicated by:

1. Engagement rates: 44% of Householders who answered the door, were willing to have a conversation with a People Connector
2. Positive feedback about the experience: Householder Evaluation Survey results indicated that 53% found it a ‘very good experience’, 38% found it a ‘good experience’ and 9% found it was ‘neither good nor bad’. Of all the 387 survey respondents, no Householder reported it to be a bad or very bad experience.

People Connectors also suggested that, although there was sometimes initial hesitation, it was not an effort to get people interested in talking about mental health and wellbeing, that Householders were keen to talk about their concerns, 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 had spoken about their mental health to anybody.” (People Connector)

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 listing service options. 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)

In the Householder Evaluation Survey, all Householders (100%) found the Information Packs useful (‘very useful’ or ‘a little bit useful’). Additionally, Impact Story Analysis uncovered many instances (66%) where Householders were unaware of any supports available for their concerns. 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 were not clear if they were eligible or about how they might access the service. This is indicative of a general lack of awareness and knowledge of supports and services.

Overall, Finding 1 points 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 understand options available to them for seeking support. Within this context, the doorknocking approach was welcomed and needed.

For more evidence to support this finding see [Section 4.1](#) and [Section 5.2](#).

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 follow-up contact with People Connectors (i.e., they consented for follow-up). Fortnightly Activity Reports from DPOs indicated that follow-up contact was typically a very short-term engagement. Averaged over all engagements, People Connectors had 2.74 contacts, spending 60 additional minutes, with every Householder who consented to follow-up. Follow-up activity 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 (46%), found their experience of the visit valuable.

As in previous rounds, Round Three survey results show that the doorknocking visit led to many Householders' initiating help-seeking behaviours regarding mental health and wellbeing – see Table 4. Most Householders valued and utilised the information products and went on to have conversations with friends or family members. Additionally, about one in five Householders contacted services as a result of the visit.

Table 4 – Householders' behaviours 'as a result of the ACDC visit'

OUTCOMES		Percentage of Householders		
		Round One + Two (N=274)	Round Three (N=92)	All Rounds (N=366)
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	64%	54%	59%
	Talked with a friend/family member about someone else's mental health and wellbeing	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 for each item ranged from n=254-260 for Round 1-2 and n=87-89 for Round Three.

Evidence presented in Table 4 indicates that contact with People Connectors led to tangible actions for many Householders. One surprising finding was the significant percentage of Householders who 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 had 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 on’ effect.” (Lived Experience Expert)

Doorknocking experiences, as documented through Impact Stories, also uncovered numerous instances of Householders who were able to turn their lives around – leave their home for the first time in years, have the courage to apply for a job, get help with householder maintenance – with the encouragement of a conversation, or just a few contact points with People Connectors.

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 and people in their networks.

Overall, Finding 2 indicates 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.

For more evidence to support this finding see [Section 4.2.1](#), [Section 6.2.1](#) and [Section 7.1.1](#).

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

Through conversations with Householders about their mental health and wellbeing, People Connectors 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 burdens that were most pressing, relevant and/or having the greatest impacts on their life.

“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)

Analysis of the Impact Stories suggests that the most common adverse experiences and circumstances reported by Householders were social isolation (40%), financial struggles (27%), lacking basic necessities¹⁰ (22%), and significant stress (17%). This highlights not just the pressure that the increased cost of living may be having, but also the prevalence of social isolation for community members across Project Sites.

The ACDC Project, by design, enabled People Connectors to address the social determinants of mental health and wellbeing, with People Connectors having the flexibility and permission in their roles to respond to a broad range of needs.

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 services and supports to assist with social isolation and

¹⁰ Food, clothing, supplies, etc.

loneliness (such as community sports and recreation), employment, cost of living and financial pressures (such as employment services, bill assistance, food relief, etc).

“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 extent to which this understanding was so strongly reflected in the ‘on the ground’ experiences of People Connectors was surprising for some.

“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)

“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)

Overall, Finding 3 highlights how supporting mental health and wellbeing cannot be achieved without, at the same time, considering someone’s more immediate needs and stressors. Through a flexible, ‘Householder-led’ approach, the ACDC Project provided a way to address the social determinants of mental health and wellbeing alongside mental health concerns.

For more evidence to support this finding see [Section 5.4](#) and [Section 6.2.2](#).

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 some Householders were experiencing, and reflections on the relevance, value, and limitations of doorknocking in these situations.

People Connectors provided many examples of encountering Householders who were struggling with multiple unmet needs and complex circumstances. In the Impact Story Analysis, Householders experiencing five or more adversities were categorised as ‘high-risk’. Of the 117 Impact Stories, 24% were ‘high-risk’ (n=28). 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, straightforward fixes for people experiencing entrenched disadvantage, for instance (e.g., unemployment, financial stress plus housing insecurity). Notably, 32.1% of ‘high-risk’ Impact Stories involved Householders experiencing domestic violence; and People Connectors struggled particularly with Householders in these circumstances.

For People Connectors this created at times a sense of hopelessness and even ‘moral injury’ when coming up against the limitations 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)

However, there is also evidence that Householders in these circumstances did appreciate the outreach and the comfort of a safe connection, were keen to have conversations and to receive any support at all, even if limited.

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 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.

Importantly, to respond to Householders in ‘high-risk’ circumstances, People Connectors 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 People Connectors to call on the ‘right people’ for an immediate response if needed, demonstrating that effective doorknocking, especially in lower SES suburbs, works best in tandem with an ecosystem of services and supports.

Overall, Finding 4 indicates that People Connectors connected with Householders in complex circumstances, and at times felt hopeless or even compromised by the limitations of their role. However, through their empathetic connection with the Householder, a determination to assist, and their relationships with, and in-depth knowledge of, community supports and services, People Connectors were able to provide options to help Householders in ‘high-risk’ situations.

For more evidence to support this finding see [Section 5.4.1](#), [Section 6.2.3](#), and [Section 6.3.2](#).

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

A finding from Round Three, was that certain Householder cohorts (i.e., demographic groups and/or Householders facing specific circumstances) appeared to be particularly highlighted in the data. This was evidenced in both qualitative and quantitative data, including the Impact Stories. These Householder cohorts were:

- Carers or family members providing care (for example, people supporting a loved one with a mental health condition, chronic health condition or disability, usually unpaid)
- People from Culturally and Linguistically Diverse (CaLD) communities
- Elderly persons¹¹

It was found that 25% of the ‘high-risk’ Impact Stories involved Householders who were family members providing care, and four of the 12 most significant Impact Stories selected through the MSC Technique also included family members providing care. Impact Stories revealed that several family members providing care had difficulties with recognising their own needs and

“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.” (Project Team Member)

¹¹ aged over 65

seeking help for their own mental wellbeing, a finding which was emphasised by a 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, family members and carers who were in the CaLD community had complicated experiences of mental health – a confluence of factors involving family expectations, cultural obligations, and cultural understandings around mental health, resulting in less inclination and a lack of ‘permission’ to seek support for mental health and wellbeing.

“For a lot of carers, they become so accustomed to neglecting themselves, and when they are from 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)

The Impact Stories Analysis found that 56% of Householders with difficulties carrying out domestic duties and maintaining their home, and 55% of Householders facing transport issues, were elders. Elderly Householders were often unaware of supports available to help with their practical issues or help reduce their social isolation.

Through doorknocking conversations, People Connectors were able to surface and explore the barriers that these particular cohorts faced in regard to their wellbeing and their ability to access supports. This is significant since the experiences of these cohorts often remain outside the reach, or even visibility, of services. People Connectors found these cohorts to be highly receptive to doorknocking conversations and follow-up information (and linking in some cases).

“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)

“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, Finding 5 indicates 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, family members providing care, and elderly persons.

For more evidence to support this finding see [Section 5.5](#), [Section 6.3.3](#), [Section 6.2.1](#), and [Section 6.2.2](#).

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

Round Two findings 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)

Impact Story Analysis found that, generally, many Householders’ living in under-resourced communities still benefitted from the ACDC Project. However, there were some communities that stood out – in both the quantitative and qualitative data – because the ‘success rate’ of engaging and helping Householders was not as strong as in other areas. The following cultural and social conditions (experienced by various Project Sites at different points in time) were identified as making doorknocking challenging and/or less productive.

- **Householders 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 (sometimes racist) opinions about others in their community. People Connectors described how these conversations were difficult to shift and 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... And we would try to bring it back to how it affects their mentality, but they would only lightly cover it.” (People Connector)

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

Particularly in Townsville and the City of Salisbury, both 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 more unanswered doors (or locked gates preventing access). This finding did not emerge strongly in Round Two.

“[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)

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

Some communities seemed to have higher levels of stigma around discussing mental health, which impacted on the success of doorknocking.

“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)

The Householder Evaluation Survey indicated that approximately one third of Householders found it difficult to have a conversation about mental health at their front door – especially if they lived in close proximity to their neighbours. 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 for openly talking about mental health.

“They would say there's something wrong but wouldn't talk because they thought everyone was listening.” (People Connector)

- **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. As it was an Aboriginal community, the whole community was impacted. People Connectors paused doorknocking for several weeks during Sorry Business. It was decided that community gatherings, such as BBQs and yarning circles were a better way to connect with community members in this community, especially in difficult times.

“[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)

Overall, Finding 6 suggests that Householders living in under-resourced communities did benefit from proactive outreach, 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 conversations, how productive the conversations are, and the overall effectiveness.

For more evidence to support this finding see [Section 5.3](#), [Section 7.4](#), and [Section 4.1.4](#).

4. THE DOORKNOCKING VISIT EXPERIENCE - HOUSEHOLDER FEEDBACK

This section explores the potential impacts of doorknocking on Householders, captured through the Round Three Householder Evaluation Survey. There may be biases with this data source as respondents were generally those who engaged with the ACDC Project, and perhaps more likely to see it as a valuable initiative if they self-selected into the ACDC Project. However, an incentive payment was provided to all Householder Evaluation Survey participants, potentially helping to address this bias through motivating Householders with a range of views to respond. Figure 1 shows that most of the Householders who completed the survey were from Dandenong (n=24).¹²

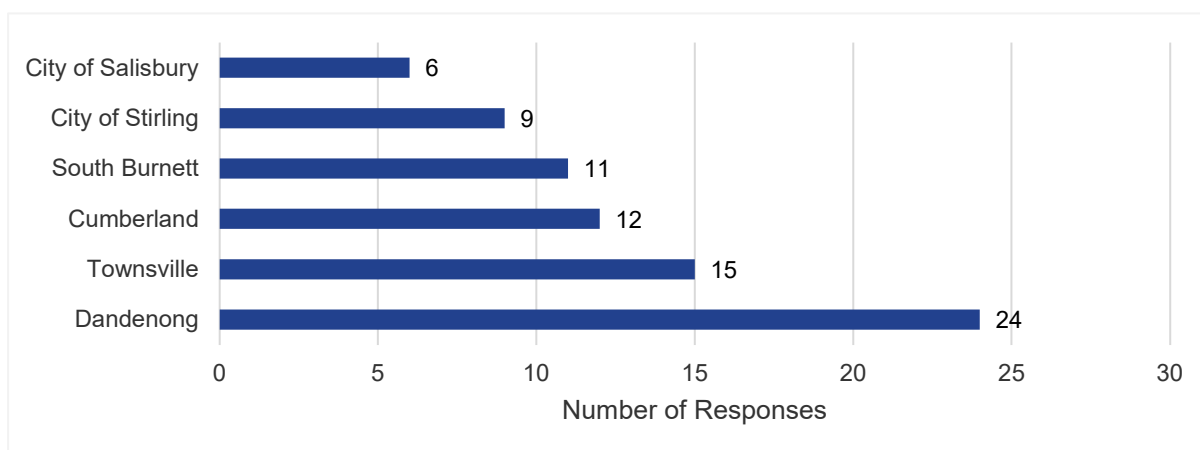


Figure 1 – Number of Householder Evaluation Survey respondents by site

4.1 The experience of the visit

4.1.1 Feedback about the visit overall

The Householder Evaluation Survey results indicated that overall, the visit from People Connectors had a positive effect on most Householders. Just over 90% of Householders had a ‘very good’ or ‘good’ experience with their visit. For this item, the most negative feedback was that it was a neutral experience (‘neither good nor bad’ – 8.7%). No Householders reported the visit to be ‘bad’ or a ‘very bad experience’ (see Figure 2).

“They were perfect and very friendly, and you could tell they cared so even though it is difficult to open up they made it easy for me to do so by being friendly and kind hearted.”
(Householder)

“Friendly and easy to talk to which helped me feel comfortable enough to connect with them” (Householder)

¹² Not all Householders who completed the Householder Evaluation Survey provided their postcode.

“They were respectful and courteous.” (Householder)

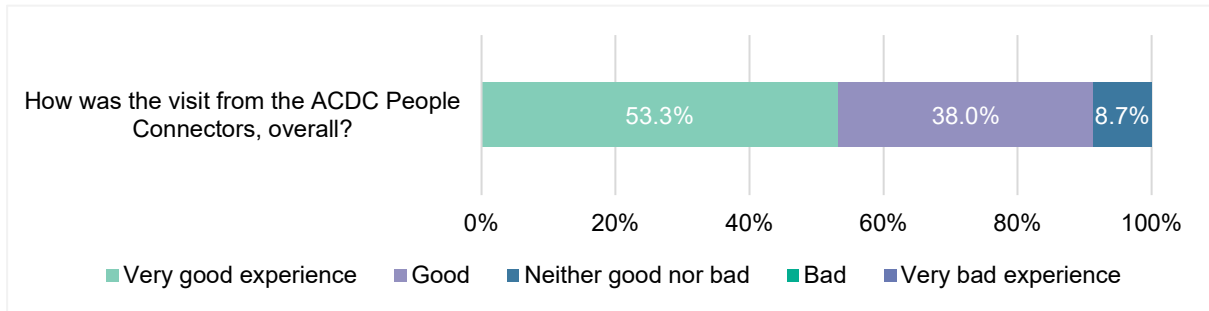


Figure 2 – Overall rating by Householders of the visit from the People Connectors

Householders were asked about specific aspects of the visit, including their experiences of talking to People Connectors, being asked about their mental health and wellbeing, completing the Householder Field Survey, receiving information about services, and being linked with services. Almost all Householders rated their experiences as ‘good’, followed by ‘very good’ (see Figure 3). Only small percentages of Householders rated their experience of having People Connectors come to their door, finding out about services that might help them, and being asked about how their mental health as a ‘bad’ or ‘very bad’ experience (1.1%).

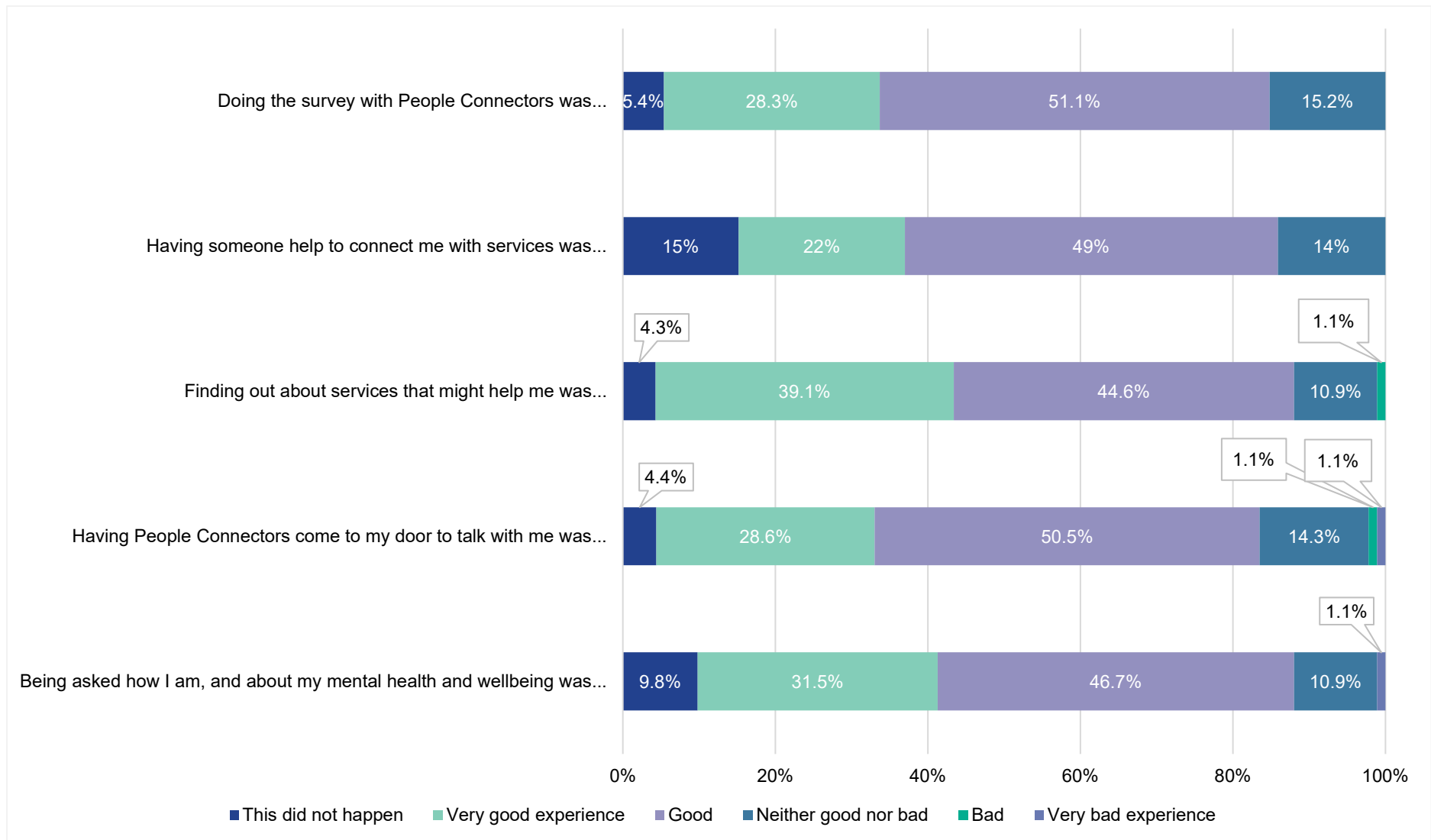


Figure 3 – Householder’s experiences of difference aspects of the visit from a People Connector

Householders were given the option to indicate if the specific activity did not happen, in recognition that not all activities were undertaken at every door (depending on the situation or preferences of Householders). This comment demonstrates how various Householders engage with different aspects of the project, which could be personalised depending on preferences.

