2019 SNAPSHOT SERIES

CENTRE FOR FAMILY RESEARCH AND EVALUATION

ANNUAL REPORT

A SNAPTSHOT REPORT SERIES FOR THE DRUMMOND STREET SERVICES EVALUATION

Centre for FAMILY RESEARCH and EVALUATION

drummond street services
wellbeing for life

ABOUT THIS REPORT

In 2016 drummond street (ds) services commenced collecting pre- and post-evaluation measures to assess the impact our support services make in the lives of the adults, children and young people that come to us for support.

Our evaluation was rolled out across all ds community and family service programs using a range of validated, clinical measures to assess outcomes across drummond street's domains of wellbeing. This allows us to measure meaningful changes and demonstrate to ds staff, in addition to program funders, the efficacy in the investment in support and impacts achieved at both program and service levels.

With thanks to the practitioners and clients for participating in the evaluation process.

SNAPSHOTS

The snapshot series will be produced annually. This report refers to the period between November 2016 and March 2019. Individual snapshots are designed to be able to be removed from this report and act as stand alone snapshots across the five main areas measured: Adult mental health and wellbeing, child and young person social and emotional wellbeing, family relationships, social connectedness and financial distress. The report will end on insights across all domains.

ADULT

BACKGROUND

In 2016 drummond street (ds) services commenced collecting pre- and post-evaluation measures to assess the impact our support services make in the lives of the families children and young people that come to us for support. The evaluation covers outcomes across ds' wellbeing domains.

MEASURES

The GHQ (General Health Questionnaire) was used to measure adult mental health in FARS, FFL, FMHSS, QRespect, iHeal, QHealth and Futures Free from Violence in both individual and group sessions. There were 802 clients who completed this questionnaire at their first session. For TPS and Better Access, adult mental health was measured by the DASS-21 (Depression Anxiety Stress Scale). 334 clients completed this questionnaire at their first session.

KEY FINDINGS

BASELINE RESULTS

The combined GHQ and DASS-21 measures, showed that 83% of the 1,135 clients presented at their 1st session with mental health distress.

BASELINE MENTAL HEALTH DISTRESS

Depression, anxiety and stress showed **high rates of comorbidity**, with 64% of clients with mental health distress as measured by the DASS-21 having raised levels of all three.

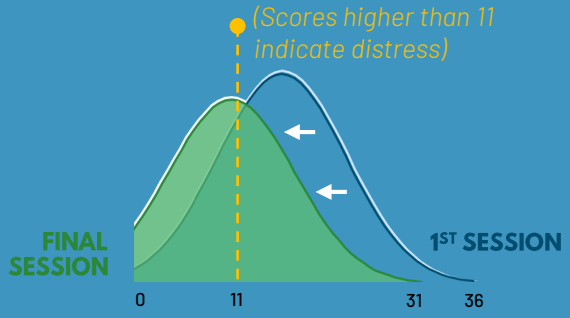
CHANGE OVER TIME

Mental Health Distress Decreased

- There were significant decreases in mental health distress from both the DASS-21 and GHQ, from 1st to 4th sessions and 1st to final session, this included significant reductions in depression, anxiety and stress.

Change in 1ST to Final GHQ Scores had a Large Effect Size

- Mental health distress as measured by the GHQ had a large, significant reduction from 1st to final session. This change showed a distributional shift (see figure below)
- The proportion of clients experiencing mental health distress decreased from 82% of the cohort (n = 125) to 43% in the final session.

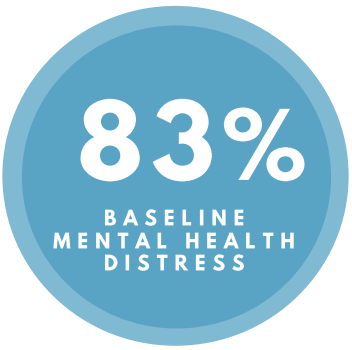


Higher scores indicates more MH distress

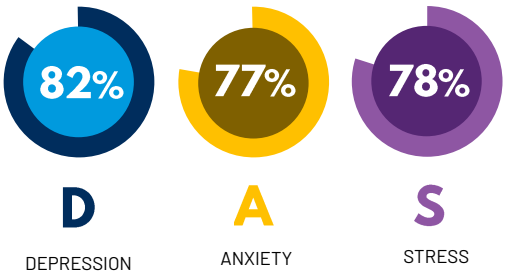
The blue curve demonstrates first session scores, and the green curve represents final session scores.

RESPONDENTS

The GHQ (General Health Questionnaire) was completed by 802 clients at their first session where 79% scored above the cut-off indicating the presence of mental health distress. Adult mental health was also measured by the DASS-21 (Depression Anxiety Stress Scale). 334 clients completed this questionnaire at their first session and 92% of these clients presented with mental health distress. Combining these two measures showed that 83% of the 1,135 clients accessing ds services presented at their 1st session with mental health distress.



