



# Evaluation of the Western Australian Family Support Networks

DEPARTMENT OF COMMUNITIES

**1 August 2023**

**FINAL REPORT**

# Executive Summary

## Overview

Western Australian Family Support Networks (FSNs) were established incrementally from 2012 and align with a key strategic objective of the Department of Communities' (Communities') in diverting children safely from the child protection system as per the 2016 *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy* (the EIFS Strategy).<sup>1</sup>

FSNs are a partnership between the Community Sector Services (CSS) and Communities, to provide a common entry point to services, for families experiencing complex problems and who are most vulnerable to child protection involvement.

FSNs have the following aims:

- families improve parenting skills to safely care for their children at home;
- families receive an integrated and coordinated service and are diverted from the child protection system; and
- families improve and develop culturally safe support networks.

There are currently four FSN corridors in the Perth metropolitan area, delivered by a Lead Agency in partnership with an Aboriginal<sup>2</sup> Community Controlled Organisations (ACCO) Partner Agency.

There are two streams of services available within the FSNs, with different functions:

- Assessment and Coordination (A&C) - Provides assessment, brief intervention, referrals, linkages, coordination and case management for vulnerable children, young people aged up to 25 years and families<sup>3</sup> who are known to multiple agencies.
- Intensive Case Management (ICM) – Added as an enhancement in 2018, provides up to 12 months of support for families referred by Communities to prevent further contact with child protection services and to keep children safely at home.

## Evaluation of the Family Support Networks

Keogh Bay was engaged by Communities in January 2023 to conduct the: *Evaluation of the FSNs*. The aim of this evaluation was to:

- provide information to support future FSN commissioning activities;
- support continuous improvement, including a focus on the Child Protection Leader (CPL) role; and
- provide a contemporary evaluation of the program's impact.

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<sup>1</sup> Former Department for Child Protection and Family Support (2016). *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy*.

<sup>2</sup> Keogh Bay would like to respectfully use Aboriginal people to describe both Aboriginal and/or Torres Strait Islander people in the report.

<sup>3</sup> This report uses the term families but refers to individuals, youth, grandparent carers and extended kin/family.

The project used a process and impact evaluation as well as mixed methodology approach including stakeholder consultations and survey (78 stakeholders, including 13 families), service data analysis, and a Value for Money (VfM) assessment.

There were a number of limitations relating to the evaluation:

- Although the evaluation was to have a focus on outcomes, significant implementation feedback was raised by stakeholders and therefore forms a large part of this report.
- COVID-19 may have influenced service delivery and data trends in 2020 and early 2021.
- There were limitations relating to outcome data in FuSioN.

## Findings: Implementation of the Family Support Networks

Stakeholders consulted were supportive of the concept and intention of the FSNs and stated that the model and its services are significantly needed and valued in the community. FSNs were seen by stakeholders as being particularly valued due to the following:

- the model allows families to have the opportunity for support in the community, outside of the child protection system;
- the eligibility criteria are more flexible than other services (particularly A&C) i.e., a variety of family groups and youth can receive services;
- the services provided are individualised and holistic and are not limited to one sector (homelessness, parenting etc.);
- FSNs, particularly the ICM services, can provide in-home parenting support along with case management and coordination which is reported to be a large gap in the community; and
- FSNs support families early, and in a coordinated way, to access Partner Agency services.

The FSNs have supported a significant number of families and individuals in the community. However, the proportion of Aboriginal families who have had an open case with the FSNs appears low (17 per cent) compared to the proportion of children in out-of-home care (58 per cent)<sup>4</sup>.

Figure 1 – Count of distinct FSN cases, clients and children, 1 January 2019 to 31 December 2022<sup>5 6</sup>

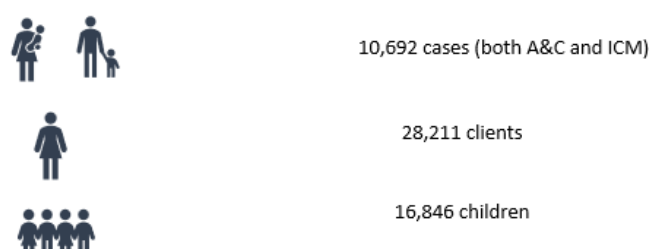


Table 1 outlines the extent to which the key FSN elements have been implemented as intended.