“I also feel the Information Pack that was left was useful. But discussing personal details with a stranger is not something I would like to do. But to have an opportunity to put it on [a paper survey] which was collected the following day was an extremely good idea.” (Householder)

For example, 15.2% of Householders said they were not helped with being connected to a service. Reasons for this would have varied; some Householders may have not needed or wanted to be linked to additional supports, or wanted to be linked by a People Connector, and in other instances perhaps there were no appropriate services available. However, it is significant to note that at least 84.8% of Householders in this sample indicated that they received help to link with a service. This result aligns with the Impact Story Analysis which found a large proportion of Householders were ‘Helped’ to either find supports or be linked with supports that they needed, as is explored in [Section 5.3](#).

Overall, most of the activities that People Connectors intended to do with Householders, were completed. Only 5.4% of Householders did not complete the Householder Field Survey at the door, and only 4.3% of Householders did not find out about services that might help them. It was also found that 4.4% of Householders did not have People Connectors come to their door – this captures the fact that People Connectors sometimes engaged with communities in other places such as in shopping centres, at community groups or by hosting community BBQs (see [Section 5.3](#)).

Interestingly, 9.8% of Householders reported that they were not asked about their mental health and wellbeing. In Focus Groups, People Connectors suggested that where they felt there was a high level of stigma, they took a less direct approach, instead asking how life was, if they were ‘managing’, ‘coping OK with everything’, ‘doing it tough’ (i.e., speaking about mental health in a more general, low-key way).

“Just a general chat about how I was and how things have been which was nice.” (Householder)

The approach that some People Connector teams took to work around stigma may have not been effective for some Householders, indicating that perhaps some people were more willing to talk about mental health than was anticipated.

“They were lovely, but I didn’t realise it was about services for mental health until they gave me the [Householder Field] survey and the magnet for my fridge. The questions they asked were more about how I feel in the town I live in, not how my mental health is specifically. They asked if I knew what services were available, and because I didn’t know the context, we talked more about public transport than about mental health services. We did talk slightly about youth mental health services. This visit would have been better if they were clearer at the beginning about what they really wanted to know.” (Householder)

Data collected, however, shows it is difficult to generalise. Some Householders embraced this chance to talk about their general life concerns (rather than specifically their mental health). Whereas for other Householders, the conversation was valuable because it was clearly targeted towards mental health.

“It was nice to see people talking about mental health.” (Householder)

While it may not be easy to get the approach ‘right’ every time, these findings reveal how People Connectors adapted their styles and ways of initiating conversations about mental health.

4.1.2 Utility of the components of the visit

The Round Three Householder Evaluation Survey (N=387) asked questions about the usefulness of the various activities or components of the visit (see Figure 4). Notably, over 90% of Householders found receiving an Information Pack and being asked to do the Householder Field Survey useful. Over 80% of Householders found that having a conversation about their own mental health or the mental health of others and being asked if they wanted to be linked to a service was useful. Interestingly, a quarter of Householders were not helped with being linked to services by People Connectors – reasons for this can be seen in Figure 10. Only small percentages of Householders found the activities of People Connectors as not useful (<5%).

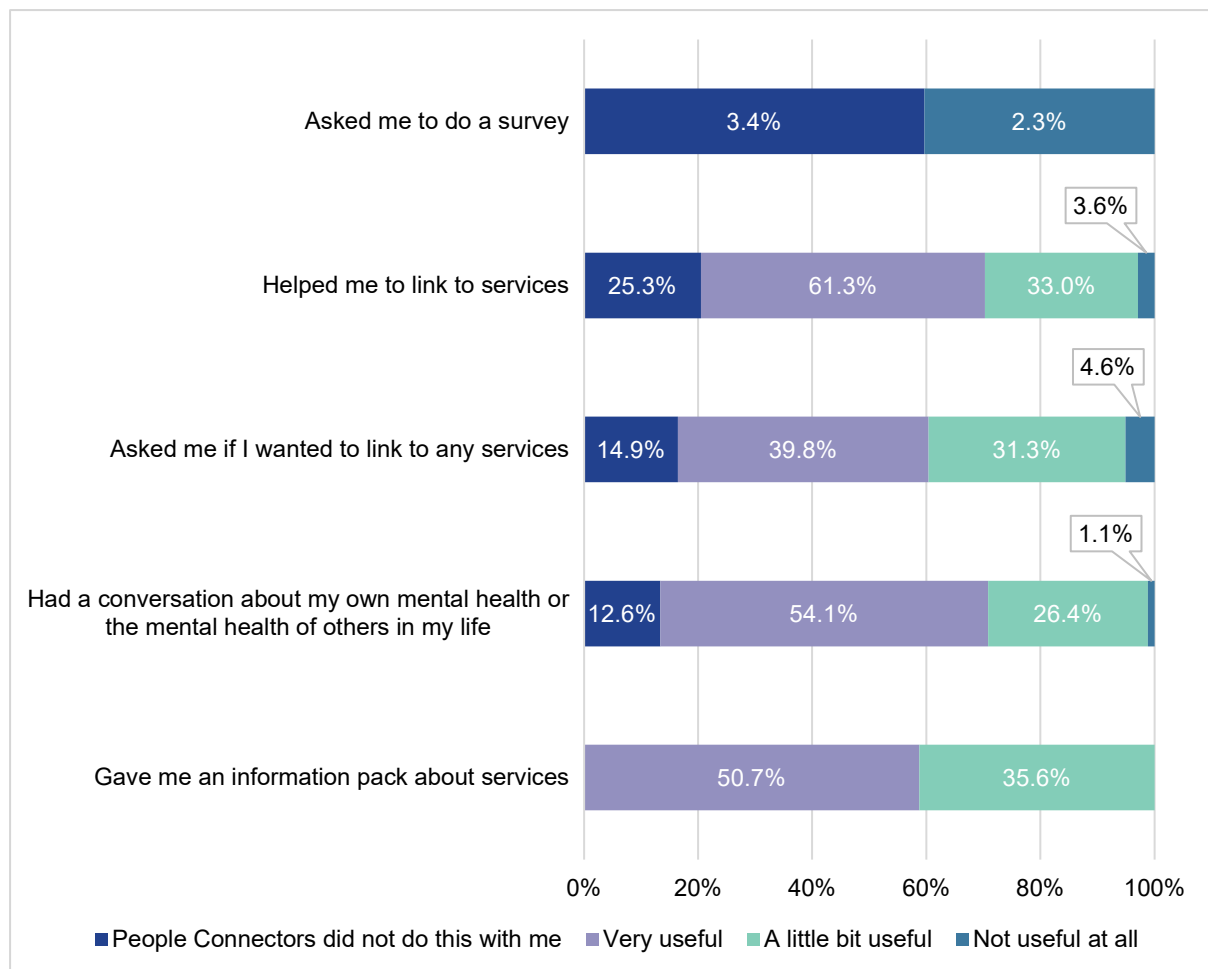


Figure 4 – Usefulness of the activities of People Connectors

4.1.3 Experiences of interacting with the People Connectors

The majority of Householders felt that People Connectors were caring and supportive, capable of helping other people in the community, and easy to talk to about feelings (see Figure 5).

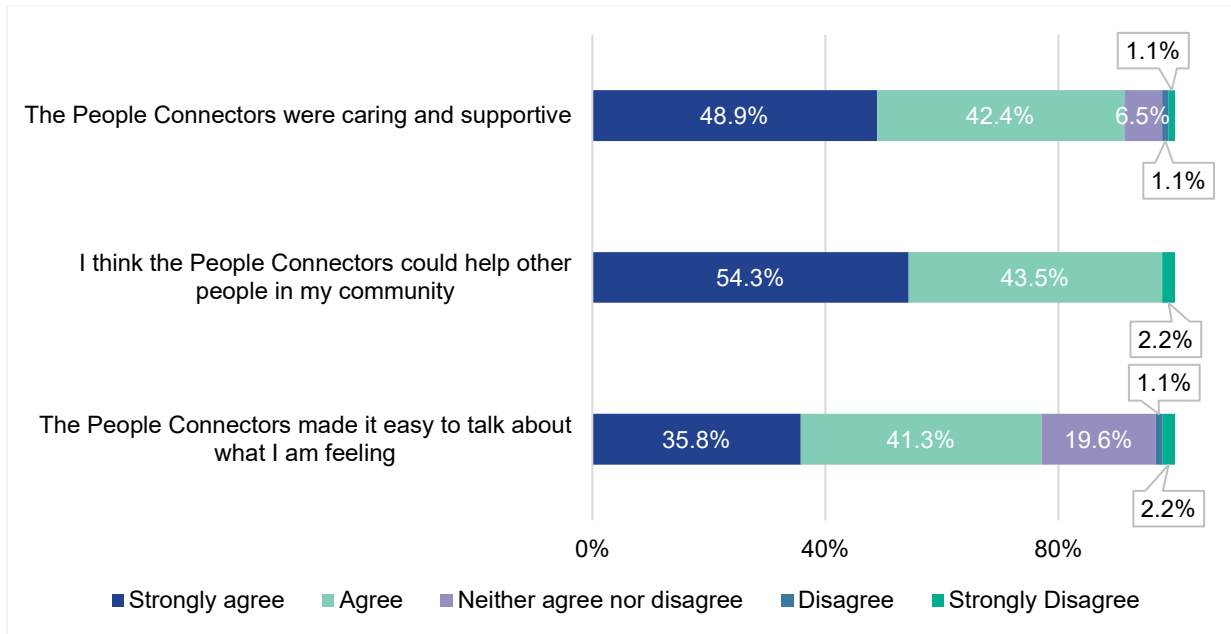


Figure 5 – Householders’ experience of interacting with the People Connectors

“They were perfect and very friendly, and you could tell they cared, even though it is difficult to open up they made it easy for me to do so by being friendly and kind-hearted.” (Householder)

Some Householders indicated how they appreciated the flexibility of the help that People Connectors provided.

“They checked in about how I cope with the current inflation and high interest rates, rise in prices of essential items, medical facilities etc.” (Householder)

“They told me about services for aged care.” (Householder)

“They are always there to assist, be it with networking, a friendly person to chat with, a safe place to go, and food assistance and so much more.” (Householder)

For other Householders, the visit was less about the utility value, and more about the experience of care being shown, for themselves or others.

“Was nice to know people are out and about doing something about things. I have visited the [DPO] on a few occasions, and think they do wonderful with people who can access such places...it is good to know these places exist for people.” (Householder)

“Was refreshing as a discharged mental health patient to just know the government cares.” (Householder)

4.1.4 Factors making Householders less comfortable with doorknocking conversations

The Householder Evaluation Survey indicates that about one in five Householders (21.7%) indicated that were not comfortable talking to a stranger about mental health without warning (Figure 6).

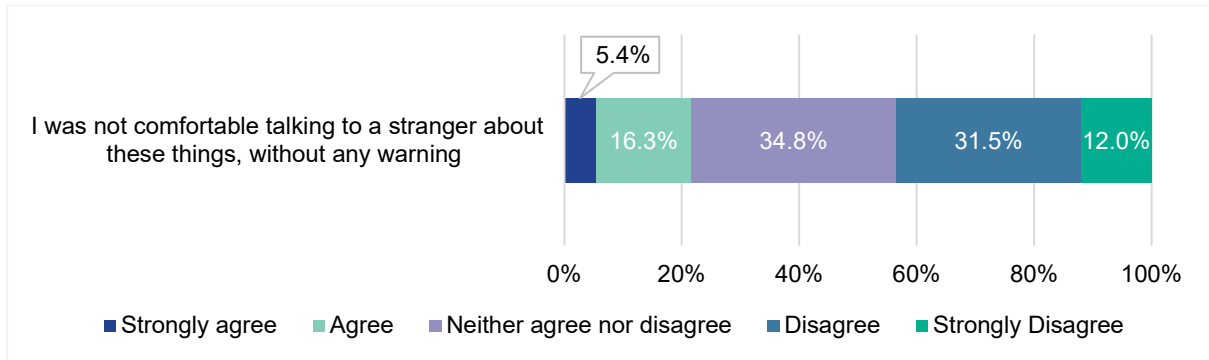


Figure 6 – Householder comfort in talking to a stranger about mental health

This could be due to many factors such as distrust with strangers, not feeling prepared or difficulty opening up with neighbours or family around, and perceptions surrounding mental health.

*“It would be better in their office or doing it with strangers, not my own family”
(Householder)*

This section unpacks the various factors that were identified that contribute to Householders not feeling comfortable with doorknocking conversations about mental health.

Preferring to be prepared (i.e., option of an appointment)

For some Householders, the spontaneous, show-up-at-the-door approach was not suitable. One common suggestion from Householders (when asked what would have made their experience better), was to be given the chance to feel more prepared for the visit, either through an appointment system, or being given more warning to provide some time to reflect and feel more settled.

*“It all happened without warning, so my responses were a bit guarded.”
(Householder)*

Not being physically comfortable enough at the front door

Having another place besides the front door to have the conversation was also suggested. People Connectors needed to stay at the front door, and there were times when this setting was too hot, too cold, or generally physically uncomfortable. Having long, personal conversations whilst standing up was not ideal.

“Having a sit-down chat instead of standing at my front door.” (Householder)

“It was 30 degrees, and I was mowing the lawn, so I was pretty hot.” (Householder)

*“It was at an inconvenient time because I was working from home. I would have had a longer, insightful conversation if I knew visitors were coming beforehand.”
(Householder)*

Lack of privacy when discussing mental health at the front door

The Householder Evaluation Survey indicated that almost a third (30.4%) of Householders found it difficult to talk about their mental health and wellbeing with a stranger at the front door, as seen in Figure 7. Slightly more Householders (33.7%) had the opposite view. These findings highlight the variations of Householders’ openness and responsiveness when initiating conversations about mental health through doorknocking.

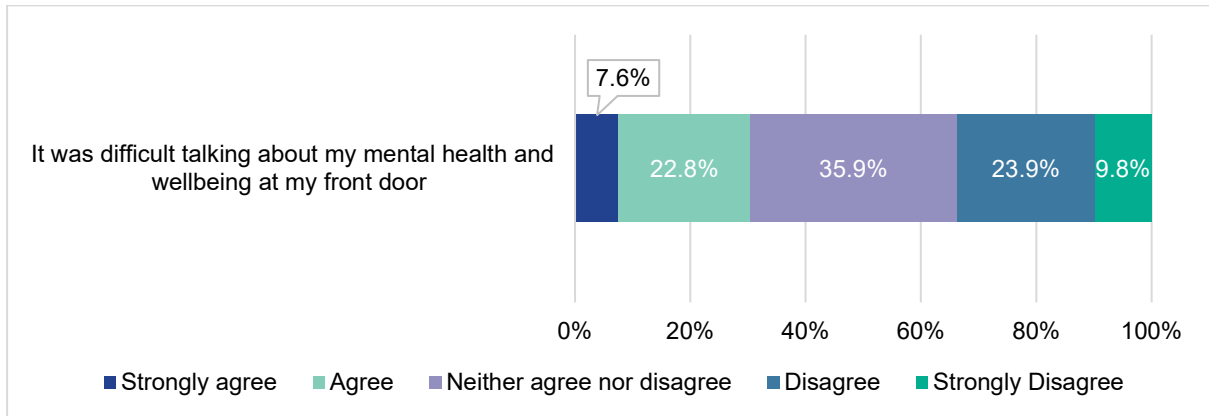


Figure 7 – Householders’ difficulty in speaking about mental health at the front door

Stigma surrounding mental health and worry about neighbours eavesdropping is explored in more depth in [Section 7.4.4](#).