THE DASS-21

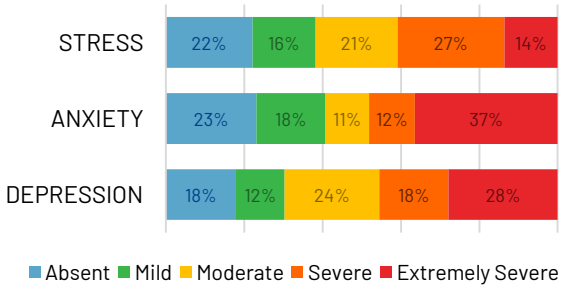


Baseline Depression, Anxiety & Stress

There were high rates of depression, anxiety and stress for the 469 TPS and Better Access clients (see figure above). Clients most commonly presented with depression (82%).

Severity at Baseline

The figure below shows the severity of the DASS-21 subscales. Anxiety had the highest portion of those presenting in the 'extremely severe' range with 37%, followed by depression with 28%.



Comorbidity at Baseline

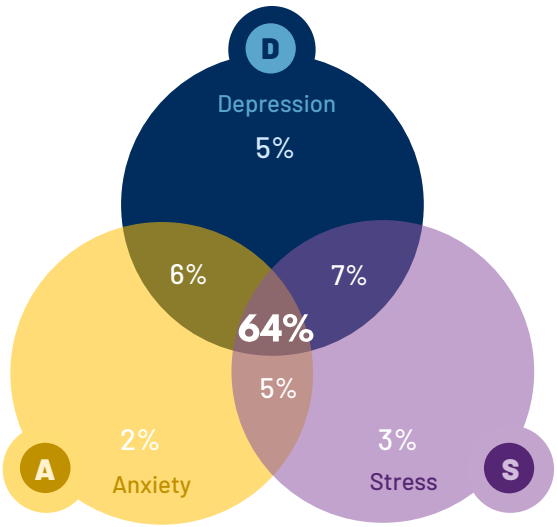
Depression, anxiety and stress were interrelated. The results showed high rates of comorbidity. For those who completed all subscales of the DASS-21 at first session (n=320), 64% of the clients had raised levels of all three, and 82% of clients had raised levels in two or more.

None = 8%

All three = 64%

Two or more = 82%

N = 320



CHANGE OVER TIME

1st to 4th change Subscale	Change in average scores from 1st to 4th	Was this difference significant?*	How big was the effect? (measured by Cohen's d)	The numbers
GHQ	**Decreased by 22.5%**	Yes	Medium (d = .60)	**t(177) = 7.67, p < .001**
Depression	Decreased by 18.3%	Yes	Small to medium (d = .35)	t(79) = 3.75, p < .001
Anxiety	Decreased by 19%	Yes	Small (d = .29)	t (82) = 4.09, p < .001
Stress	Decreased by 17.6%	Yes	Medium (d = .47)	t(79) = 5.11, p < .001
1st to Final change Subscale	**Change in average scores from 1st to Final**	**Was this difference significant?***	**How big was the effect? (measured by Cohen's d)**	**The numbers**
GHQ	**Decreased by 33.4%**	Yes	Large (d = .87)	***t*(124) = 8.20, p < .001**
Depression	Decreased by 34.2%	Yes	Medium (d = .59)	*t*(35) = 4.71, p < .001
Anxiety	Decreased by 39%	Yes	Medium (d = .64)	*t*(38) = 5.06, p < .001
Stress	Decreased by 31%	Yes	Medium to large (d =.75)	*t*(39) = 5.12, p < .001

**Significance measured at $\alpha = .05$*

Change in GHQ results from 178 matched 1st and 4th session questionnaires were analysed, there was a significant decrease in MH distress by 22.5%.
There were 125 clients who completed the GHQ at both the first and final session. The improvement in adult mental health was larger from 1st to final sessions comparisons than 1st to 4th. Mental health distress decreased by 33.4%, from first to final sessions.

Depression, anxiety and stress all showed significant improvements. There were 35-39 clients who completed both 1st and final questionnaires for the DASS-21, and 79-82 clients who completed the DASS-21 at the 1st and fourth sessions. There were significant improvements in all three areas at both the fourth and final sessions. Depression decreased by 34.2%, anxiety by 39% and stress by 31%, from the 1st to final session.