<sup>4</sup> Department of Communities. *Annual Report 2021-22*. Accessed 13 June 2023 at <https://www.wa.gov.au/>.

<sup>5</sup> Note: A referral becomes a case when either the case plan development or intensive case management stage has been recorded.

<sup>6</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022

Table 1 – Implementation of the key FSN components

Model component	Implemented intended	Partly implemented as intended	Not implemented as intended
Principles		✓	
Assessment and Coordination	✓		
Intensive Case Management	✓		
Partner Agencies		✓	
No wrong door		✓	
ACCO Partner		✓	
CPL		✓	
Governance		✓	
FuSioN		✓	

The table demonstrates that the FSN components have either been implemented as intended or, partly as intended, with further explanation on some of the areas below.

## Principles

### *Early intervention*

The evaluation found that FSN Lead Agencies, child protection district and CSS' were uncertain, or had different understandings of, the FSN's role in 'early intervention' and that this needs clarification. Feedback indicates that the confusion stems from a variety of factors including wording in documents, stakeholders understanding that the FSN is a parenting service only, the use of early intervention in different sectors (i.e., from an age or development perspective), and because of how different A&C and ICM services are within the early intervention space. Given this finding, the FSN aim, objectives and target cohorts could have improved definition and clarity.

### *Cultural security and safety of services*

Culturally secure and safe services are critical to enabling equitable access, engagement, quality assessment, outcomes and partnerships with Aboriginal clients. However, a strong theme conveyed by stakeholder groups, and observed through consultations, was that whilst stakeholders recognised the good work of the ACCO Partners in delivering FSN supports, culturally secure and safe practices could be more consistently embedded in each of the four corridors.

Whilst all four corridors gave examples of culturally secure/safe practices (particularly the Aboriginal workers/organisations consulted), there was not enough evidence for the evaluation to conclude that each of the four corridors, and all staff/management, are working consistently in delivering culturally secure and safe practices across the service model, i.e. service environment, approach, assessment tools, parenting training etc.

## Partner Agencies and the alliance model

A strong finding from the evaluation was that the intended 'alliance approach,' and use of Partner Agencies, are not being delivered as defined in the Operating Framework. However, the majority of stakeholders described that the FSNs have evolved into a model that is still "powerful."

For example, A&C cases are not usually allocated to Partner Agencies, as the Lead Agency (or ACCO Partner where workers are co-located) takes responsibility for a case. Instead, each Lead Agency utilises the Partner Agency through other means including via partner network meetings, linkages and referrals (given their knowledge of local services). This is because Partner Agencies rarely have case management/coordination available (or case management broader than their specific service) nor the capacity to use FuSioN. There was also opportunity to have a greater focus on coordinating Partner Agencies around a client, removing requirements for Partner Agency use of FuSioN, greater use of warm<sup>7</sup> referrals, and transferring clients over to Partner Agencies if case management is available and is effective for the client (e.g., a youth service).

Going forward, Communities could consider updates to the Operating Framework that capture both the opportunities for improvement identified above and the way in which the alliance is working now i.e., more a network approach where the Lead Agency does the majority of case management but holds ongoing networking activities. These networking activities are critical to ensure they have strong local knowledge to ensure families get the fastest and most appropriate, holistic services they need when referred to the FSN.

### **Aboriginal Community Controlled Organisation Partner Agencies**

It was acknowledged that where there are ACCO Partner staff embedded within the FSN, this was beneficial to families. However, an ACCO's role as a Partner Agency, with the Lead being a mainstream organisation, is creating a power imbalance. Stakeholders discussed that this power imbalance conflicts with the right of self-determination for Aboriginal people and the safety, wellbeing and protection needs of their children. Opportunities for improvement in this area were identified for Communities to better align with the *ACCO Strategy 2022 to 2032*.