4.2 Actions resulting from the visit

4.2.1 Help-seeking behaviours

The Householder Evaluation Survey provides evidence that the ACDC Project positively and effectively encouraged Householders to reach out for support. **Error! Reference source not found.** presented findings that indicate that the majority of Householders kept the fridge magnet, read the information given about mental health supports, and spoke about mental health and wellbeing with friends/family members as a result of the visit from People Connectors. Significantly, just over half of Householders at the time of being surveyed had contacted, or planned to contact, a service or support for their mental health and wellbeing. Similarly, approximately 40% of Householders had contacted, or planned to contact, a support for the mental health and wellbeing for someone else.

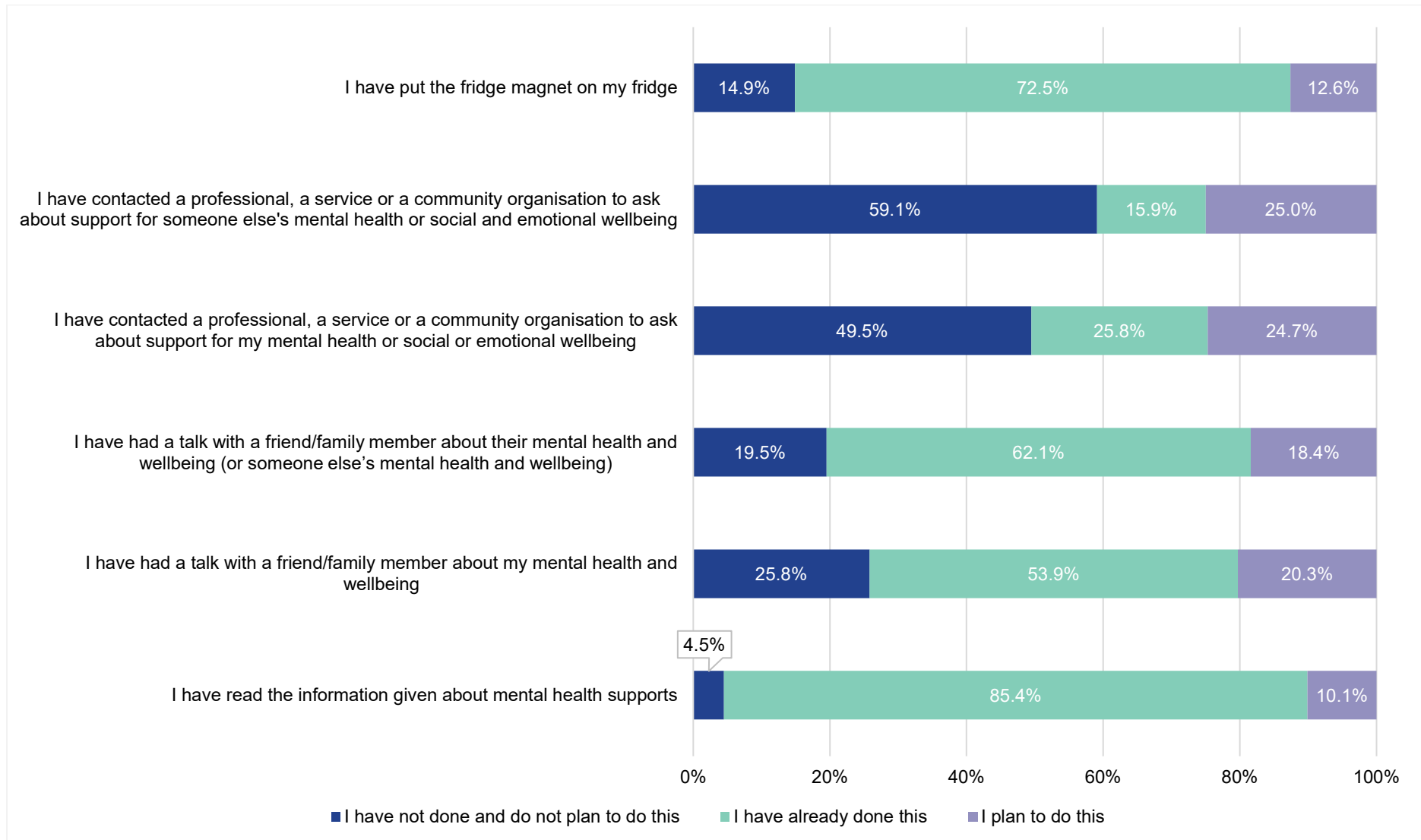


Figure 8 – Actions and help-seeking behaviours of Householders as a result of the visit

The Householder Evaluation Survey asked, “Since the People Connectors visited, have you contacted any professionals or services to get support for your mental health and wellbeing **for the first time**?”. Figure 9 shows that one in five Householders had contacted a mental health support for the first time, since the People Connectors visited.

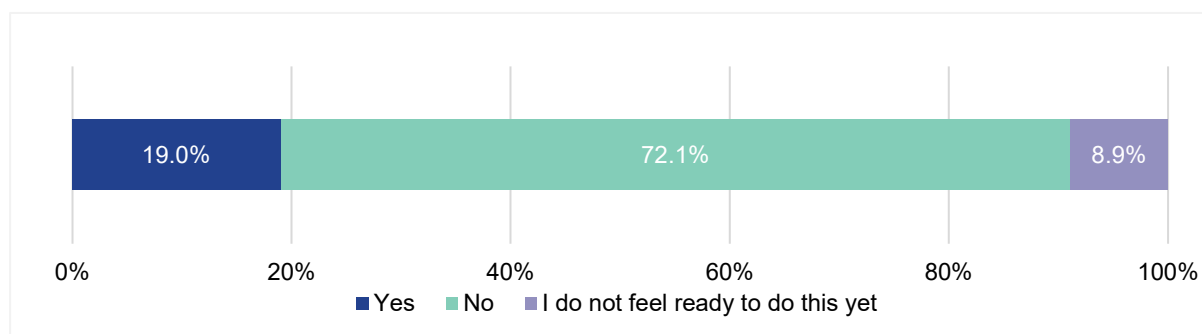


Figure 9 – Percentage of Householders who sought support for the first time

For those Householders who reached out for help for the first time (n=15), the most sought-after support was from a mental health professional (e.g., psychiatrist, psychologist, or counsellor) or their General Practitioner (doctor). Other supports that Householders connected with when seeking support for their mental health for the first time (that were not covered by the survey response options), included Carer Gateway, meditation/yoga, and the Local Area Coordination provider for the NDIS.

Of those Householders who did not seek support (n=66), the leading reason was that Householders believed that they didn’t need support (33.3%), as seen in Figure 10. Others indicated that it was due to not having enough support from their family and friends (25.8%), financial reasons (9.1%), and that they didn’t have the time (7.6%). Other reasons for not seeking support (19.7%) were due to Householders already having support, fear to or complications with discussing issues, forgetfulness, and life events that got in the way.

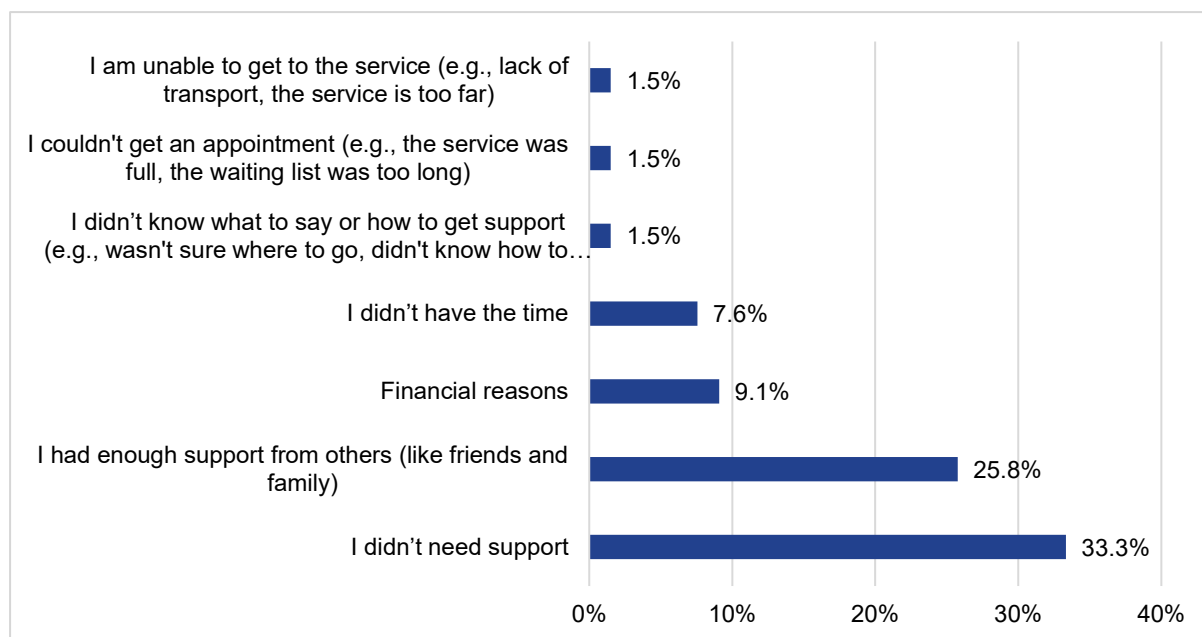


Figure 10 – Householder Evaluation Survey – Why respondents did not seek help

The survey also asked, “In the last month, did you talk to anyone else to get support for your mental health or wellbeing, such as friends or family?”¹³. Over 40% of Householders said they reached out for support from friends and family, as seen in Figure 11.

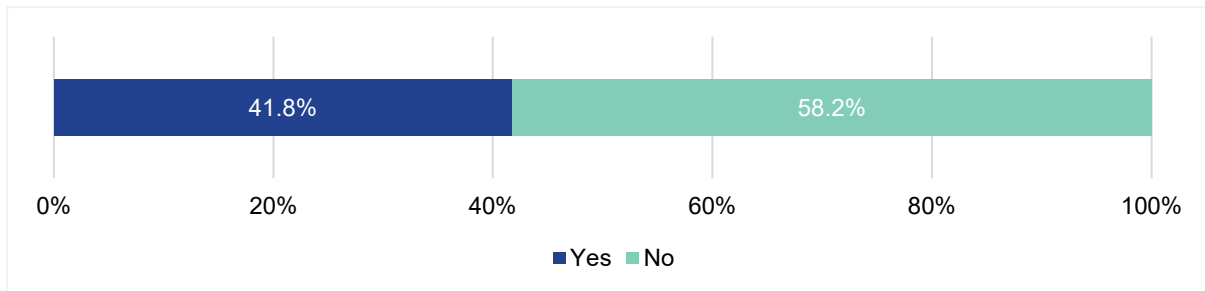


Figure 11 – Percentage of Householders who reached out for support from family and friends

Householders were also asked if they had helped anyone else connect with services to support their mental health and wellbeing, since their conversation with People Connectors¹⁴. As seen in Figure 12, it was found that most (57.6%) did not help anyone, but for those who did, friends were most commonly helped by Householders (46.2%) followed by 25.6% of Householders who stated they helped others in their household connect to services.

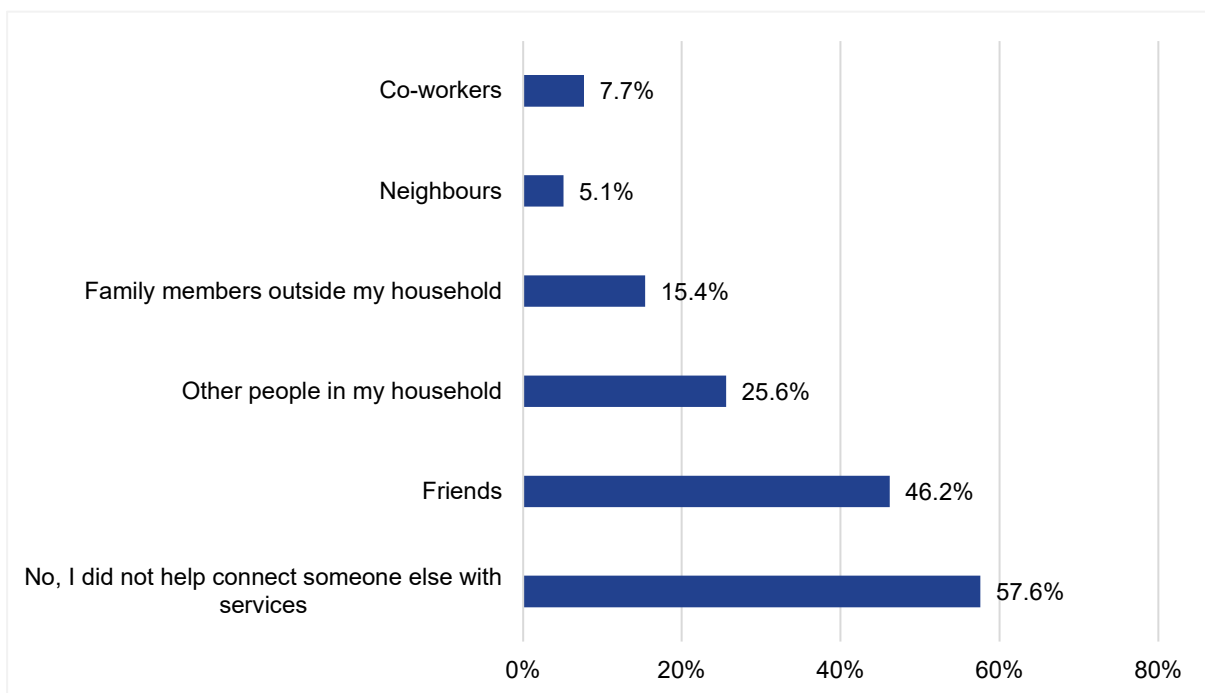


Figure 12 – Percentage of Householders who helped others connect to services because of the ACDC visit

¹³ The Householder Evaluation Survey was typically administered to Householders about one or two months after the doorknocking visit.

¹⁴ The survey question was: “Because of your conversation with the ACDC People Connector, did you help connect anyone else with services to support their mental health and wellbeing?”

4.3 Follow-up with Householders from People Connectors

In Round Three, the Householder Evaluation Survey had additional questions asking Householders if they had consented to a follow-up from People Connectors. Follow-up involved People Connectors working with Householders to link them to needed supports and services (after the initial visit). Of those Householders asked, it was found that 45.7% of Householders consented to follow-up support (n=42). Approximately 70% of these Householders agreed that their follow-up was useful (see Figure 13).

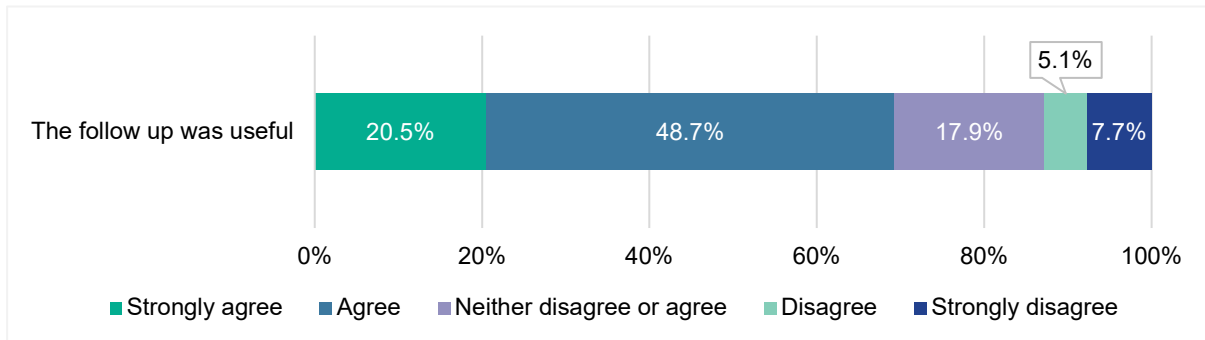


Figure 13 – Usefulness of follow-up with People Connectors

The survey also asked about reasons for follow-up, as presented in Figure 14. For half of Householders, they required additional information about services. Householders’ other reasons for follow-up was to see and keep in touch with People Connectors – this speaks to the quality of the human connection that People Connectors were able to make from just a short initial interaction. Notably, nearly a third (27.9%) of Householders were seeking to be linked with services or supports.