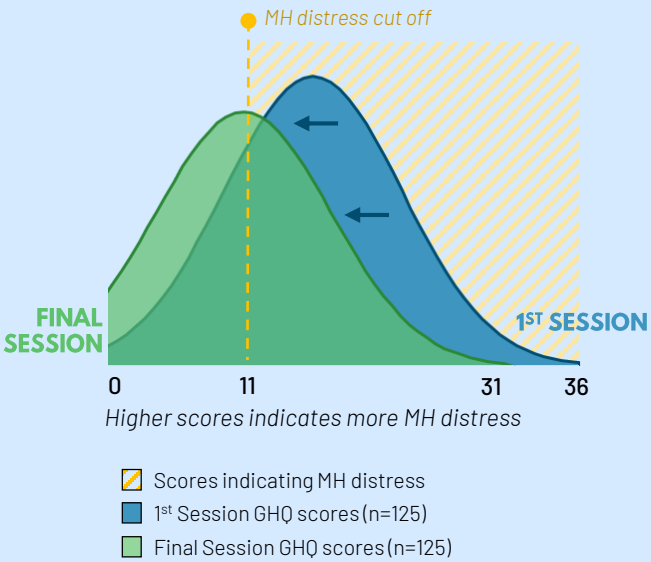
THE GHQ 1st to Final

Distribution of GHQ Scores from matched 1st to final sessions are displayed in the figure right. The blue curve demonstrates first session scores, and the green curve represents final session scores. The cut off score for mental health distress is 11.

Mental health distress reduced from 1st to final sessions, where the proportion of clients experiencing mental health distress decreased from 82% of the cohort (n = 125) to 43% in the final session.

The mean of the final session scores were below the cut off for mental health distress. Mean scores reduced from 17.4 units to 10.5 units. The possible range for the GHQ is 0-36. The final session distribution is left skewed, indicating a higher proportion of clients scoring on the lower end of the GHQ scale at the final session.

DISTRIBUTION OF GHQ SCORES FROM 1ST TO FINAL SESSIONS



CHILD & YOUNG PERSON

BACKGROUND

In 2016 drummond street (ds) services commenced collecting pre- and post-evaluation measures to assess the impact our support services make in the lives of the families children and young people that come to us for support. The evaluation covers outcomes across ds' wellbeing domains.

MEASURES

The SDQ (Strengths and Difficulties Questionnaire) was used to measure child and young person wellbeing as reported by either the parent/carer or the young person. The SDQ measures: emotional symptoms, conduct problems, peer relationship problems, hyperactivity/inattention and pro-social behaviour. A high SDQ score indicates more difficulties. The SDQ was included for the programs FARS, FFL, FMHSS, QRespect, iHeal, and Qhealth.

WHAT ARE THE SDQ SUBSCALES?

EMOTIONAL SYMPTOMS

Refers to emotional troubles through behaviour such as expressions of worry or unhappiness, and experience of nervousness or fear.

HYPERACTIVITY/ INATTENTION

Measures behaviour that would be considered restless and distractible.

CONDUCT PROBLEMS

Refers to problems relating to argumentative or disobedient behaviour, for example fighting, stealing, lying or anger outbursts.

PROSOCIAL BEHAVIOUR

Is the only positive item on the SDQ that is not included in the total score. This subscale refers to the ability to be considerate of others.

PEER RELATIONSHIPS

Refers to problems relating with peers including ability to make friends.

KEY FINDINGS

Quick Baseline Stats

71% 71% of young people presented with **wellbeing difficulties** at their first session.

54% 54% of young clients displayed symptoms of high or very high **emotional distress.**

77% 77% of parents/carers reported that difficulties were present for **longer than a year** before receiving support.

Difficulties interfered the most with the **home life.**

Decrease in Difficulties Over Time

Matched 1st to 4th session questionnaires and 1st to final, both showed significant but small reductions in overall difficulties, emotional symptoms, conduct problems and hyperactivity. Improvement in prosocial behaviour was only significant in the matched 1st to final session group.

RESPONDENTS

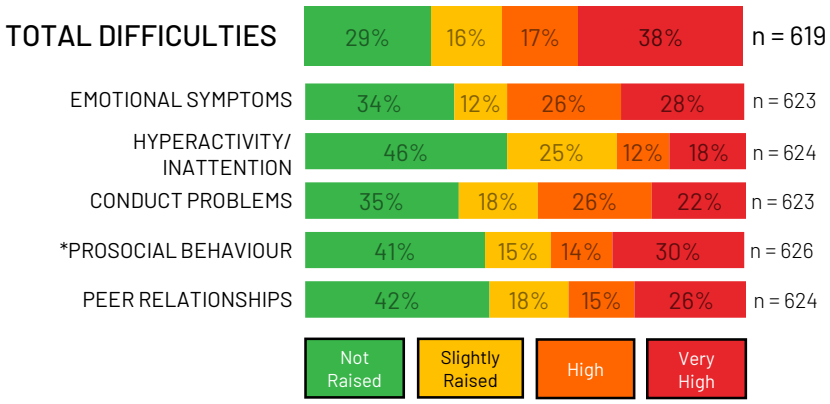
The SDQ (Strengths and Difficulties Questionnaire) was used to measure child and young person wellbeing. There were 619 clients who completed this questionnaire at first session, of these clients, 71% presented with wellbeing difficulties at their first session.

SDQ SEVERITY

The graph below shows the severity of SDQ difficulties present at baseline across the five sub-domains and overall. Emotional symptoms and conduct problems presented with the largest ratings of high to very high symptoms present, with 54% of young clients displaying symptoms of high or very high emotional distress and 48% with high or very high conduct problems. Conversely, hyperactivity/inattention presented with the lowest portion of raised scores with 46% of young clients not displaying difficulties with hyperactivity/inattention and only 30% had scores considered high to very high.