### **Child Protection Leaders**

Overall, most stakeholders significantly valued the CPL role, but suggested some opportunities for improvement. These opportunities for improvement included:

- Better defining the role in the Operating Framework or an agreement format.
- Less co-location at the FSNs and more time in the districts, but with a continued focus on consultation and liaison with the FSN.
- Positioning of the role back at the district instead of being employed through State-wide Referral and Response Service (SRRS).
- Consideration of whether CPLs, as employees of Communities, have broader access to FSN client information in FuSioN than is required.
- Consideration of whether CPLs could also, in addition to their current role, undertake some place-based, community-development work, only where a district felt that this would be an advantage to the sector and families (i.e., this is an optional a place-based response). How this new component would look hasn't been explored in great detail given it would need a separate planning process, be place-based and ties into the potential repositioning of CPLs at the districts. However, two districts consulted felt that CPLs could liaise with CSOs in the area to understand services available to the districts, understand gaps, discover key trends

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<sup>7</sup> A warm referral is where a worker accompanies a client to introduce them to a new service and/or to attend their first appointment (rather than the client just being referred by phone/email/paper-based method).

in the community (e.g., increase in female teen conflict, or rising number of FDV incidents in certain cohorts) and discuss solutions in collaboration with districts, management groups and/or head office for policy, commissioning and practice considerations. Information CPLs gather from their role in the FSN networks would feed into this process.

## **Findings: Assessment and Coordination (A&C)**

A&C services have supported a significant number of cases (n=9,626 cases) over the four-year period examined (1 January 2019 to 31 December 2022)<sup>8</sup>. Only 16 per cent of cases that were opened, however, related to families from an Aboriginal background<sup>9</sup>.

A&C supports included advice, advocacy, information, referrals, linkages, and case coordination services. Three of the four sites also offered case management if needed (one provided more limited support due to reported funding barriers). Two of the four corridors provided face-to-face support and the other two telephone-based assistance (in the main). The FSN Lead Agencies report that the complexity of A&C work is increasing, with a consistently large volume of work required.

### **Outcomes**

Keogh Bay analysed the extent to which A&C outcomes were achieved. However, some of the outcomes in the FSN Program Logic could be more appropriate to A&C's short-term supports.

Evaluation findings did indicate outcome achievement relating to families feeling respected and listened to (strong theme), families feeling confident to engage with agencies, and the improvement of parenting skills. Development of culturally secure networks was partially achieved, but it was noted that many families on entry to the FSNs are experiencing issues which often need immediate attention in what is predominately a short-term service. Addressing these immediate needs, however, were contributory towards the outcome of children remaining at home and being diverted from the child protection system.

### **Opportunities for improvement**

A&C supports are currently short term in nature compared to ICM. However, one of the strongest themes of the evaluation was a request for A&C services to be expanded in terms of the service range available to families.

This includes the option of longer case work, coordination and in-home supports for certain A&C clients who require this additional level of support (via any referrer as with current A&C services). This expanded service, if considered, would likely require additional investment so the higher level of service for some families, doesn't reduce the overall number of families/individuals who can be supported within the same funding amount. This option was requested from all stakeholder groups, including clients.

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<sup>8</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

<sup>9</sup> Ibid.

## Findings: Intensive Case Management (ICM)

The ICM stream has opened 1,066 cases (families) between 1 January 2019 to 31 December 2022. This equated to a third of the referrals (n=4,176)<sup>10</sup> made from Communities and 267 families per year (just over the intended 240 target case number)<sup>11</sup>. Just under a quarter (24 per cent) of ICM families that were opened as a case were from an Aboriginal background<sup>12</sup>.

ICM was reported to deliver a diverse range of outreach, face-to-face and telephone support services that are flexible to the family they are working with. The intensity of supports ranges from once a week to three times depending on family needs and situation.

### Outcomes

ICM services achieved outcomes relating to families feeling respected and listened to (strong theme), families feeling confident to engage with agencies, and the improvement of parenting skills. Development of culturally secure networks was partially achieved, but it was noted that many families on entry to the FSNs are experiencing issues which often need immediate attention. Addressing of these immediate needs were seen as positive and therefore contributed towards the outcome of children remaining at home.

Some stakeholders reported that some families would be re-referred back to Communities (often due to complexities) whilst others, and provider Progress Reports, communicated good improvements in relation to children remaining at home and being diverted from the child protection system. There was little reliable quantitative data, however, to validate the qualitative outcomes in this area.