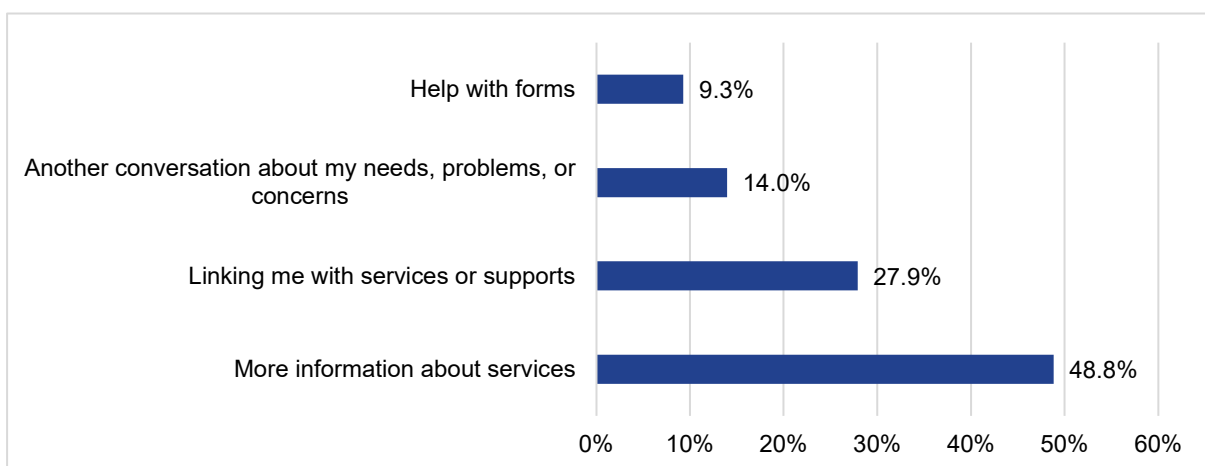


Figure 14 – Reasons for requesting follow-up with People Connectors

Lastly, Householders were asked about how satisfied they were with their follow-up, as presented in Figure 15. It was found that 41.1% of Householders agreed that they got the help they needed and 55.3% of Householders planned to address their needs. Significantly, 71.8% of Householders felt cared for by People Connectors – this speaks to the success of making Householders feel valued through People Connectors’ connection skills and active interest in their mental health and wellbeing.

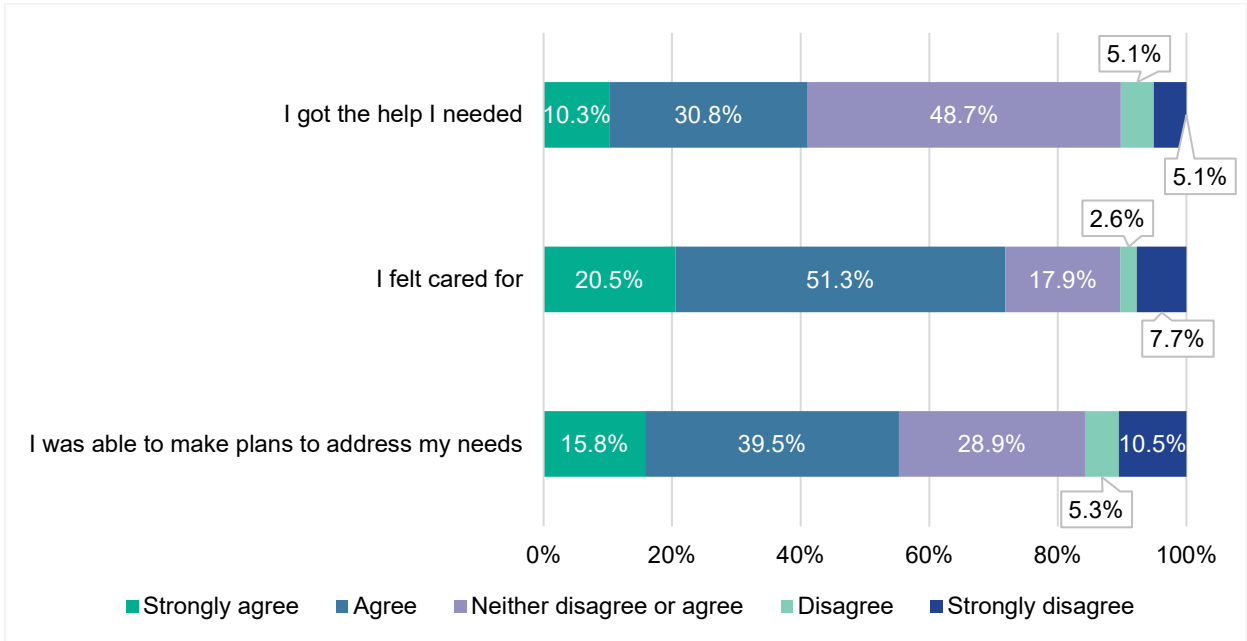


Figure 15 – Householders’ satisfaction with follow-up

It should be noted that the follow-up was not effective for everyone, and Householder Evaluation Survey results indicate that roughly one in ten Householders were not satisfied with the follow-up. This possibly speaks to the limitations of the role of the People Connector in addressing and resolving Householder circumstances. Possible reasons for this and further evidence will be presented to explore this question in more depth in [Section 7.4](#).

5. UNDERSTANDING NEED – A QUANTITATIVE ANALYSIS OF DOORKNOCKING VISITS

This section presents findings from the Impact Story Analysis. These accounts of doorknocking interactions and follow-up support were documented in the DPOs' Fortnightly Activity Reports. The documentation was guided by a template provided by CSI UWA, which prompted People Connectors to describe the circumstances and experiences that the Householder shared, detail about how People Connectors were able to help or support, and a reflection on any limitations in their ability to support Householders.

A total of 117 Impact Stories were shared with CSI UWA for quantitative analysis; 11 of these were omitted from analysis due to the lack of clarity and/or insufficient detail. The setting for most of the Impact Stories (89.6%) was People Connectors doorknocking at a residence, however 10.4% described the engagement being within the community or on the street. This reflects the efforts that People Connectors went to engage with community members. Project Sites with more of a community outreach focus (beyond doorknocking) included the City of Stirling (25% of Impact Stories) and South Burnett (16.7% of Impact Stories). This is likely due to the People Connector team in the City of Stirling operating out of the neighbourhood house which was regularly open to community members, and South Burnett People Connectors' hosting community BBQ events and yarnning circles.

5.1 Householders' willingness to discuss mental health

Descriptions of initial interactions show the majority of Householders (78.5%) welcomed the discussion with People Connectors to talk about mental health. In 15.9% of the Impact Stories Householders were initially reluctant to speak up or ask for help for their mental health (at the front door and/or previously in their life). Only a small percentage (4.7%) of Impact Stories had Householders who were unwilling to talk about mental health at all (see Figure 16).

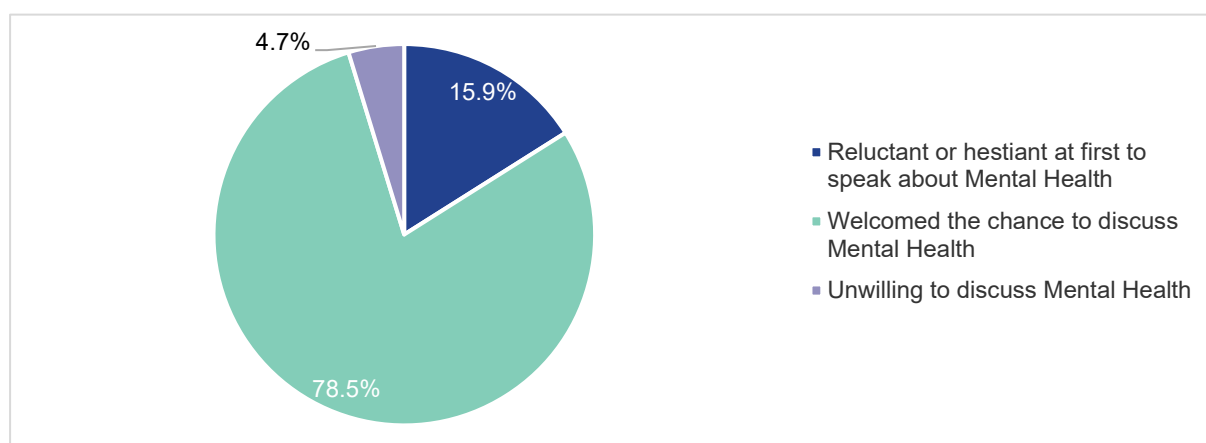


Figure 16 – Householders' willingness to talk about mental health (% Impact Stories)

5.2 Householders' pre-existing awareness of services

Impact Story Analysis found that across Project Sites, there was variation in the extent to which people were unaware of services. In the City of Salisbury, approximately one third of Householders were unaware of services. Whereas for Townsville, Dandenong, and South Burnett, over 60% were unaware of services. Cumberland had the highest percentage of Householders who were unaware of services (over 90% of Impact Stories), as shown in Figure 17.

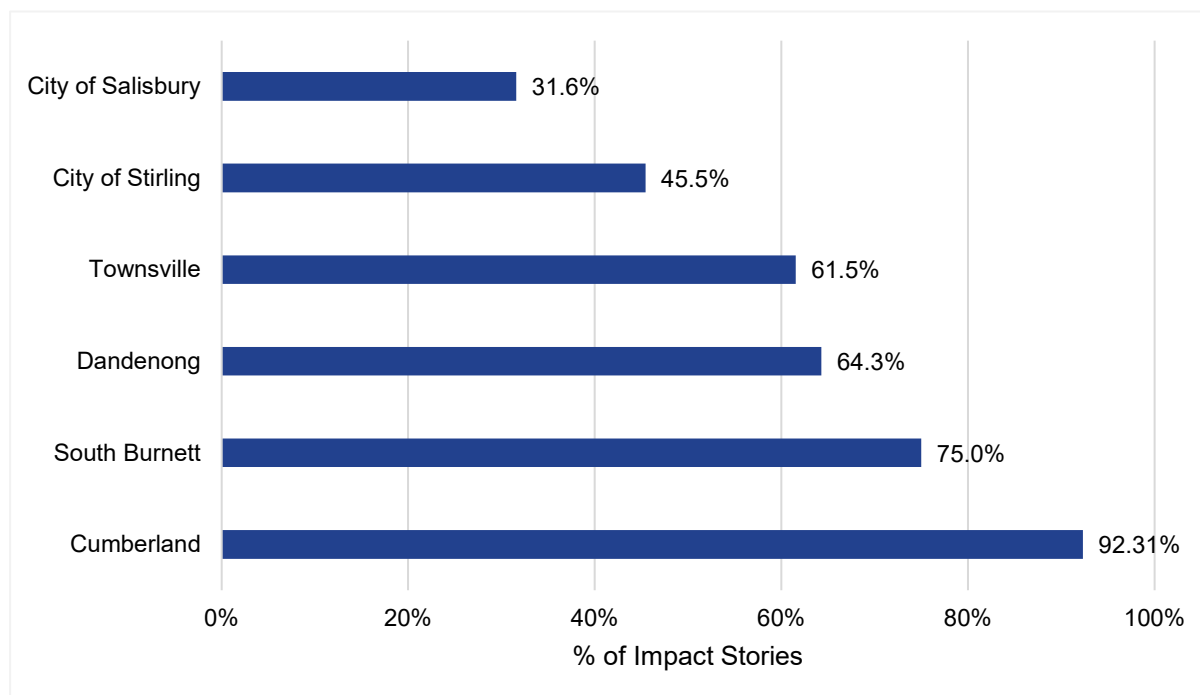


Figure 17- Householders' unawareness of services by Project Sites

On the other hand, Impact Story Analysis found that 31.6% of Householders were aware of the support suggested by People Connectors but had experienced difficulty accessing. Reasons for this included the inability to understand or navigate service information (especially for those with website-based applications), long in-take processes or wait times, and strict eligibility requirements.

5.3 Connecting Householders to supports and services

To understand the extent to which People Connectors were able to connect Householders to supports and services, the Impact Stories were organised into four categories (see Figure 18). The Impact Stories categorised as 'Connection Completed' demonstrated evidence of Householders being successfully connected to/engaged with a support or service. For those Impact Stories that were categorised as 'Connection Initiated', there was evidence of People Connectors providing information, educating, or helping Householders apply for a service,¹⁵ but whether Householders received support remained unknown. For the Impact Stories that were

¹⁵ Providing information about relevant services and supports is considered a valuable outcome even if Householders did not at the time take up the opportunity to engage with the service. Having an understanding of support options educates the community and gently reminds Householders that there is support.

categorised as 'No Attempt at Connection', Householders did not want to be helped or could not be helped by People Connectors – this usually meant that Householder issues were out of scope or not possible to be resolved by People Connectors through a connection to a support or service (although this does not necessarily mean that the conversation did not open up other more informal possibilities for unburdening the Householder).

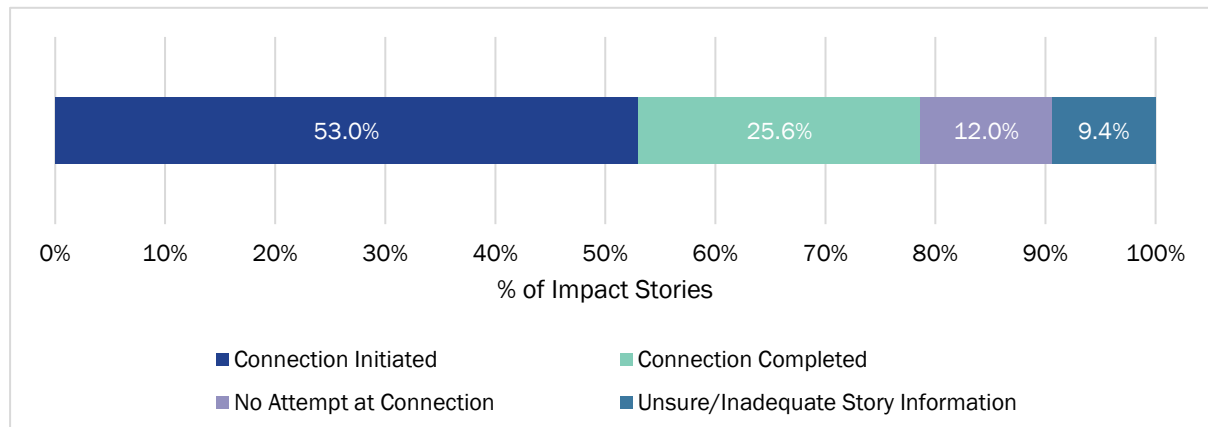


Figure 18 – Connection outcome of Impact Stories

Due to reporting timeframes, it is to be expected that the majority of the Impact Stories are categorised as 'Connection Initiated'. A further analytic frame was applied to the Impact Stories, in which we made an assumption that a Householder was 'helped' if the People Connector was able to either initiate a connection to a service or complete a connection to a service. Although there may be problems with this assumption, and we cannot know whether those who were 'helped' experienced any resolution at all, it is useful for providing indicative understanding (and has meaning in terms of considering the counterfactual, that is, the Householder is considered to be 'helped' compared to them receiving no help at all).

Figure 19 shows that a large proportion of Householders were 'helped' across Project Sites – whether that be a Householder engaging with a service or a Householder receiving useful information about services in their area that they otherwise may not have known about. However, this is with the exception of Townsville where only 53% of Impact Stories were categorised under 'No Attempt at Connection' – this is explored in [Finding 6](#) and [Section 7.4.5](#).