71%
BASELINE SOCIAL AND EMOTIONAL DIFFICULTIES

Severity of Subscales



*This subscale is about positive behaviours

CORRELATIONS

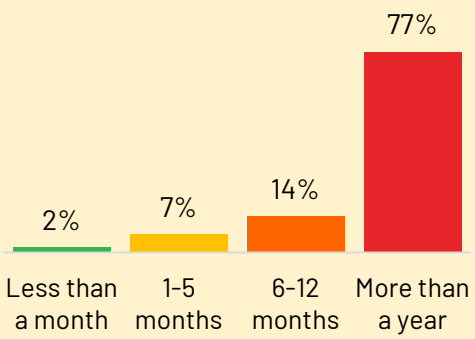
Correlation analysis showed a relationship between conduct problems and hyperactivity. Higher scores on the conduct problem subscale were moderately correlated to higher scores on the hyperactivity subscale (r = .515, p < .001). Whilst, higher scores on the prosocial subscale indicated lower scores in conduct problems (r = -.421, p < .001). Although there was no evidence of a relationship between prosocial behaviour and emotional symptoms all other subscales were significantly and weakly correlated with each other (with prosocial behaviour showing negative relationships).

> Higher scores on the conduct problem subscale were moderately correlated to higher scores on the hyperactivity subscale.

ADDITIONAL QUESTIONS

Of the parents/carers that identified that their child had difficulties (n=541), 77% reported the problem had been present for longer than a year before they received support and only 9% of clients sought out support within 5 months.

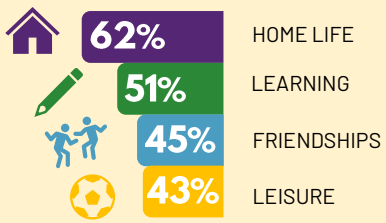
LENGTH OF TIME DIFFICULTIES HAVE BEEN PRESENT:



The difficulties were reported to distress the child 'quite a lot' to 'a great deal' for 70.6% of clients and the difficulties were reported to place a burden on the family 'quite a lot' to 'a great deal' for 75% of parents/carers.

The most common area that these difficulties interfered with 'quite a lot' to a 'great deal', was the home life.

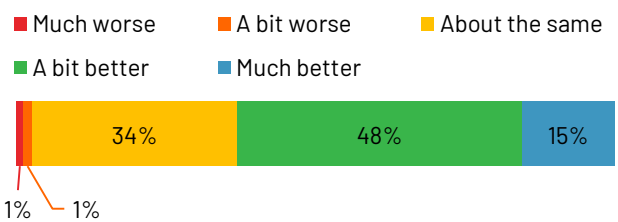
AREAS DIFFICULTIES INTERFERRED 'QUITE A LOT' TO A 'GREAT DEAL' IN:



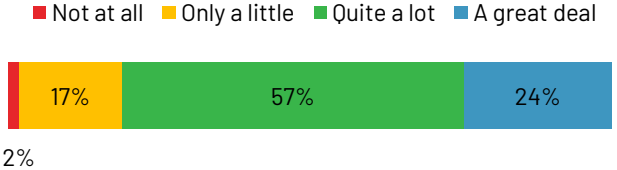
QUESTIONS AT FOLLOW-UP

63% of parents and carers at fourth or final sessions (n = 271) felt that their child's difficulties had improved since accessing ds services, and 81% of parents/carers found that the service was 'quite a lot' to a 'great deal' helpful in other ways (n = 270).

SINCE COMING TO THE SERVICE ARE YOUR CHILD'S PROBLEMS:



HAS COMING TO THE SERVICE BEEN HELPFUL IN OTHER WAYS:



CHANGE OVER TIME

There were significant improvements in child and young person social and emotional wellbeing from 1st to fourth and 1st to final sessions.

1st to 4th Sessions

There were 85 clients who completed the SDQ at both the 1st and 4th session. Change in SDQ results from matched 1st to 4th sessions were analysed and showed significant improvements in this group in: total difficulties, emotional symptoms, conduct problems and hyperactivity. These results indicate meaningful short term change. The effect size of these improvements was small.

1st to Final Sessions

There were 84 clients who completed the SDQ at both the 1st and final sessions. Change in SDQ results from 1st to final sessions were analysed with significant improvements found in total difficulties and the subdomains: emotional symptoms, conduct problems, hyperactivity and pro-social behaviour.

Emotional symptoms and conduct problems presented with the largest ratings of high to very high symptoms at baseline and showed the most change from first to final. This indicates the effectiveness of the counselling programs to target and make change in the areas most affecting the individual.

All effect sizes were larger for change between those who completed 1st to final compared to change seen from those who completed the SDQ at the 1st to 4th sessions. Change in pro-social behaviour was only significant in the matched 1st to final session group and not in the matched 1st to 4th session group.