Positively, since ICM services (and Intensive Family Support Services [IFSS]/Aboriginal In-home Support Services [AISS]) were implemented in 2018, there has been a decrease or stabilisation in the rate of children in out-of-home care in the FSN metropolitan corridors. However, drawing conclusions between FSN activities and outcomes was difficult due to data limitations. This includes the fact that IFSS and AISS were implemented at a similar time (for example, all likely influencing out-of-home care data) as well as limitations with FuSioN discussed in the report.

### Opportunities for improvement

The strongest/most frequently raised theme relating to ICM services was that the districts wanted more ICM availability and for FSNs to take families experiencing higher child protection risks (but lower than the threshold for an open child protection case) and more complex issues.

There were some other less significant opportunities for improvement in terms of the way Communities and FSNs work together (noting most feedback reported a positive relationship):

- Referrals from Communities can exclude critical detail.
- One Lead Agency felt that active handover or joint visit between Communities' district offices and the FSN is the best way to support a referral when the worker knows the family.
- Sometimes child protection worker, family and/or FSN goals are different.

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<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

- Some districts and FSNs have incorrectly understood that FSN cases cannot remain whilst a new notification/CSI is conducted by child protection (when they can).
- Districts would like FSNs to call, not email, to advise if they are closing referred ICM families.
- Some stakeholders felt that whilst 'on paper' ICM is voluntary, families may not feel it is as their case being closed is contingent on them accessing the service.

## Value for Money

Keogh Bay used a Cost Benefit Analysis (CBA) approach to assess whether financial investment in the FSN was exceeded by the value of the benefits accrued.

The value of FSNs was assessed as the potential savings the program made in relation to: a reduction in child protection activity; and a reduction in out-of-home care placements, for those who accessed FSN supports. To calculate the impact of FSNs specifically on these cost saving variables (over other programs like AISS/IFSS/internal child protection services etc.) Keogh Bay used an assumption-based formula that used the proportion of families that experienced parenting improvements as reported in FuSioN (in line with the FSN Program Logic).

This assumption (i.e., parenting improvements lead to some reduced child protection activities) was made as FSN data does not capture, or link, the exact number of children who avoided contact, or had further contact, with the child protection system, after receiving FSN supports.

Overall, the VfM demonstrated a positive result, with a return of \$2.88 for every \$1 of investment by Communities in the FSNs.

## Summary

Overall, the FSNs are a valued, community resource for families and individuals who are struggling with complex issues that are affecting parenting, child safety and wellbeing. FSNs also provide families with a way to improve their functioning outside of the child protection system and this is critical to Aboriginal families given past government policies and practices.

Data and anecdotal evidence demonstrate strong demand for both A&C and ICM service streams. The VfM analysis also demonstrates that financial investment in the FSN is exceeded by the value of the benefits accrued (noting some assumptions and limitations in the calculations).

The cultural security and safety of services was a major finding needing attention and links to the need for ACCO Partners to have more control and empowerment within the model.

Other opportunities for improvement were identified and are detailed in the table below.