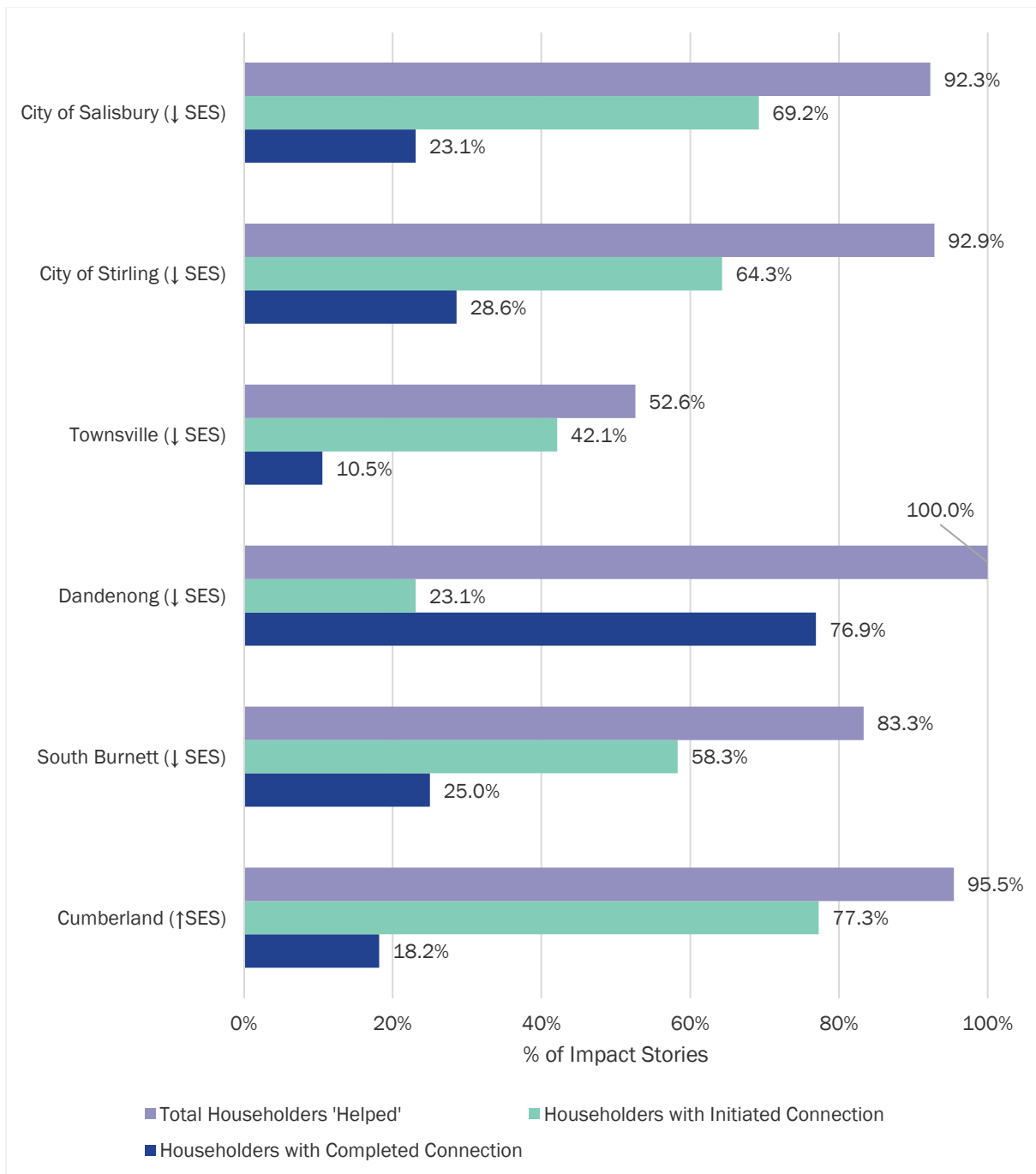


Figure 19 – Householders who engaged with a support or service (‘Completed Connection’) or received information about a service (‘Initiated Connection’), and total proportion who were helped in at least one of these ways (‘Helped’), across Project Sites¹⁶

Most of the Householders who experienced a ‘Connection Completed’ outcome, were connected to a community supports. These support options were usually locally based, and low cost or free, and designed to promote social wellbeing or build on particular skills. Community supports

¹⁶ 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.

included groups focused on friendship building, sport, gardening, childcare, Men Sheds, learning English, bill assistance, and culture strengthening. People Connectors knew these kinds of supports were low barrier options that would suit many Householders, could address multiple, holistic needs and were also more accessible (compared to other services such as the NDIS¹⁷ and family and domestic violence (FDV) services).

“Even if you're not sharing anything in the support group, by attending those groups, it's opening up your mind to supports out there for you. It's really important for not only the social aspect, but also as an educational aspect to get an understanding of what's there in the community.” (Lived Experience Expert)

5.4 Householders facing adverse experiences and circumstances

Impact Story Analysis provided a chance to understand the kinds of adversity that Householders (who engaged with People Connectors) were experiencing. Across the 117 Impact Stories, Householders were experiencing a significantly broad range of issues across many life domains (see Table 5).

Table 55 – Range of adverse experiences of Householders across life domains

Mental/physical health	Stress, grief and trauma
<ul style="list-style-type: none"> • Symptoms of depression, anxiety, suicidal thoughts, and other non-specific mental health issues • Harmful substance use • Health issues, injuries, and diseases 	<ul style="list-style-type: none"> • Significant stress • Complex trauma • Grief and loss
Social and interpersonal	Unequal relationships
<ul style="list-style-type: none"> • Social isolation and loneliness • Lack of confidence and self-esteem • Loss of self-identity • Language barriers 	<ul style="list-style-type: none"> • Family and domestic violence and sexual abuse • Dependency on others • Family members providing care
Financial and resources for living	Housing and living conditions
<ul style="list-style-type: none"> • In need of food, clothing, supplies, etc. • Financial struggles • Transport issues to and from places • Unemployment • Inability to carry out work due to injury/illness 	<ul style="list-style-type: none"> • Unsafe living situations • Living in squalor-like conditions • Hoarding • Homelessness (couch surfing) or risk of homelessness • Inability to carry out domestic duties and maintain property

The most common issues most frequently reported by Householders in the Impact Stories are presented in Figure 20.¹⁸

¹⁷ It is worth noting that connection with NDIS is a long and involved process, and often People Connectors suggested the help of Local Area Coordination (LAC) services to assist with connection to NDIS for Householders (n=3 Impact Stories) – although, People Connectors did complete one successful NDIS connection for a Householder, as explored in [Section 6.4.4](#).

¹⁸ Multiple responses permitted.

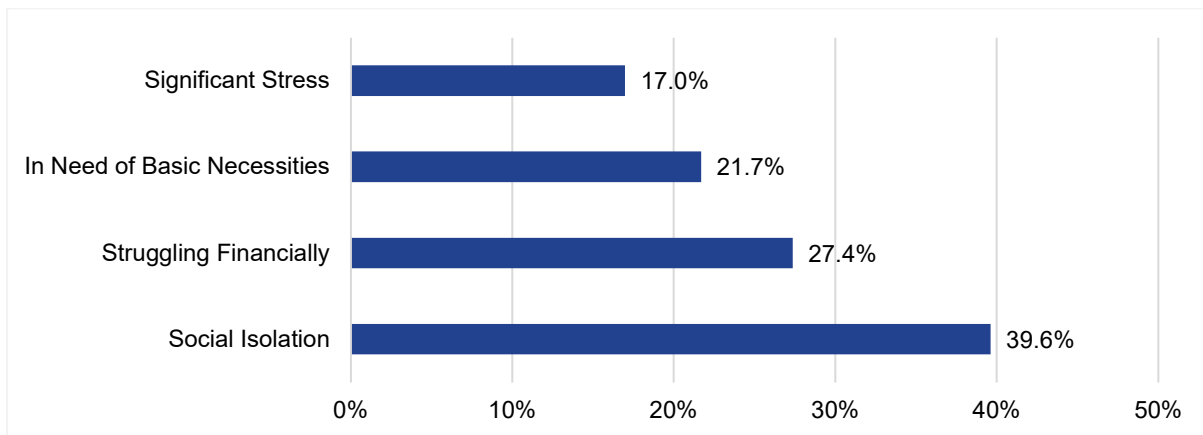


Figure 20 – Most common issues experienced by Householders (% of Impact Stories)

The high number of Householders struggling financially (27.4%) and lacking basic necessities¹⁹ (21.7%) highlights the cost of living as having an impact on many Householders (and significant stress (17.0%) could also be linked to these pressures).

However, it was social isolation that was found to be the most common issue for this sample of Householders (39.6%). It is not surprising that people experiencing social isolation were highlighted in this dataset. The ACDC Project provides a rare opportunity for some Householders to experience a meaningful engagement, especially for Householders who may be lonely or isolated or afraid to leave their home. A caring conversation, at the doorstep, is a low barrier opportunity for connection, which people experiencing isolation may have been more responsive to. There were multiple Impact Stories describing Householders' gratitude and appreciation for People Connectors arriving at their doorstep during a time when they were feeling isolated from others (see [Section 6.2.1](#) and [Section 6.3.3](#)).

“The continuity of even just one trusting relationship is the secret sauce for moving people out of that social isolation.” (People Connector)

5.4.1 'High-risk' Impact Stories with multiple adverse experiences and circumstances

Impact Stories were categorised as 'high risk' where Householders were experiencing five or more adversities. Overall, there was a total of 23.9% 'high risk' Impact Stories (n=28).²⁰ Examples of high-risk circumstances that tended to involve multiple adversities included:

- 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 and domestic violence and sexual abuse.
- Visa issues involving language barriers, and/or ineligibility to access services.

¹⁹ Food, clothing, supplies, etc.

²⁰ There may be biases when selecting these Impact Stories as 'high risk' – although Impact Stories in this category were based on higher amounts of adverse experiences and circumstances, some Impact Stories were selected anyways. For example, all Impact Stories of Householders with suicidal thoughts were included to recognise its devastating impacts.

- Unsafe living conditions, hoarding or living in squalor.
- Thoughts of suicide; and
- Severe social isolation (e.g., rarely speaking to others or years of not leaving the home).

57% of the Impact Stories categorised as 'high-risk' described Householders with children in their care (households with young children were also more likely to be considered as 'high-risk' due to parenting responsibilities creating additional complexities or concerns for Householders about potential adverse impacts on the children)

Most notably, for those Impact Stories that were categorised as 'high-risk', 50% fell under the 'Connection Completed' category, indicating that People Connectors were still able to successfully connect highly complex

cases to services and supports. The other half of Householders in 'high-risk' circumstances 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.

One standout scenario linked with highly complex, multiple unmet needs were Householders experiencing family and/or domestic violence. Householders in these circumstances were highlighted in both the qualitative data – in terms of People Connectors wanting to discuss responding to this issue – as well as the quantitative analysis (they represented 32.1% of 'high-risk' Impact Stories).

Impact Stories involving experiences of family and domestic violence often 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 several issues such as legal issues, mental health issues, child support or custody issues, drug and alcohol use, financial insecurity or limited housing options – which were made all the more complicated to resolve where there was also an overwhelming feeling of not being safe. People Connectors struggled to connect Householders experiencing family and domestic violence to supports and services – this is highlighted in [Section 6.2.3](#) and [Section 6.3.2](#).

As seen in Figure 21, it was found that the City of Salisbury had the highest proportion of 'high-risk' Impact Stories across the Project Sites.

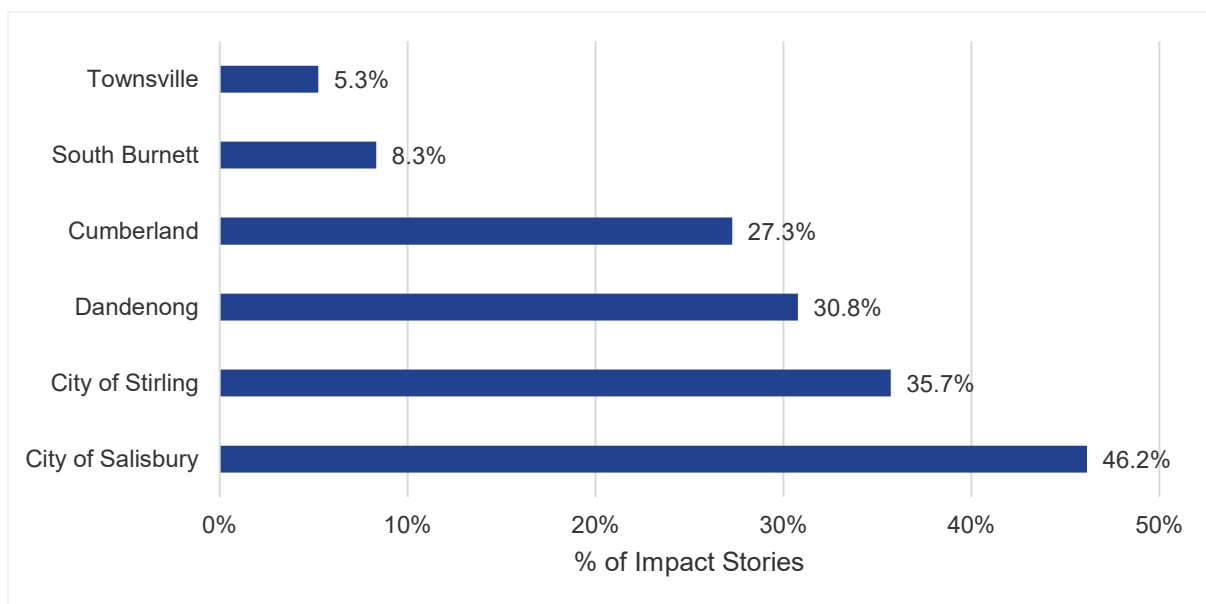


Figure 21 – Proportion of 'high-risk' Impact Stories across Project Sites

5.5 Cohorts of Householders facing adverse experiences and circumstances

From the Impact Story Analysis, the following cohorts of Householders emerged as being particularly present in and highlighted by the data. They were:

- Carers or family members providing care (for example, caring for a loved one with a mental health condition, chronic condition, disability, or an elderly person – usually unpaid²¹)
- People from Culturally and Linguistically Diverse (CaLD) communities
- Elderly persons.²²

The higher representation of these three cohorts of Householders in the data could indicate one or more of the following:

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

Carers or family members providing care for a loved one

It was found that 25% of the ‘high-risk’ Impact Stories involved Householders who were family members providing care.²³ As such, doorknocking identified carers has having significant challenges – particularly, the hardships with recognising that their own needs and seeking help for their own mental wellbeing, often due to their caring role being overwhelming and all-encompassing (see [Section 6.2.1](#)). This was emphasised by a Lived Experience Expert reflecting on several of these 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 and ask for support because you don't even know you're different from anyone else.” (Lived Experience Expert)

Householders from Culturally and Linguistically Diverse Communities

Additionally, family members and carers who were in the CaLD community were found to sometimes have complicated experiences of mental health – the result of a confluence of factors involving family expectations, cultural obligations, and cultural understandings around mental health, resulting in less inclination and a lack of ‘permission’ to seek support for mental health and wellbeing.

“I can't challenge those beliefs because no matter how much I try to normalise [mental health issues], it's very hard to challenge some of those deep-rooted cultural beliefs where accepting help means that you are weak, not capable and deficient.” (Lived Experience Expert)

²¹ Note – this category is not inclusive of adults caring for young children

²² Aged over 65 years

²³ Additionally, for the most significant Impact Stories selected in [Section 6](#), four were Impact Stories with descriptions of family members providing care.

Furthermore, of Householders who identified as being part of CALD, 37.5% faced language barriers. This impacted their awareness of supports and abilities to access and apply for services for themselves or their loved one – which often meant that family members and carers went unsupported themselves, as well as being left with the full burden of supporting their family member or loved one (see [Section 6.2.2](#)).

“Social isolation is big and carers often feel alone and guilty in their journey. A lot of the time carers don't get an opportunity to talk, to have a conversation, that's why the ACDC Project has great strengths for carers.” (Lived Experience Expert)

“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. It was asked, ‘Do you know that you are a carer? Did you know that there are services for you?’.” (Lived Experience Expert)

Householders who were elderly persons

For the cohort of Householders who were elderly, 56% experienced significant difficulties with carrying out domestic duties and maintaining their home to a safe, acceptable standard, and 55% of Householders also faced transport issues within their community, were elders. Notably, issues with transport in the community led to social isolation. While Householders may have been aware of aged care services focusing on health concerns, linking to more practical supports and social supports was found to be an unmet need in older Householders across the Project Sites (see [Section 6.3.3](#)).

6. MAKING A DIFFERENCE – A QUALITATIVE ANALYSIS OF DOORKNOCKING VISITS

6.1 *Explaining the Most Significant Change technique*

In Round Three of the ACDC Project, an evaluative method known as the Most Significant Change (MSC) technique was introduced 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 why the selected Impact Stories had resonance in the context of the ACDC Project intentions and objectives. In the context of over 9,000 conversations happening across diverse communities, the MSC technique provided a pragmatic process for selecting which Impact Stories to elevate for deeper analysis and summative reporting. The foundational framework for the process was developed in partnership with the ACDC Project Team. The question was, how do we understand ‘significance’ in terms of the ACDC Project? Three domains of change were developed to more deliberately explore this question. The domains that supported the selection process throughout all the workshops were as follows:

- A. **Connecting with/helping a person who is struggling** – i.e., which story best captured the most significant change in terms of being able to help someone?
- B. **Addressing barriers to service engagement** – i.e., which story best captured the most significant change in terms of being able to address barriers to accessing a service?
- C. **Highlighting something that needs more attention** – i.e., which story is important to highlight in terms of uncovering something that needs more attention?

There was a total of ten MSC Workshops where Impact Stories were selected into the above domains, as seen in Figure 22.