1st to 4th change Subscale	Change in average scores from 1st to 4th	Was this difference significant?*	How big was the effect? (measured by Cohen's d)	The numbers
SDQ total difficulties	**Decreased by 9.9%**	**Yes**	**Small (d = .28)**	**$t(84) = 3.57$, $p < .001$**
SDQ emotional symptoms	Decreased by 12.2%	Yes	Small (d = .25)	$t(85) = 2.92$, $p = .004$
SDQ conduct problems	Decreased by 9.5%	Yes	Small (d = .15)	$t(84) = 2.03$, $p = .045$
SDQ peer relationships	Decreased by 0.34	No		$t(85) = 1.83$, $p = .071$
SDQ hyperactivity	Decreased by 8.2%	Yes	Small (d = .17)	$t(85) = 2.29$, $p = .025$
SDQ pro-social	Increased by 0.5%	No		$t(85) = -.188$, $p = .852$
1st to Final change Subscale	**Change in average scores from 1st to Final**	**Was this difference significant?***	**How big was the effect? (measured by Cohen's d)**	**The numbers**
SDQ total difficulties	**Decreased by 12.7%**	**Yes**	**Small to medium (d = .34)**	**$t(83) = 3.81$, $p < .001$**
SDQ emotional symptoms	Decreased by 19.3%	Yes	Small to medium (d = .36)	$t(84) = 3.84$, $p < .001$
SDQ conduct problems	Decreased by 20%	Yes	Small to medium (d = .31)	$t(83) = 3.57$, $p = .001$
SDQ peer relationships	Decreased by 8.2%	No		$t(84) = .303$, $p = .762$
SDQ hyperactivity	Decreased by 1.6%	Yes	Small (d = .20)	$t(83) = 2.33$, $p = .022$
SDQ pro-social	Increased by 6%	Yes	Small (d = .21)	$t(45) = -2.67$, $p = .009$

Significance measured at $\alpha = .05$

FAMILY RELATIONSHIPS

BACKGROUND

In 2016 drummond street (ds) services commenced collecting pre- and post- evaluation measures to assess the impact our support services make in the lives of the families children and young people that come to us for support. The evaluation covers outcomes across ds' wellbeing domains.

MEASURES

The PAFAS (Parenting and Family Adjustment Scale) was used to measure parenting and family wellbeing. A high score indicates worse levels of the subscales. This scale was used for adult clients who were parents, in the programs: FARS, FFL, FMHSS, QRespect, iHeal, and QHealth. The Family Relationships subscale was also undertaken by adolescent clients still living with a parent.

KEY FINDINGS

Low Baseline Levels of Poor Parental Practices

There were low levels across all subscales of the PAFAS, particularly with coercive parenting and positive encouragement which indicates low levels of poor parental practices (self reported) for clients at their first session.

Small Change Over Time

There was a significant improvement in coercive parenting and family relationships from 1st to final sessions.

WHAT ARE THE PAFAS SUBSCALES?

PARENTAL CONSISTENCY Refers to how consistent parents are with managing a child's behaviour. Inconsistency might be expressed through not following through with previously expressed consequences, rules or other parenting decisions, or changing these from day to day. Inconsistent parenting can cause children to develop attachment issues, reinforce misbehaviour, or develop conflict. Higher scores indicate lower levels of consistency.

COERCIVE PARENTING Is often characterised by hostility and refers to parents' expression of anger or annoyance with their child, including the way in which they manage a misbehaving child. This style of parenting has been associated with poor parent-child relationship, child mental health issues and child aggression. Higher scores indicate more coercive parenting.

POSITIVE ENCOURAGEMENT Refers to a parents offering praise and attention to their child when they are behaving well. This parenting characteristic is associated with positive child outcomes. Higher scores indicate lower level of positive encouragement

FAMILY RELATIONSHIP Measures the characteristics of family interactions. Higher scores indicate worse family relationship.

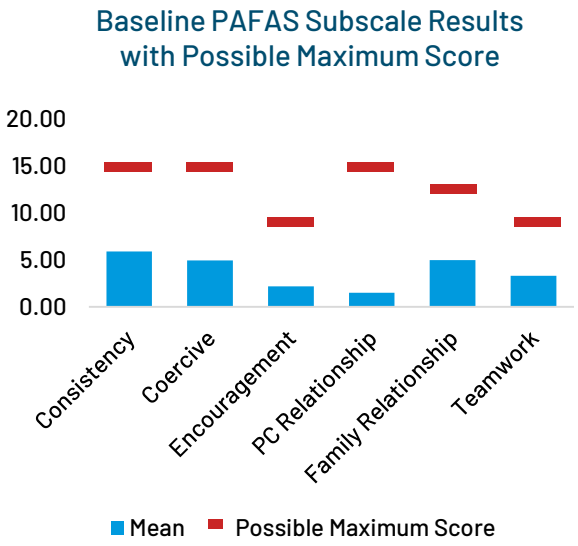
PARENT-CHILD RELATIONSHIP Measures the characteristics of parent child interactions. Higher scores indicate worse parent-child relationship.