Table 2 – Summary of opportunities for improvement and findings

No.	Opportunities for improvement & findings
1	<p>The FSN Operating Framework to clarify:</p> <ul style="list-style-type: none"> <li>• The FSN aim, objectives and target cohorts, separate for A&amp;C and ICM.</li> <li>• What is meant by FSNs being an ‘early’ or ‘earlier’ intervention service.</li> <li>• The level of child protection issues and complexity families can be experiencing to be eligible for ICM (see below).</li> </ul> <p>To clarify the rationale for the last dot point, Communities’ districts would like to see ICM services support families with child protection issues that are less than the threshold of what would constitute an open case.</p> <p>If the latter point is considered, a base-level of skills/experience expected would need to be mapped for case workers, coordinators and management (noting family support workers would have a different level of skills and qualifications specified) including child protection, motivational change skills and FDV in addition to parenting and cultural competency. Consideration of a mental health and AOD consultancy role to be shared across FSNs.</p>
2	<p>The FSNs’ alliances are operating more as a local network, however, stakeholders still feel this model is beneficial and preferred. Going forward, Communities could consider updates to the Operating Framework that capture both the opportunities for improvement identified and the way in which the alliance is working now i.e. more a network approach where the Lead Agency does the majority of case management but holds ongoing networking activities (these networking activities are critical to ensure they have strong local knowledge to ensure families get the fastest and most appropriate, holistic services they need when referred to the FSN). Updates could include that:</p> <ul style="list-style-type: none"> <li>• Cases are usually coordinated and case managed by the FSN, and are not allocated to Partner Agencies, unless in the best interest of families and that provider offers case management / coordination as part of their service range (referrals are still made to network and other providers as per usual).</li> <li>• Partner Agencies don’t use FuSioN.</li> <li>• Where suitable, the FSN coordinates services around families by the A&amp;C stream (and ICM) to maximise Partner Agency benefits.</li> <li>• Warm referrals to Partner Agencies are to be highlighted as the preferred option, if wanted by the family.</li> <li>• FSN Lead Agencies hold network meetings tailored to local need.</li> </ul> <p>MoUs between Lead and Partner Agencies to be updated in line with any Operating Model updates, particularly removal of the mandated use of FuSioN.</p>
3	<p>Communities to consider strategies to enable equal power between Lead and ACCO Agencies to enable culturally secure and safe supports for families outside the child protection.</p> <p>In the longer term, this may include opportunities for ACCOs to operate in the Lead Agency role (noting potential structural inequities in ACCOs’ capacity to apply for tenders against large mainstream organisations). If ACCOs choose to operate in partnerships with a mainstream provider, the timeframe in which this partnership will be meaningfully formed could be proposed as part of their tender submission.</p> <p>In the short-term, improvements in the arrangements could be achieved by requiring Lead Agencies to develop and implement plans to better meet the principles set out in the <i>ACCO Strategy 2022 to 2032</i>.</p>
4	<p>The Operating Framework to include more information on expectations about FSNs providing culturally secure and safe supports, including learnings from the Ten-Year Roadmap SNAICC is developing in 2023.</p>

No.	Opportunities for improvement & findings
5	The Operating Framework to be updated to state that FSNs can choose whether to engage with their local DLG where appropriate and beneficial.
6	The CPLs role is to be better defined in line with the report findings. This includes investigation to be considered relating to the level of access CPLs should have in FuSioN and family information more generally.
7	FuSioN changes to occur to capture better outcomes for FSNs as well as improvements to exported report formats.
8	Communities to consider whether there is additional budget for FSNs to fund better access to interpreters as well as parenting training for workers.
9	Communities to consider the development of a Theory of Change for A&C and ICM, and a broader monitoring and evaluation framework for FSNs.
10	Communities to consider expanding the type of service options available in A&C services, for certain families. This includes the option of longer case work, coordination and in-home supports of A&C clients who require this additional level of support (via any referrer as with current A&C services). This expanded service, if considered, would likely require additional investment so the higher level of service for some families, doesn't reduce the overall number of families/individuals who can be serviced within the same funding amount.
11	Communities to monitor any cohorts who are disadvantaged from the ICM eligibility criteria change.
12	Communities to consider asking SRRS and districts to record data on potential unmet demand for ICM supports (i.e., the number of eligible families they were unable to refer to ICM supports in any year due to the service being at full capacity).
13	<p>The Operating Framework could be updated for ICM to include best practice ways of working between Communities and FSNs, including:</p> <ul style="list-style-type: none"> <li>• Active handover or joint visits between Communities' district offices and the FSN when the family is known to a child protection worker.</li> <li>• Good levels of information in ICM referrals forms, particularly those relevant to case progression as well as family, child and worker safety.</li> <li>• Districts/SRRS to be advised by phone if a referral is rejected by an FSN so they can clarify and discuss why the family was not accepted.</li> </ul> <p>Districts and FSNs to be re-informed that FSN cases can be kept open whilst a new notification/CSI is being conducted.</p>
14	Communities to consider how to capture data that links ICM activity to outcomes, particularly whether a child has had further contact with the child protection system, to ensure robust outcome measurement.
15	<p>Behaviour support for children with a disability is a specialised support service. Use of parenting approaches that are not designed for children with a disability can be harmful and create further issues within a family. In addition, access to NDIS (or any other) in-home behaviour support is a gap within the community.</p> <p>However, children accessing FSNs are reported to have behavioural challenges relating to both their disability (undiagnosed/diagnosed) and trauma/parenting approaches used within the family.</p> <p>Communities to investigate with the National Disability Insurance Agency (NDIA) whether there is a solution available where the FSNs can access a behaviour support provider who can deliver in-home services and advice for FSN families to compliment the work of FSNs.</p>