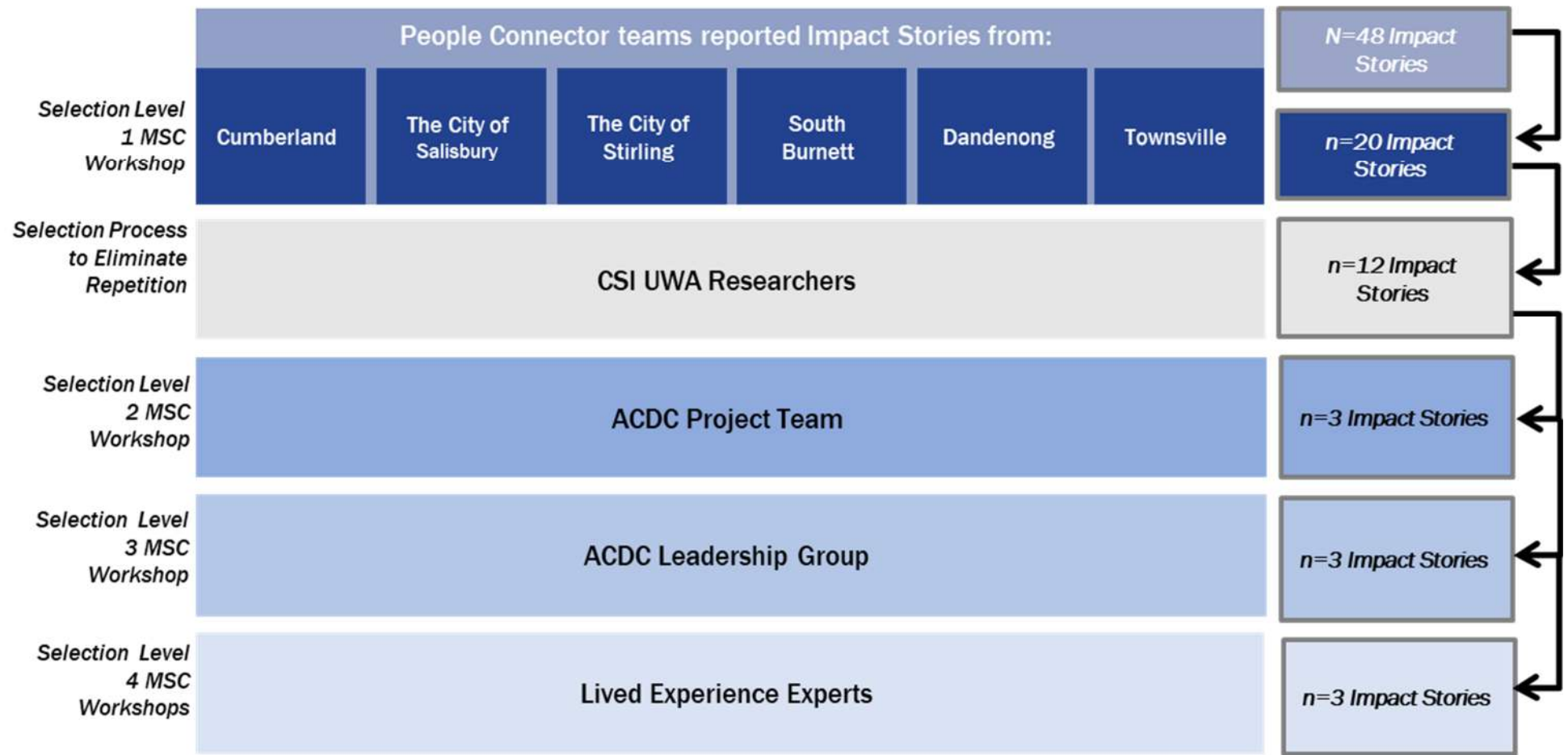


Figure 22 – Most Significant Change process

- At Selection Level 1, People Connector teams (and their Line Manager) provided Impact Stories from their Project Sites (N=48 across all six Project Sites), and then, through the MSC workshop, People Connector teams categorised and reduced their Impact Stories into the three domains (n=20). At most Project Sites, People Connectors decided on three Impact Stories for each domain, but some People Connector teams decided on more than one Impact Story for a domain when consensus couldn't be reached.
- After Selection Level 1, CSI UWA reduced and refined the chosen 20 Impact Stories from People Connectors to 12; this process involved CSI UWA eliminating Impact Stories that were repetitive (similar situations and/or connection outcomes), region-specific and with insufficient descriptions.
- At Selection Level 2 and 3, these 12 Impact Stories (4 in each domain) were then presented to the ACDC Project Team and the ACDC Leadership Group for them to each choose the most significant story for each domain.
- Lastly, at Selection Level 4, two separate MSC Workshops with Lived Experience experts were undertaken where they also chose the most significant story for each domain – Lived Experience experts shared meaningful insights across the Impact Stories and for a range of high-level findings as well.

“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)

During each MSC Workshop, it was asked to select Impact Stories based on what changes they personally came to care most about, that headline as interesting, topical, noteworthy, unexplained, unexpected or in need of more attention, and based on emotional impact.

6.2 The most significant Impact Stories of the ACDC Project (Round Three)

This section presents the three Impact Stories that were selected as most significant (one for each domain (Selection Level 2, 3 and 4). The ACDC Project Team and the ACDC Leadership Group both (serendipitously) selected the same Impact Stories for each domain – this consensus helps support the reliability of the MSC technique as a sense-making tool. It is worth noting that these Impact Stories have undergone validation checks and some specific details have been changed or obfuscated to further protect the identities of individuals, meaning the Impact Stories may have minor inconsistencies. Reader discretion is advised as Impact Stories cover sensitive topics.

“This is challenging because you're [reading about] people in partially or completely difficult situations, so there's almost a mild vicarious trauma when reading the Impact Stories.” (Leadership Group Member)

The following Impact Stories will include reasoning from People Connector teams and their Line Manager at Selection Level 1 with additional comments from the ACDC Project Team and the ACDC Leadership Group at Selection Level Three and 4.

6.2.1 Connecting with/helping a person who is struggling

A mother was living with her adult son and husband. For decades, she had cared for her father, before he suddenly died. Since her father's death a few years ago, she hasn't left the 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 at 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 since received many texts of gratitude from her.

"...[the Householder] just didn't know where to start. She just felt so overwhelmed. The only time she'd ever left the house in the two years was to take her dog to the vet because her dog was so connected with her. That was the only time. She used to find exercise important, and she used to love going for walks in the neighbourhood. She used to love going shopping and things like that, but she couldn't do any of it, she said. She tried to go for a walk one day and she could barely get past the letterbox before she had a panic attack." (People Connector)

People Connectors selected this story because despite the Householder's initial resistance they managed to form a connection through showing up at her house and having a conversation.

"...[the Householder] said, 'I never talk to people about this stuff. I'm not sure why I feel so connected to you, but I really feel like I can talk to you.' We spoke for a really long time, and we spent a lot of time trying to connect with her and slowly convince her that we could give her some support. We tried to gently challenge some of her preconceived beliefs. In a gentle way, but still pushing." (People Connector)

They felt that this story also had high significance due to the outcome. The Householder left her home for the first time in two years, representing significant progress in terms of social participation and overall quality of life, function, and personal wellbeing. People Connectors emphasised the power of human connection and the opportunity that doorknocking provided to make this happen.

"These might seem like small steps for some, but she had not left the house in two years and is now starting to do grocery shops and things that she couldn't imagine doing before she's now doing." (People Connector)

"Imagine if that conversation never took place. I don't think that person would have had the encouragement to take that first step." (Lived Experience Expert)

People Connectors debated about whether they should select this story as they didn't manage to connect the Householder with services. Further conversations in workshops also reflected on the ACDC Project objectives, and it was decided that 'connection to services' was not the only possible positive outcome. If someone's wellbeing can be improved just by a conversation that is a success. It is the human connection opportunity provided by the ACDC Project that is significant. The Leadership Group were also, as emotively, in favour of this story.

"We're talking about significant change – 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)

“What a difference [it is] if you haven't left your home in a couple of years. To re-engage with the rest of the world is such a significant change and a great outcome. Despite her reluctance to even engage after the complexities of her life of being a carer and then feeling like she has no purpose.” (Leadership Group Member)

Additionally, the Leadership Group spoke of how this story illustrates the hidden struggles of being a family carer and how the ACDC Project is uniquely positioned to reach and help people in these situations.

“There's probably a lot of women who are in that situation and who don't reach out...who have been carers their whole lives, so for me, it's the most significant one.” (Leadership Group Member)

“This was a perfect example of someone that's gone from a lifelong situation of being a carer, even though they might have not described themselves as one in their early youth. She was somebody who's been very isolated but is now doing walks in the neighbourhood, catching up with old friends, etcetera.” (Leadership Group Member)

6.2.2 Addressing barriers to service engagement

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 crises such as falls, heart issues and hearing loss. Due to their limited physical capabilities, they had been struggling to maintain their house, and hoarding had also introduced safety risks. They were feeling very isolated. The couple had tried to apply for My Aged Care but faced language barriers. But People Connectors helped them to finish their application with the help of interpreter services and their daughter. Follow-up indicated that they had been assessed and connected with services for housework, handyman jobs, and transportation. People Connectors also spoke of how they were able to relieve their daughter's pressure and the ease burden of looking after her parents.

This story was chosen by People Connectors as it highlights barriers that the elderly community commonly face. People Connectors pointed out that despite the couple rarely asking for help, this story shows that a doorknocking conversation could break through their self-reliance.

“...[the daughter] said, ‘they don't ask for help. In Asian families, we don't ask for help. We sort ourselves out and we rely on each other. Especially for their generation, they won't ask for help.’ But then a few weeks later, the couple came to us with the brochure saying, ‘our daughter gave this to us.’” (People Connector)

People Connectors felt that this story is a good example of the barriers that CaLD community members face. Similarly, the Leadership Group felt that this story demonstrated multiple barriers to connection such as scarcity mindsets, cultural stigma surrounding mental health (pride and shame) and being self-reliant or only relying on family, language barriers, as well as physical, mental, and social barriers.

“I think [this story] highlights the nuance of the barriers that the CaLD community face. It's got the language barriers and the shame and stigma associated with asking for help. They were also hoarding. [They would say] ‘we don't want to throw out anything because we came to this country with nothing, and we worked so hard for it. It means something to us.’ And that scarcity mindset just illustrates a

*lot of the different things that the CaLD community commonly experience.”
(People Connector)*

Additionally, People Connectors and the Leadership Group felt that this story was significant as they were able to connect with the daughter and also help alleviate her burden of being a family carer.

“... [this story touches on] the mental health of the daughter and the wellbeing of family carers, and particularly those who are bicultural, and you've grown up with one foot in both worlds because your parents come from other countries and then you're raised in this culture predominantly by yourself. The mental health and wellbeing of carers is the worst in Australia. When people can't access services in their own heart language, and they come from cultures where they don't have internal or cultural permissions to talk about how you might be personally feeling, these are the things that lead to all kinds of struggles such as domestic violence and suicide in our CaLD families.” (Leadership Group Member)

When discussing this story, the Leadership Group also spoke broadly about the initial intentions of the ACDC Project, which were focused on mental health. But in exploring the Householder Impact Stories, it is clear that People Connectors are also helping with Householder issues that aren't directly related to mental health. This story was an opportunity to understand that this approach – focusing on pragmatic help – was just as valid, as the mental health and wellbeing outcomes of providing that support were still clear.

6.2.3 Highlighting something that needs more attention

A woman was escaping abuse from someone she lived with and has had carer responsibilities. She 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 with four other services but didn't have any luck. She also felt a lot of fear as the person who had abused her had threatened her life if she were to speak up. When accessing food relief her feelings of safety and trust with the organisation grew and she eventually reached out to People Connectors (who worked at that same organisation). She asked them about getting mental health support. People Connectors established a trusted connection with her, and event ended up walking with her to a domestic violence service as they thought she was unlikely to go on their own.

This story was selected because it demonstrated a consideration for how survivors of domestic violence can more comfortably access services, with a sense of trust, confidence, and safety. In this case, the combination of several 'low key' touch points provided through doorknocking and then accessing food relief from the same people, plus the critical conversation about mental health and support needs that was initiated by People Connectors, provided the conditions that helped a woman overcome hesitancy about getting help.

“Her whole life has just been ripped away from her. So, she's never been in the space where she's had to ask for help or even knew what was out there or that there was this pocket of services or anything like that. She's never even had to think like that before.” (People Connector)

The People Connectors felt it was important to highlight proactive outreach through this story; it gives an understanding about why it can be so crucial. They described how the doorknocking, and the food relief setting combined, enabled contact to be low barrier (i.e., no costs nor eligibility criteria), and an opportunity for this woman to explore next steps safely and on her own

terms. When she felt comfortable, they walked to the domestic violence service together and People Connectors also felt this was an important aspect to the story.

“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 and domestic violence service took her in straight away because I was there.” (People Connector)

“They might not go to access an acute mental health or family and domestic violence service, so something like food support is less intimidating as they can just talk about what’s happening for them in a general context.” (People Connector)

The Leadership Group pointed out that People Connectors haven’t been able to resolve all of her issues, such as her risk of homelessness, but they stated that this story still shows the value of outreach and connection offered through the ACDC Project.

“The People Connectors walked this lady to the domestic violence service when she was unlikely and potentially unable to go on her own. So that was a significant impact of them being there and her telling them about her situation.” (Leadership Group Member)

A Lived Experience Expert noted the importance of opportunities to be present and build trust, which was created through doorknocking plus food relief.

“If I was in that situation and I saw them when getting food relief, seeing them constantly over a number of weeks, I would think they were more trustworthy, and I would have been more willing to open up to them.” (Lived Experience Expert)

“This story shows the uniqueness of the service that People Connectors provide, especially since they’ve come to the community member rather than expecting the community member to come to them.” (Lived Experience Expert)

“If you’re working with people that are in abusive relationships, you need to take the time to build trust and sometimes you need to do warm referrals – so actually going into the service with them, especially if someone’s timid because of what they’ve been experiencing, they might need someone to advocate or speak on their behalf.” (Lived Experience Expert)

6.3 Other themes emerging from selected Impact Stories

Since every Householder Impact Story is unique and significant in its own right, Impact Story Analysis was difficult. While the MSC Technique worked well – in terms of reaching consensus of which Impact Stories were ‘most’ significant and why – it was most difficult to ignore the learnings and reflections that the other Impact Stories call for. As such, the below section is supplementary to [Section 6.2](#) (which presents the ‘headline’ Impact Stories) and provides a sense of the diversity of circumstances and unmet needs that People Connectors uncovered whilst doorknocking.

6.3.1 Meeting people who have turned away from services

A young mother living with Borderline Personality Disorder was in the middle of a sexual assault case and was very emotional when the People Connectors met her. She said that system had let her down since she was young. She was banned from accessing a therapist and had experienced issues with other services. She felt a lot of distrust and that no one will ever want to help her. She shared that her children with disabilities could not access services due to behavioural issues. She felt that the system has failed her and her children. People Connectors managed to foster rapport with her, but they were unable to connect her with services because of her distrust of the system. Despite these barriers, People Connectors felt that they allowed her to be heard, which may have restored some trust for her to reach out in the future.

People Connectors chose this story as the mother faced multiple barriers to receiving services. They understood that a Borderline Personality Disorder diagnosis can be a barrier as it can carry stigma, even among mental health professionals, making it more difficult for people to reach out and trust that they will get the care they need.

“That’s an identified mental health issue with huge stigma and lack of access to any system already.” (Leadership Group Member)

The Leadership Group immediately recognised this as a story about people not having trust in the system, and its value was that it represented a common experience; the mistrust and distrust in the system “is a very well-known fact and a reality for a lot of people.” (Leadership Group). They also pointed out that this Impact Story does not illustrate how these barriers can be overcome, or how People Connectors instigated change.

“I think People Connectors put up this kind of story because of their frustration and their advocacy always being on the side of ‘how do you repair the system?’” (Leadership Group Member)

Perhaps this story speaks to the limitations of doorknocking, but also it should be noted that while this Householder had turned away from services, they were still willing to engage with People Connectors.

6.3.2 Domestic violence; the value and limits of proactive outreach for complex issues

A mother of five children was in a domestic violence situation, experiencing ongoing abuse to herself and her five children. Unfortunately, her partner had duty of care of the children, and she could not because of her history of drug abuse. She expressed feeling discouraged about accessing services for fear of being turned away. The team reassured her that services were safe and discrete and that she could still get help even if she was still living with the person who was causing harm. People Connectors gave her brochures and cards of several services that she was able to lock in a box at home. People Connectors connected her with 1800 Respect, free counselling, told her the locations of women’s refuges should she need them, and fast-tracked Centrelink payments.

People Connectors reflected that they selected this story to highlight their concerns about this Householder’s volatile living situation. They felt that the mother needed more attention beyond the help they could provide. She needed specialised case management to resolve her situation. People Connectors felt that providing this level of continued support was outside the scope of their role. They also felt that this story raised some critical questions about people not getting the urgent help they need, whilst remaining unseen by services.