PARENTAL TEAMWORK Refers to how well someone works as a team with their partner in parenting together. Higher scores indicate worse parental teamwork.

FAMILY RELATIONSHIPS

BASELINE

There were 307-516 clients who completed the different PAFAS subscales at first session. Overall, low levels of poor parental practices indicated the strengths of the family relationships at baseline, in particular with use of encouragement in parenting and a positive parent-child relationship. The figure right, shows the mean scores of clients at baseline with the possible maximum mean score for that subscale to indicate the range.



CHANGE OVER TIME

Change in parenting over time is measured by matching client's 1st and 4th questionnaire scores and 1st and final questionnaire scores. Higher scores indicate worse levels of the given subscale. There were significant changes between 1st to 4th sessions where parental positive encouragement and parent-child relationships slightly worsened, however mean parental encouragement only increased from 2.2 to 2.7 and parental child relationship from 1.5 to 2.1. With the range of these subscales being 0-9 and 0-15 respectively, it indicates scores changed but remained in the low level range.

From first to final, there was a significant decrease in coercive parenting (small to medium effect size) and family relationship problems (small effect). No subscale showed worsened scores between this timepoint.

A possible explanation for the slight worsening of scores in parent child relationship and parental encouragement areas during 1st to 4th sessions and not 1st to final, is that on the onset of counselling parents can under-report poor parental practices and after attendance to sessions can become aware of areas of improvement and self-report scores worsen.

Of those that completed both a fourth and final questionnaire (n = 24), there was improvement in encouragement and parent-child relationship, however the mean differences were not statistically significant. Across all subscales, only family relationships showed significant improvements from fourth to final sessions.

1st to Final change Subscale	Was this difference significant?*	How big was the effect? (measured by Cohen's d)	The numbers
Parental Consistency	No		$t(70) = 1.17, p = .248$
Coercive Parenting	Yes	Small to Medium (d = .40)	$t(70) = 3.75, p < .001$
Positive Encouragement	No		$t(72) = -.51, p = .610$
Parent-Child Relationship	No		$t(80) = -.14, p = .893$
Family Relationships	Yes	Small (d = .35)	$t(104) = 4.59, p < .001$
Parental Teamwork	No		$t(81) = 1.08, p = .285$

Significance measured at $\alpha = .05$

BACKGROUND

In 2016 drummond street (ds) services commenced collecting pre- and post- evaluation measures to assess the impact our support services make in the lives of the families children and young people that come to us for support. The evaluation covers outcomes across ds' wellbeing domains.

MEASURES

Social connectedness is measured using three items from the Longitudinal Study of Australian Children (LSAC) 15 item adaption of MOS Social Support Survey (Ware & Sherbourne, 1992). Financial Distress was measured using selected items from the Longitudinal Study of Australian Children (LSAC) Waves 1-3 Financial Stress Construct, Hardship Scale. LSAC adapted these items from Bray, R. B. (2001). These scales were included in questionnaires for the programs: FARS, FFL, FMHSS, QRespect, iHeal, QHealth, and Futures Free from Violence.

KEY FINDINGS

QUICK BASELINE STATS

35% ▶ Of clients experience moderate to severe social isolation

1 IN 20 ▶ 1 in 20 clients were experiencing distress in all areas measured.

56% ▶ Of clients are experiencing some form of financial distress

The most common financial difficulty was being unable to pay household utility bills on time.

CHANGE OVER TIME

1st ▶ Final

For social connectedness, there was a significant but small difference, only in the scores between the 1st session and the final session, where social connectedness increased by 8%.

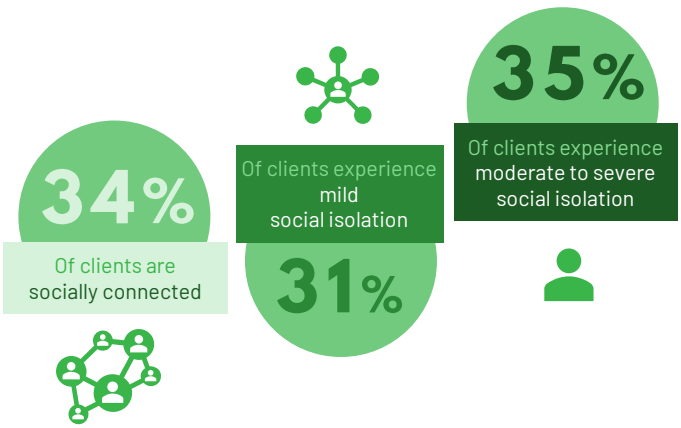
SOCIAL CONNECTEDNESS

WHY MEASURE SOCIAL CONNECTEDNES?

Social connections are important for wellbeing, while social isolation is a risk factor for poor mental health. This experience applies to many ds clients who seek support as there are high levels of social isolation identified at baseline. Our analysis indicates participation in support achieves some small improvements in social connectedness for clients. This area is an important domain to actively address for presenting issues as well as for long-term resilience and recovery.