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### **Acknowledgement of Country**

*Keogh Bay would like to respectfully acknowledge the Noongar Whadjuk People who are the Traditional Owners and First Peoples of the land on which this Project relates to. We would like to pay our respect to their Elders past, present and future as well as their continued connection to culture, land and waterways.*

### **Acknowledgement**

*Keogh Bay would like to acknowledge and thank the FSN families who provided feedback on their experiences for this evaluation.*

### **Disclaimer**

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## Table of acronyms

Acronym	Description
ABS	Australian Bureau of Statistics
AISS	Aboriginal In-home Support Service
AOD	Alcohol and Other Drugs
APL	Aboriginal Practice Leader
APP	Australian Privacy Principles
CaLD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Services
CBA	Cost Benefit Analysis
CIT	Central Intake Team
CMS	Client Management System
CSS	Community Sector Services
CSI	Child Safety Investigation
DLG	District Leadership Group
EIFSS	Earlier Intervention and Family Support Strategy
ERP	Estimated Regional Population
FSN	Family Support Network
FTE	Full Time Equivalent
JDF	Job Description Form
IFS	Intensive Family Support
IFSS	Intensive Family Support Services
LGA	Local Government Area
MoU	Memorandum of Understanding
NDIS	National Disability Insurance Scheme
ROGS	Report on Government Services
SRRS	State-wide Referral and Response Service

# 1. Introduction

This report presents the findings from the *Evaluation of the Western Australian Family Support Networks* (FSNs) and has been developed on behalf of the Department of Communities (Communities).

## Report structure

The report has been structured as follows:

- **Executive summary** – Provides an overview of the report findings.
- **Section 1 – Introduction:** Introduces the report.
- **Section 2 – The Western Australian Family Support Networks:** Presents key information about FSNs.
- **Section 3 – Evaluation Methodology:** Summarises the approach and methods used for the evaluation.
- **Section 4 – Findings: FSN Overall Findings:** Presents information about the overall implementation of the FSN and its intended model.
- **Section 5 – Findings: Assessment and Coordination (A&C) Stream:** Presents implementation and outcomes findings for this service stream.
- **Section 6 – Findings: Intensive Case Management (ICM) Stream:** Presents implementation and outcomes findings for this service stream.
- **Section 7 – Findings: Value for Money Analysis** – Discusses the findings from the value for money (VfM) analysis.
- **Section 8 – Summary** – Provides a summary of the report findings.
- **Section 9 – References** – Summarises the documents used to develop the report.
- **Appendices A to E** – Presents additional information relevant to the report.



## 2. The Family Support Networks

This section of the report outlines how the FSNs are intended to operate according to current program documentation<sup>13</sup>.

### History and contexts to the Family Support Networks

FSNs were originally established in 2012 as a partnership initiative between the Community Sector Services (CSS) and the former Department for Child Protection, to provide a common entry point to services for families experiencing complex problems and who are most vulnerable to involvement with child protection system.

The FSN concept originated from the findings of two key child protection reports, namely:

- Putting the Picture Together Report 2002 (known as the *Gordon Inquiry*).
- Review of the Department for Community Development 2007 (known as the *Ford Review*).

As a result of these two reports and following development of the *Secondary Family Support State Plan 2010-2013*<sup>14</sup>, the FSNs commenced.

### Earlier intervention and family support

FSNs play an important part within Communities' role in diverting children from the child protection system under the 2016 *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy* (EIFS Strategy).<sup>15</sup> The EIFS Strategy provides a framework for the alignment of the service system to meet the needs of families most vulnerable to children entering out-of-home care<sup>16</sup>

The Strategy focuses on bringing together the earlier intervention system across four key areas:

1. Delivering shared outcomes through collective effort;
2. A culturally competent service system;
3. Diverting families from the child protection system; and
4. Preventing children entering out-of-home care.