“I'm just worried about her because once we left the door, I wasn't sure how she was going to go about with her life because she still lives with the perpetrator.”
(People Connector)

To build on this point, the Leadership Group also noted that all Impact Stories involving domestic violence (across the domains) had significance because they point to a serious systematic issue. Even where women seek support or are known by services to be at risk of experiencing violence, there are systems, such as the courts, that fail to deftly handle and resolve the issues for the person. Thus, the hesitation felt by women seeking safety and support, and the sense of responsibility felt by People Connectors about how to effectively assist, may be valid.

“It becomes a vicious circle and the person in the domestic violence situation is virtually paralysed.” (Leadership Group Member)

“We still got to crack this quandary in the domestic violence area as the very services we have to help and support somebody in a domestic violence situation can instead aggravate and make the situation worse, often resulting in clumsy mishandling.” (Project Team Member)

The concerns expressed by the Leadership Group align with what People Connectors across various Project Sites consistently highlighted to their management team.

“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)

The Leadership Group applauded the People Connectors' awareness to recognise that the Householder needed more help, and recognised how difficult it would have been.

“The People Connectors felt that the mother needed more attention beyond their help and specialised management to help resolve her situation – that's good awareness to know when you're out of your depth and when you don't have the abilities within your own skill set. That's a really important thing to acknowledge.”
(Leadership Group Member)

A Lived Experience Expert pointed out that accessing domestic violence services are not a 'one-size-fits-all' process and that services need to accommodate for people who struggle to easily link.

“They need tailored support rather than a standard application process. Imagine if you didn't have a device. We make a lot of assumptions that you can apply online or send us an email or fill out an application form.” (Lived Experience Expert)

Whilst it is valuable to reflect on the limitations of the doorknocking for people experiencing domestic violence, Round Three learnings overall also provide cautious support for the idea that doorknocking and proactive outreach has a vital role to play in this space. With skill, training, and awareness, and through their empathy and determination to assist, People Connectors across all Project Sites were able to provide options for helping Householders in such circumstances. Their relationships with, and in-depth knowledge of, relevant supports and services was critical here. If People Connectors have trust in and knowledge of local domestic violence services, they are able to communicate that trust to the Householder and help them, in a way that suits them, to safely seek out support.

6.3.3 Finding service gaps that have left people unsupported

An elderly woman was receiving support from the hospital to help with her home rehabilitation and post-surgery recovery after a hip 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.

People Connectors initially selected this story because of the empathy they immediately felt for the woman who felt so abandoned and socially isolated after being discharged from hospital. It was also an 'easy win' because there were services that could be accessed immediately to resolve her issues.

"...[we] were very proud of ourselves that she 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)

The Steering Committee pointed out that this story is significant as well, in outlining a gap in the health care system in their discharge processes. This is an example of a provision that is offered automatically to all, but in practice there are people – for various reasons – who are not able to access this crucial support.

"I was really surprised because this should have been done for that lady through the hospital system before they sent her home. It shows a slackness or gap in her local health service system providers because they presumed that her family would take care of it all. That still shouldn't happen like that. [This] shows a systemic failure which is informative for this place. If this person came forward with an example like this then that probably means there's others, which means there's a systemic issue locally." (Leadership Group Member)

A Lived Experience Expert also pointed out how elders in Australian culture are vulnerable to being marginalised and dismissed if they do not immediately understand or comply with system processes, which may have contributed to this elderly woman's situation.

6.3.4 A life-changing link to NDIS support

A male Householder shared that both of his parents left him at a young age. He experiences anxiety, loneliness, depression, trauma, and has a mobility impairment. He lives on his own and used to be a drug dealer but has been clean for months. He attends counselling and has also gone through a detoxing programme. He has a bad temper but is learning to walk away. He was experiencing bullying whilst studying for his Diploma of Community Services and temporarily quit but with the encouragement of People Connectors, he went back to his studies. He wished to be a volunteer at [the community organisation] to help with his placement in the future. He expressed that he needed improvements in his home and new clothes. He wants to better his life and make a fresh start but needed a lot of assistance. People Connectors helped with practical suggestions and were successful in connecting him with the NDIS and mental health and wellbeing services. Before this, he wasn't connected to services out of shame and embarrassment to share the details of his personal life.

This story was chosen as People Connectors felt that despite the Householder's challenging upbringing, he was still responsive and motivated to access support to better his life. People Connectors felt that he had come a long way and that it was rewarding to help someone so heroically committed to turning their life around. People Connectors felt that they came at a perfect time in his journey to help him with unmet needs, which was satisfying as he was eager to overcome his issues.

"Maybe the People Connectors were the only people in his life that has believed in his ability to change his direction in life." (Lived Experience Expert)

People Connectors also chose this story as they saw his situation as a story of hope and inspiration, and as an eye-opener to the reality of people without family to rely on for encouragement when things are difficult.

"He is making changes and was very open to getting support from ACDC, and he was really trying to turn his life around from such a sad upbringing. We felt that it is a story of hope – showing that no matter what you've gone through in your life, there is still hope." (Line Manager)

"The fact that the ACDC Project has looped him in with all these services to turn his life around despite not having a safety net or his parents to fall back on, it's even more inspiring...sometimes we make assumptions that everyone has a family to support them." (Lived Experience Expert)

The Leadership Group had discussions on the significance of the NDIS connection for this story.

"Getting into the NDIS is quite hard so [this story] is a major achievement and a super success story. It is great to show that we can get these people in." (Leadership Group Member)

There was also discussions of how this example is great for destigmatising men's mental health issues. The Lived Experience Expert pointed out that *"this story would give a lot of hope to say young men in a similar situation that might need hope that their life can turn around..."* and when men have mental health issues it does not need to end with tragic consequences (referring to stereotypes in the media). The Lived Experience Expert suggested that People Connectors could have also connected him with alcohol and other drugs peer support services, and jobs and skills centres to help provide advice with employment to provide further support.

6.3.5 The power of an informal conversation

A young male was getting ready to hand himself in for breaching his parole. A People Connector (who was well respected in the local football community) recognised this young man in the community and the young male explained his situation. In a low-key way, the young man was encouraged to think of this as the right decision, and they discussed how he can make better decisions once he served his time. They spoke of his plans for when he comes out. People Connectors shared Impact Stories of his own family going through prison and how he handled it. The young male expressed that he hasn't had anyone guide or support him through this transition. The young male felt motivated and that this 'wasn't the end'. People Connectors stated that without this conversation the situation could have been worse. People Connectors provided a different type of support as the connection acted as an intervention through a tricky time which brought out the best in the young man, through acceptance of his situation. Days later, People Connectors found out that he was in prison, but People Connectors were confident of the positive impact of their conversation.

This story was chosen by People Connectors as significant as they felt that the conversation was pivotal for the young man, and – although we can never know - they reflected that sometimes a timely conversation with the right person can be life changing.

“He really supported this young fellow. They put together a plan of what he was going to do when he came out and how he was going to prove his life and stuff like that.” (People Connector)

“He showed this young fellow that we come from these situations that that aren't great. And we do things that aren't always the best. But we do have a choice and we can move forward. We can make better decisions. So that was that was powerful.” (People Connector)

The Leadership Group also noted the potential power of one conversation.

6.3.6 A rare opportunity to reflect on mental health and wellbeing

Upon answering the door, a middle-aged male presented as a happy retiree who lived with his daughter and wife. But after reading the survey it facilitated him to reflect on his mental health and he wanted to discuss this more with the People Connectors. He revealed that he was actually very stressed and unhappy. He had experienced domestic violence in his previous marriage and lost his family connections in the Philippines as it was immoral to have a divorce. He experienced sexual abuse during his childhood and was very ashamed and never told anyone despite experiencing nightmares and flashbacks. People Connectors connected him with services specialised in treating his trauma, as well as local community centres, and counselling to exercise his emotional regulation. People Connectors described him as a completely different person after follow-up visits.

This story was significant for People Connectors as it demonstrates the awareness-raising function of their visits. It is not always about a conversation. In this case, it was the Householder Field Survey that facilitated someone to deeply reflect on their own mental health (in the safe environment of an anonymous self-report survey).

“He 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)

Similarly, the Leadership Group enjoyed how this story highlighted how a survey can be a mental health reflection tool that is capable of breaking through a Householders’ happy façade.

“This highlights that completing the survey is almost like a processing tool for somebody to reflect on their own mental health and what's happening for them.” (Project Team Member)

“One of the interesting things about having mental health conversations at the door is that most people are coping and doing really well. But quite often it is a happy façade, and things aren't going that well when you get down to details. This [story] is an example of getting beneath the happy façade and seeing the difficulties arise.” (Project Team Member)

“...[this story] is a testament to the door knocking process and allowing that space to have conversation. It allows them an opportunity to explore that unknown within themselves.” (Lived Experience Expert)

This story was seen fondly by the Leadership Group. Part of help-seeking behaviour is awareness of supports, but, before that, one needs self-awareness to understand their own vulnerabilities to mental health issues. This can be complex and is not straightforward, so facilitating this in a safe way, with the right questions is critical.

“He went from somebody at the door who presented as a happy retiree. But then once you got a little bit below the surface with the survey, he started to reflect, which is when all his issues and problems suddenly came tumbling out. And [People Connectors] were able to do something about it, which is a powerful outcome.” (Leadership Group Member)

6.3.7 Simple encouragement can be lifechanging

A female expressed to People Connectors that she could not find a job. She stated that she had no qualifications or experience and was struggling to find work and manage her finances. The team guided her to a website and spoke about what jobs were available, and that she didn't need qualifications for these roles. The team encouraged her to step out of her comfort zone and she mustered the courage to apply. After the initial visit, the lady came up to People Connectors (as they lived on the same street) and told them of her success finding a job as a family wellbeing worker. People Connectors pointed out that she had had a lack of confidence and self-belief and also lacked experience navigating the language of job advertisements. The female felt lost, but the team explained to her available jobs and 'opened her eyes'. People Connectors spoke of the importance of checking up on community members to simply direct, nudge and inform. People Connectors outlined the value of a simple conversation which perhaps changed the trajectory of her life.

This story was chosen by People Connectors due to the simplicity of their informative conversation which had a significant impact. The Householder had the capacity and skills already, but simply needed promoting to 'join these dots', and the emotional encouragement to give her confidence a boost, to win an employment opportunity. People Connectors pointed out that this Householder's life, at least in the short term and potentially the long term, may have been changed just from a simple conversation. The Leadership Group agreed. A conversation with a stranger can offer many things, including, clarify and direction, and gentle nudging and encouragement.

“It was quite simple. There was a single need and there was a somewhat simple response which resolved the barrier to employment that person was experiencing.” (Leadership Group Member)

6.3.8 A sad situation brought about by Australia's visa system

A family arrived in Australia by boat one decade ago and has applied and been rejected for a visa three times. They didn't know what to do and were 'waiting for a miracle'. During lockdown, the mother received money from Centrelink, but she had to return it due to her not having a visa. She said she was looking for a place and was struggling to pay bills because her husband was unfit for work. Before that, he was the only one working to support their family, but it was not enough, and she is unfit to work as well. They couldn't apply for another home without a visa and their house had mould. She fears her visa application will not be approved. She wanted the People Connectors to help her with bills, but it was out of their scope. People Connectors offered to connect her with community groups, but she declined. People Connectors outlined that services to best address her needs required a visa, and they felt there was nothing they could do.

People Connectors highlighted this story something needing attention, as the Householder's situation was beyond their help because the local service ecosystem was also limited in how they could help due to the visa conditions set by the Federal Government. They saw that this Householder was facing insurmountable challenges and selected this story to elevate the concern they had for this family, and their concern for other families in this situation.

“There is a massive gap for refugees and asylum seekers. There is nothing out there because they have visa restrictions and it's really hard to get any kind of support, and they have a lot of traumas. They are escaping horrific conditions back home and they're trying to adjust in this society. They have a lot of needs and they're unable to get anything.” (Lived Experience Expert)

“This is a systematic challenge. It's beyond mental health – eligibility is based on having a visa. So, her issues are much wider.” (Line Manager)

The Leadership Group agreed that this is a terrible and tragic situation for many people globally as they lose their human rights as a person, just when they need support most acutely. But they stated that this is a systematic issue and that without governmental commitment to changing their policies, there is not much that the ACDC Project could offer, besides highlighting the human cost.

“This is such a global problem and there is a sense of powerlessness as it was out of scope of what door knocking could offer.” (Leadership Group Member)

“We can't change Australia's visa system.” (Leadership Group Member)

7. EXPERIENCES IN THE FIELD – REFLECTIONS OF PEOPLE CONNECTORS

In the Round Three focus groups, People Connectors provided reflections on their experiences with doorknocking, and their understandings of community needs. The local teams of People Connectors participated in the Focus Groups together but without their Line Manager present.

7.1 Reaching and supporting Householders with unmet needs

People Connectors were keen to share the value they believed doorknocking offered to people in their community – this was mostly explored through the MSC Process. The sharing of these Impact Stories (see [Section 6](#)) was the most powerful reflection on how People Connectors were able to reach and support Householders. However, People Connectors were also welcomed the opportunity to reflect more generally on the effectiveness of doorknocking.

7.1.1 Understandings about the effectiveness of doorknocking

After several months of doorknocking, People Connectors from all Project Sites generally had developed a high regard for their role of proactively checking in on Householders. People Connectors expressed that the informal nature of doorknocking was its strength. The interaction was conversational, could span topics naturally, and allowed for the sharing of People Connectors' own lived experiences with Householders. They stated that it was a privilege to have conversations that were relatable, human, and based on mutual sharing, as this approach was not usually deliberately practiced in other professional settings. Several People Connectors believed that the conversational approach made it easy to get to the heart of what mattered to people and to engage with people who otherwise might have not felt comfortable talking about mental health (see [Section 4.1.1](#)).

“It's 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 this way.” (People Connector)

Some People Connectors felt it was a privilege to have Householders open up to them about mental health issues, as for some it was a topic that was seldom discussed. People Connectors received feedback from many Householders who were grateful and appreciative.

“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)

Many Impact Stories included Householders who were concerned about the mental health of other family members, even if they were quick to disregard and avoid talking about their own mental health. This was often the case for those Householders who were family members providing care (see [Section 5.5](#)). In these instances, Householders appreciated information about services that might assist their loved one. However, even more generally, there were many examples of Householders who were not concerned necessarily for themselves, but had a clear idea of a person in their life they thought needed help, and welcomed the chance to talk this

through with a People Connector, and receive information that they could pass on (see [Section 4.2.1](#)).

7.2 Capacity building through doorknocking

7.2.1 Increased awareness and role satisfaction

People Connectors across all Project Sites reported positive experiences whilst doorknocking. People Connectors frequently spoke of their role as being an eye-opening experience which enhanced their feelings of compassion and empathy towards people in their communities. It was a profound realisation that there were so many people in need of help who were unaware of services available to them.

“You don’t know what is behind the door or what people are going through. It teaches you to be kind to people.” (People Connector)

“You’re doorknocking and then a story comes out of it, and it makes you think: how much did I assume things as a worker?” (People Connector)

At the end of the project, many People Connectors reported shifts in the way they perceived community members and assumptions about who is battling mental health issues (or not). People Connectors also felt grateful to have spoken to Householders of many backgrounds, making them appreciative of the diversity in their communities. People Connectors reflected that these impacts were felt personally, as doorknocking made them better at their jobs and roles in the community sector, as well as better people.

“We have more gratitude and appreciation for our life. I’ve realised that there’s more things I should be grateful for. I see the world differently now.” (People Connector)

7.2.2 Gaining skills to connect with anyone

Many People Connectors felt that the door knocking approach allowed them to gain the confidence and skill to connect with almost anyone. Practicing this skill intensively, day after day, became embedded, and what one People Connector described as a ‘lifelong skill’. People Connectors highly valued the experience of reaching out proactively, and meaningfully interacting with diverse community members, which is a value skill in many service settings.

“It is like when you sit down and have a chat with a bartender, and you can 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)

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

“Approaching someone and starting a conversation with somebody is not an easy thing to do. But we’ve picked up this skill which is something we will carry for the rest of our lives.” (People Connector)

Other skills mentioned were the ability to read non-verbal cues and to perhaps intuitively understand a concerning situation without a Householder explicitly stating their crisis or needs. Most People Connectors expressed that after their experience in the ACDC Project, they were interested in working in similar community engagement roles to further apply their acquired skills and deeper empathy for people.

7.2.3 Increased understanding of Householder issues

Through doorknocking many People Connectors gained a rich understanding of the common issues faced by Householders in the suburbs they doorknocked in. This included a broad understanding of the kinds of barriers that Householders faced to receiving help. In focus groups, People Connectors spoke of becoming natural advocates, as the understandings they gained informed their conversations with local services and stakeholders. They could communicate clearly about community needs, based on the 'authority' and deep understanding they had gained through doorknocking on hundreds of doors.

7.3 People Connector support

In the focus groups, People Connectors were asked if they felt adequately supported for their role. Most teams spoke highly of the ways that People Connectors supported one another – both within their Project Site team and across different Project Sites at the fortnightly Community of Practice meetings. They stated that daily communication and support for one another within their team contributed to their overall resilience, problem solving, and strategy sharing to do their work (which was sometimes difficult or draining).