RESPONDENTS

Social connectedness is measured by three items that assess the frequency of additional supports available to clients, with questions relating to emotional/informational supports, tangible supports and positive social interactions. There were 790 clients who completed this questionnaire at first session, of which 35% were experiencing social isolation at baseline, 11% were experiencing severe social isolation. The degree of social isolation can bee seen in the graphic below.



CHANGE OVER TIME

Social Connectedness session change period	Change in average scores	Was this difference significant?*	How big was the effect? (measured by Cohen's d)	The numbers
1st to 4th Change	Increased by 3.6%	No		$t(184) = -1.70$, $p = .091$
1st to Final change	Increased by 8%	Yes	Small ($d = .29$)	$t(106) = -2.93$, $p = .004$

Significance measured at $\alpha = .05$

There were 185 clients who completed the social connectedness measure at both the 1st and 4th session and 107 clients who completed this measure at both the 1st and final session. These two groups were analysed for change in scores over time. There was a significant difference in the scores between the 1st session and the final session, where social connectedness increased by 8%. Cohen's effect size ($d = .29$) suggested a small practical significance. The change occurring between 1st to 4th sessions was smaller (with a 3.6% increase) and was not statistically significant.

FINANCIAL DISTRESS

RESPONDENTS

There were six items for finance which looked at whether participants were able to pay their gas, electricity or telephone bills on time, whether they could pay the mortgage or rent on time, whether they went without meals, were unable to heat or cool their home, pawned or sold something for cash or sought assistance from a welfare organisation. Of the 782 clients that answered the finance questions before their first session, 55.6% of ds clients were experiencing some form of financial distress and 44.4% of clients experienced no financial distress in the last 12 months.

SUMMARY

Based on our evaluation data to date, approximately 46 per cent of clients requesting support contend with financial distress. The majority of those clients (49%) are only experiencing distress in just 1-2 areas of their life, this indicates that the distress is not extreme. Financial distress is a key social determinant of health and wellbeing which can be modified and improved if support in this area is actively identified and addressed as part of overall ds support.

56%
Of clients are experiencing some form of financial distress

49%
Experiencing distress in only 1 or 2 areas

49% of clients experiencing financial distress, are experiencing this distress in only one or two areas.

9%
Experiencing distress in all areas

9% of clients that are experiencing financial distress, are experiencing this distress in all 6 areas.

OF CLIENTS WHO EXPERIENCED FINANCIAL DISTRESS (n=435):

- **39%** Were unable to pay their gas, electricity or telephone bills on time
- **30%** Sought assistance from a welfare organisation
- **28%** Were unable to pay the mortgage or rent on time
- **24%** Pawned or sold something for cash
- **20%** Went without meals
- **13%** Were unable to heat or cool their home

CLIENT DISTRESS COMORBIDITY

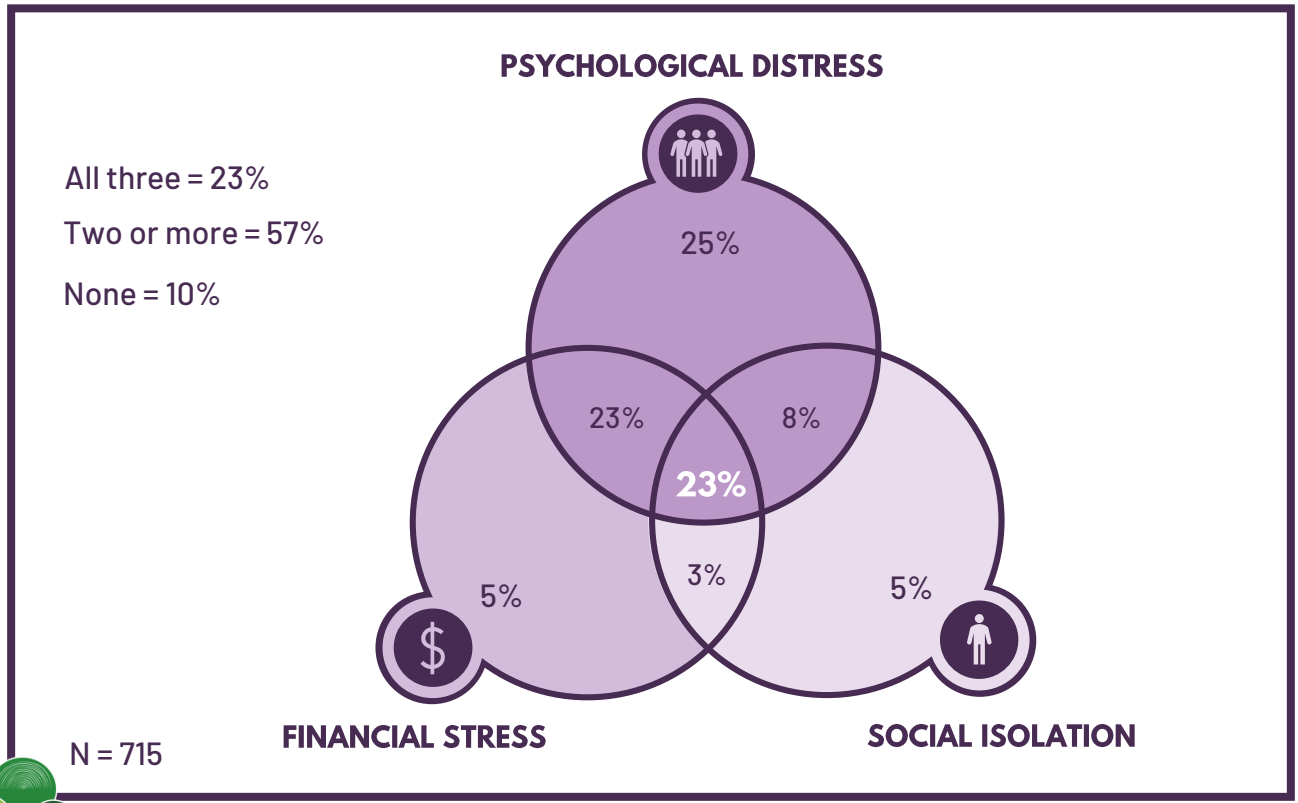
Overall at baseline, 83% of adult clients presented with psychological distress, 56% with financial distress, and 34% with moderate-severe social isolation. These results provide insight into the needs of the clients accessing services.