“It’s been amazing for me to see their growth and the skills they’ve gained as it doesn’t come naturally.” (Line Manager)

Most People Connectors felt well-supported by the ACDC Project Team and Trainer, although it was often the local support provided through the other People Connectors and their Line Manager that had the most impact. Line Managers acknowledged the difficulties of the role and praised People Connectors for their growth in confidence and courage to connect with community members and also help join the dots with a complex service ecosystem.

7.4 Reflections on limitations

Despite People Connectors overall support for the idea of doorknocking and their experiences seeing its value in action, People Connectors also pointed out that the doorknocking was sometimes not effective and could not meet the needs of all Householders, and also sometimes not workable (such as during severe weather events). People Connectors faced barriers to genuinely helping Householders; some barriers were common across the Project Sites and others were unique to the particular localities.

7.4.1 Language barriers

People Connectors across all Project Sites spoke of reaching many Householders with low literacy and/or limited English, which prevented productive conversations or sharing information. However, People Connectors were able to use over-the-phone interpreter services (evident in 50% of Impact Stories of Householders with language barriers) or through the assistance of family members who were fluent in English. People Connectors were also themselves from diverse backgrounds and often the teams at each Project Site would make use of bi-cultural, multi-lingual team members to assist.

7.4.2 Householder hesitancy about seeking support

People Connectors encountered some Householders living in highly complex circumstances, which were difficult to address within the scope of a few visits. Mostly, People Connectors were determined to use the short amount of time available to link them to appropriate services that

could provide the ongoing or more intensive support needed, but this was not always possible, and not always preferred by Householders.

People Connectors encountered Householders who were not ready to change their situation, not willing to receive support, or were unwilling to understand the processes required to gain support (which were sometimes overwhelming, even with someone to help).

“One Householder had a rat infestation and had enough of his life, but he didn’t want our help.” (People Connector)

“There were many avenues for us to help and link her to services that would be able to assist her, but it really came down if she was willing to take the plunge and go for these services.” (People Connector)

This perhaps reflected personal factors of Householders, the nature of mental health conditions and also potentially limitations within the service system and a lack of alternative, low-barrier models of support.

7.4.3 Community racism, scepticism, and commentary on issues in the community

During Round Three, People Connectors proposed that the conditions in communities were not conducive nor particularly safe for having productive, informal conversations. They felt that the Australian Indigenous Voice Referendum 2023 event had led to a deterioration in the political and public discourse around race, and they observed Householders making derogatory remarks towards First Nation peoples (for example, racist assumptions surrounding Indigenous youth crime), especially in the weeks leading up to and the aftermath of the referendum.

“The Voice Referendum brought up some difficult conversations and led some Householders to make racist comments.” (People Connector)

“We came across Householders saying, ‘I’m not racist, but...’ and it always came out with something that was racist.” (People Connector)

“There was a significant increase in racial remarks, and we had to implement ways to diffuse and deescalate conversations.” (Line Manager)

This reflection was one of the more disheartening, sad, and uncomfortable findings of the ACDC Project for Round Three and required careful responses and supports especially for Indigenous People Connectors during this time.

This finding might suggest, however, that the doorknocking method could be an important way to understand social cohesion, trust, community building. People Connectors in the City of Salisbury and South Burnett in particular, reported noticing a palpable shift in the attitudes of Householders, as the referendum progressed. With increasing concerns about the role of misinformation and disinformation, doorknocking conversations could also uncover the extent to which people within communities were isolated from one another and lacking legitimate sources of information. There were some Project Sites where People Connectors were confident that many people had turned against one another and became distrustful. In some Project Sites the People Connectors stated that there were Householders who were immediately suspicious of the project, thinking it was part of a government plan to sell services to gain a profit, and some Householders were impatient and unwilling to understand their intentions.

“We did note that the community was not completely sold on the idea of connecting or engaging with services and appeared to stand back and listen silently.” (People Connector)

“We had a lot of people that didn’t believe anything was going to change and felt that the government wasn’t going to listen and wouldn’t give us the time of day.”
(People Connector)

People Connectors believed that Householders’ inclination to share opinions and ‘rant’ were strengthened by the comfort of talking at their own home. They felt that Householders would resort to sharing their opinions rather than opening up about their mental health to avoid shame and embarrassment. Despite this, People Connectors were also positive and spoke of how they were at least able to comfort and reassure Householders by acknowledging their fears and allowing them to open up about community issues.

“We can’t fix all the problems in the community, but we have the opportunity to have a touch point 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)

However, racism and a lack of cohesion and openness in the community was a major barrier to doorknocking success, which relied on Householders being open and willing to talk about mental health. This finding did not emerge in Round One and Two of the ACDC Project. Social cohesion was not systematically assessed therefore we can only speculate as to whether this reflects differences in selected Project Sites for the three rounds, or whether something shifted in 2023 to amplify these conditions.

7.4.4 Mental health avoidance and stigma

People Connectors trying to initiate conversations about mental health are in a unique position to reflect on stigma about mental health, and its impacts. As previously explored, many Householders welcomed the chance to speak about mental health, as a natural and important conversation topic. For others discussing mental health involved intense vulnerability, uncertainty, and shame.

Some Householders even stated they did not want People Connectors to be seen at their front door out of fear that other community members might recognise the ACDC uniform. They didn’t want to be perceived by neighbours as ‘needing of help’, and since People Connectors were not allowed to enter homes, Householders would turn them away; some People Connectors resorted to wearing casual clothing to help minimise this effect. People Connectors also found that Householders feared judgement from ‘nosey neighbours’.

“They would say there’s something wrong but wouldn’t talk because they thought everyone was listening.” (People Connector)

People Connectors in one community believed that local media portrayal of crime generated stigma surrounding mental health in their community, as media reports negatively framed mental illness, leading people to avoid talking about mental health. People Connectors also found that some Householders who were initially keen to talk, would change their mind and/or become unreachable and avoidant.

“The publication of these [crimes] and media surrounding this seems to have increased stigma and made the public feel more scared to open their doors and to talk to strangers, especially about mental health.” (People Connector)

“Often Householders were happy to disclose their Impact Stories in the first instance, but when we were attempting to provide them with their follow up information required, they wouldn’t reengage.” (People Connector)

Many People Connectors said they became familiar with rejection over the course of their doorknocking experience. Nonetheless they tried their best to work around stigma – on the one hand respecting Householders’ choice not to engage, but on the other hand knowing that stigmatised beliefs do not necessarily mean people did not need or appreciate support.

“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)

“In small communities people sometimes say they’re okay, but when you got to their house, they weren’t okay.” (People Connector)

People Connectors noted that at least they could leave Information Packs so that Householders could consider their needs and support options without a conversation.

7.4.5 Feelings of not being safe, incidents of community crime, and crime-induced stress

People Connectors spoke of feelings of not being safe whilst doorknocking. Again, this finding came through more strongly in Round Three than Round Two. We did not have the methodological tools to understand the reasons for this (i.e., was this due to the particular Project Sites in Round Three, such as Townsville which had high crime statistics, or changes in social conditions more generally, or other reasons).²⁴ As previously noted, the Australian Indigenous Voice Referendum 2023 was held in the middle of Round Three and intersected with several Round Three Project Sites being communities with high Aboriginal representation and/or First Nations People Connectors.

“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)

At some Project Sites, not all streets were safe to doorknock, and People Connectors chose streets to doorknock based on their sense of risk – however, this was hard to control for as doorknocking was an unpredictable experience. Nevertheless, one People Connector team who were First Nations people did not doorknock on particular streets where there seemed to be heightened racism, for their safety. Some People Connector teams felt hesitant to jump into certain topics with Householders and developed safe word systems.

People Connectors, particularly in Townsville and the City of Salisbury, found that Householders also had strong feelings of feeling unsafe which negatively affected their mental health and increased stress.

“Most Householders we spoke to mentioned youth crime and that when they left their homes, they felt unsafe.” (People Connector)

Doorknocking in communities where Householders refused to walk their dogs out of fear of crime, was not easy. People Connectors spoke of many households with guard dogs and security fences, which made the front door inaccessible. People Connectors in the City of Salisbury noted

²⁴ Another potential factor could be that in Round Three there were more female only teams (City of Stirling, City of Salisbury, Cumberland).

that when there were high incidences of crime in the area, they were more likely to have unanswered doors.

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

“We have been doorknocking in a neighbourhood that experiences a higher level of violence and crime which we believe contributes to more fear of answering the door and engaging with us.” (People Connector)

“It's affecting everybody in the community as a whole and individual mental health. They're reacting to the situation that's happening around them, such as isolating themselves and feeling safer at home but also on edge that someone's going break in.” (People Connector)

At times, People Connectors also felt unsafe themselves.

“We were faced with an aggressive Householder who was verbally abusive and threatening because we parked our car in front of her house.” (People Connector)

“We were in the car and decided to drive away to be safe. We intended to continue doorknocking on the other side of the street, but we came across a car that had its windows recently smashed in. We decided that we no longer felt safe to continue doorknocking and moved on to another street.” (People Connector)

Many Householders said community crime was their key concern and stated that changes were needed in the community as a whole, but resolving local area crime was beyond the capabilities of People Connectors. They struggled to link Householders with services to address their safety concerns, only finding success with linking Householders with insurance for break-ins.

“Youth crime is a very hard topic because it was definitely one of the main things that was brought up and there's not much you can really do about it either... We've had thousands of Impact Stories about youth crime from Householders who stated that they felt unsafe when they left their homes.” (People Connector)

7.4.6 Inaccessible and unhelpful services

Another barrier to the ACDC Project being effective was People Connectors finding service providers that were not helpful or willing to be proactive in helping Householders. Many Householders had experiences with services that were rigid and difficult to access. And while doorknocking and proactive outreach was in some ways the antidote to this, People Connectors were also powerless to actually change the way service providers operated.

At times, when People Connectors tried to link Householders with existing services, they spoke of how this negatively impacted Householders, who might be significantly discouraged by lengthy wait and response times, or seemingly disinterested services. People Connectors expressed feelings of guilt for providing Householders with false hope if they were rejected by a service or ineligible for services.

“I wish there was a more streamlined support system where there was a ‘no wrong door’ policy for every service. But unfortunately, there are people who fall through the gaps between services.” (Lived Experience Expert)

People Connectors expressed concerns with local medical centres as they found that General Practitioners (GPs) lacked knowledge of services to recommend to Householders. They pointed out that GPs are trusted by community members and are usually first contacted when there is an issue, but they had a clear deficit in service knowledge.

“Householders go to their GP quite often as this is who they trust, but we encountered many households in a predicament where their GP wasn’t too helpful or knowledgeable about mental health services.” (People Connector)

People Connectors stated that the long wait times of community health care services were demoralising for Householders. People Connectors pointed out health inequalities and unfair privilege between the public and private health care system. People Connectors also experienced what is well-understood in the mental health sector: that Householders living in lower SES areas and/or located regionally struggle more to reach services which are often located a distance from where they live.

“We had feedback that the majority of the people that we linked services to didn't go further than that because the organisation put you them on a waiting list. And that was really sad.” (People Connector)

“The problem is trying to get into the places [services] with their limited staff and limited funding, especially in rural areas there are limited places (Householder)

Service inaccessibility was particularly an issue for immigrants without a visa (e.g., asylum seekers and new migrants) who were ineligible to access the resources or services that People Connectors could suggest, and this was recognised as an issue out of the scope for the ACDC Project (see [Section 6.3.8](#)). Lastly, some services were reluctant to work closely with People Connectors due to the project being short-lived.

“Building trust takes time and remains difficult given we are on a short-term contract. [We have] encountered distrust from government services and non-for-profits linked to services.” (People Connector)

People Connectors reported strong feelings of hopelessness, distress when they had worked with a Householder facing significant need and urgent crisis, and had effectively earned the Householder’s trust, but were unable to connect them with a service, nor could the People Connectors act as a stand-in support worker.

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

7.4.7 Suicide prevalence, Sorry Business, and Householder grief

People Connectors in South Burnett, and in particular when working in Cherbourg, had significant concerns surrounding the prevalence of suicide at their Project Site. They came across Householders with family members who had died by suicide, and many Householders were experiencing grief and loss, as were the People Connectors themselves. People Connectors abandoned doorknocking for multiple weeks during Sorry Business, for their own wellbeing, out of respect for community members who were mourning, and respect for what was culturally appropriate.

“The whole community is affected, not just the one family. Suicide is a big issue in our community.” (People Connector)

People Connectors found that during doorknocking, not many families spoke about the suicide prevalence, but People Connectors could see the impact on mental health throughout the community and they made efforts for affected families to be connected with support services. The team expressed feelings of hopelessness as

“[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)

culturally appropriate community-based services that could respond to suicide were not available at all. People Connectors resorted to community events to relieve pressures, reduce harm and, maintain community cultural safety and strength as much as possible. An Addendum to this report, that is co-authored with community representatives, explores the experience of doorknocking for the South Burnett site, and is due to be published in September 2024.

8. CONCLUDING THOUGHTS

8.1. Reflections on implementing the ACDC Project

The ACDC Project Team and DPO managers shared high-level learnings about project implementation.²⁵ 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, untested proposition that required flexible organisational practice, acceptance of risk and even 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 was an understanding, reflected across several comments that the training provided sound mitigations and confidence in dealing with the uncertainties of doorknocking, which provided *“support for all the different risks People Connectors encountered when knocking on doors” (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 by the ACDC Project Team and Leadership Groups, and 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 have documented the ‘ACDC operating instructions’ with a positive testing of the proactive outreach model.” (Project Team Member/DPO Manager)

There were also several comments recognising the ACDC Project Team who effectively implemented an ‘outside the box’ project, making a potentially valuable contribution to innovation and learning.

8.2 Summary

The Round Three evaluation findings built off the learnings from Round One and Two, and the six new Project Sites 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.

²⁵ 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.

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.

“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 Member)

The CEO of Community Mental Health Australia (2018-2024), 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.

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. Notably, Householder visits with those who were living in social isolation had a personal impact on People Connectors. It was not unusual to find Householders who had not spoken to anyone for a long time or had not left the house for years. For people in these situations, doorknocking seemed to be appropriate to help them build trust and to think about exploring other connections to supports.

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, to provide rapid responses – this will be challenging if the doorknocking remains something funded by short-term contracts.

Some new understandings of the limitations of doorknocking emerged in Round Three. Community characteristics – social cohesion, stigma, perceived safety, and the extent that a community is experiencing crises or multiple crises – seemed to influence the effectiveness of doorknocking. 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 Project 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

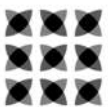
the project in their community, with Aboriginal leaders and People Connectors. They were supported to adapt their approach and actively reflect on what worked for them. An Addendum to this report, co-authored with community representatives, explores the experience of doorknocking for the South Burnett site.²⁶

Going forward, findings point to the ongoing value of doorknocking, and the continuous learning of 'what works', because every community is different. What is clear, is that in every community so far who has 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. The People Connector role, and doorknocking in particular, makes a unique contribution to the mental health sector, namely, as a suitable approach to address a range of psychosocial needs and issues that intersect with mental health vulnerabilities. In doing this, the ACDC Project has been able to reach people who otherwise would remain isolated and unsupported. Overall, doorknocking through the ACDC Project has been highly suitable across Australia.

²⁶ This is due to be published in September 2024

9. REFERENCES

- Australian Bureau of Statistics (2021). *Index of Relative Socio-economic Advantage and Disadvantage (IRSAD)*.
<https://experience.arcgis.com/experience/32dcbb18c1d24f4aa89caf680413c741/page/IRSAD/>
- Australian Bureau of Statistics. (2021). *Socio-Economic Indexes for Areas (SEIFA) Australia*.
<https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>
- Australian Human Rights Commission. (2023). *Voice Referendum: Understanding the Referendum from a Human Rights Perspective Report*. <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/voice-referendum-understanding>
- Australian Institute of Health and Welfare. (2022). *Health across socioeconomic groups*.
<https://www.aihw.gov.au/>
- Davies, R., Dart, J. (2005). *The 'Most Significant Change' (MSC) Technique: A Guide to Its Use*.
<http://doi.org/10.13140/RG.2.1.4305.3606>.
- Kaleveld, L., Hooper, Y., Crane, E. & Davis, H. (2023). Doorknocking for mental health: Evaluating a novel outreach approach for addressing mental health. Round Two of the Assisting Communities through Direct Connection Project. Centre for Social Impact: University of Western Australia, Swinburne University of Technology and the University of New South Wales. <https://doi.org/10.25916/gmrp-6579>
- Steen, A. & MacKenzie, D. (2013). Financial stress, financial literacy, counselling and the risk of homelessness. *Australasian Accounting, Business and Finance Journal*, 7, 31–48.



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