The interrelation of these three factors reveals the impact of comorbidity for client issues as seen in the figure below. Of those who had completed the surveys for psychological distress, financial stress and social isolation at their first session (n = 717), 23% of the clients presented with all three (psychological distress, financial stress and social isolation). 57% of the clients had distress in two or more of these areas. Financial distress was most commonly related to psychological distress. Of those who had raised scores of financial distress, 85% were also experiencing MH distress, and 48% were also experiencing social isolation. Only 10% of those experiencing financial distress were not experiencing either psychological stress or social isolation. Overall, only 10% of clients did not have distress in any of these areas at first session.

83% Adult Psychological Distress

56% Financial stress

34% Social isolation



EVALUATION SUMMARY

Number of questionnaires clients completed at each timepoint

Area	Measure	Clients Completed 1st	Clients Completed 1st and 4th	Clients Completed 1st and Final
Adult Mental Health	DASS 21	334	83	40
Adult Mental Health	GHQ	802	178	125
Child Mental Health	SDQ	619	85	84
Parenting and Family	PAFAS	516	80	105
Social Connectedness	LSAC 15	788	185	107
Financial Distress	LSAC 6	782	n/a	n/a

People with mental health distress are accessing ds services

There is high rate of adult mental health (MH) distress at baseline, with 83% of individuals accessing services having raised levels of MH distress.

Attendance to ds services reduced adult mental health distress

There were significant improvements in MH as measured by both the DASS and GHQ after just four sessions. Improvements were stronger for those scored between the first and final session. Scores on MH distress measures reduced between 31-39% from 1st to final sessions. The GHQ measure showed significant and large improvements in adult mental health between 1st and final session attendance.

Youth/child difficulties improved after accessing ds services

There were significant but small improvements in child and youth wellbeing from the 1st to 4th and 1st to final sessions, with those in the group with 1st to final sessions having a slightly larger effect on wellbeing. 63% of parents and carers felt that their child's difficulties had improved since accessing ds services, and 81% of parents/carers found that the service was 'quite a lot' to a 'great deal' helpful in other ways.

Social connectedness improved after accessing ds services

There was a small but significant difference in the scores between the 1st session and the final session, where social connectedness scores increased by 8%. Improvements in social connectedness were not significant after just four sessions.

Large amounts of financial distress

The majority of ds clients are experiencing financial distress at 56%. Although almost half (49%) of those are experiencing distress in only 1-2 areas, 9% are experiencing severe financial distress with raised scores in all measured areas.

Meaningful short-term change

There were significant improvements in adult and young person social and emotional wellbeing after only four sessions.

1st to Final change showed greater significance

Across all indicators of mental health and wellbeing there were greater effect sizes of the improvements occurring in the 1st to final comparison group, than 1st and 4th, indicating that although change starts to occur after only 4 sessions, there is benefit in the sessions following the 4th session to the final. Although these changes occurred for different cohorts, there were 46 clients who completed the GHQ measure at all time points (1st , 4th and Final). For this group, MH distress mean scores significantly decreased from 1st to 4th to final.

Presence of comorbidity

Results show us not just the presenting needs of the clients but how they interrelate. With 64% of adults having raised levels of depression, anxiety and stress, and only 2-5% of clients had just depression, anxiety or stress symptoms alone. Additionally, 23% of clients at their 1st session presented with comorbid psychological distress, financial stress and social isolation. 57% of clients had distress in two or more of these areas

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