The EIFS system includes other key community-based services as detailed in the diagram below.

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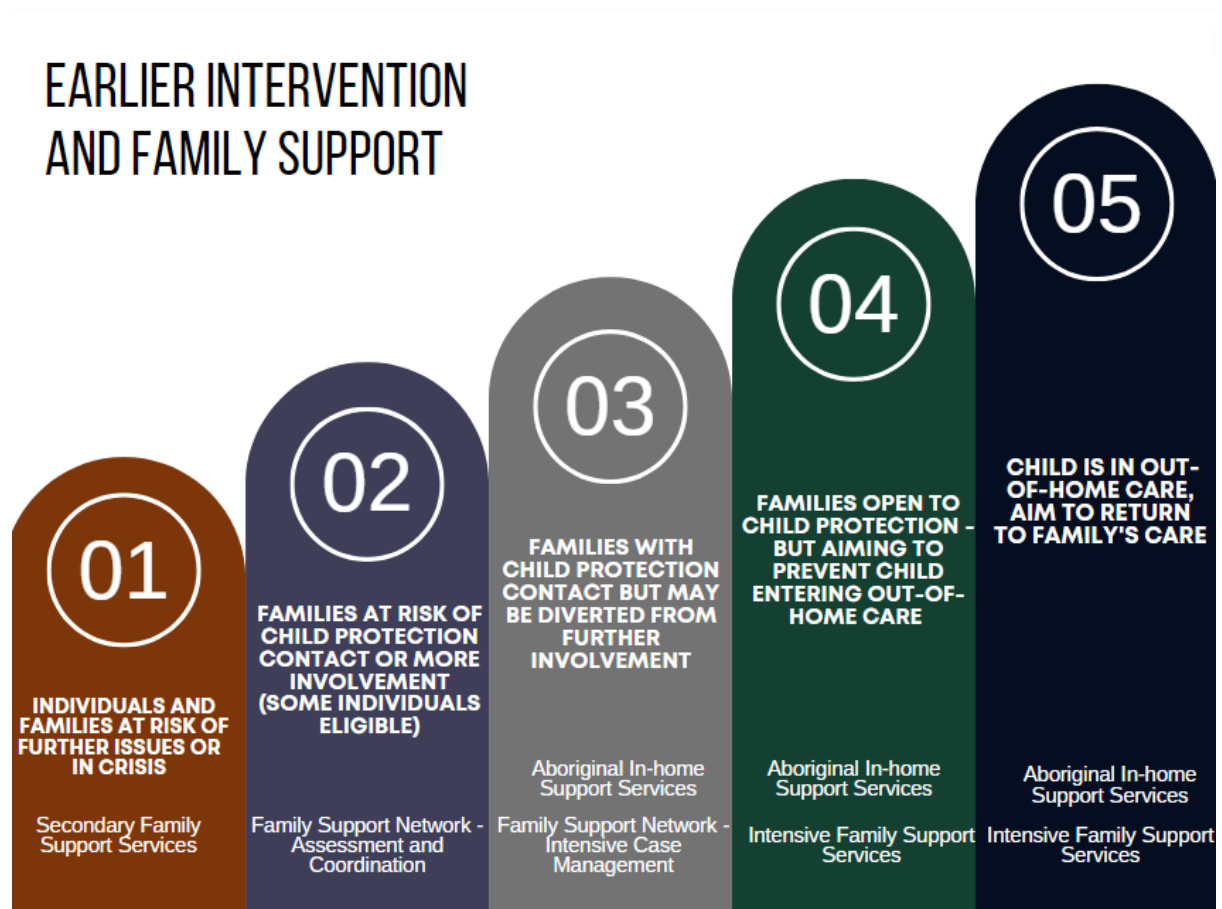
<sup>13</sup> The majority of this section is from the document: Department of Communities. *FSN Operating Framework (2018)*; unless stated otherwise.

<sup>14</sup> Department for Child Protection (former). *Secondary Family Support State Plan 2010-2013*.

<sup>15</sup> Former Department for Child Protection and Family Support (2016). *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy*.

<sup>16</sup> Ibid.

Figure 2 - Services that relate to the EIFS Strategy and Secondary Family Support Services<sup>17</sup>



## Overview of the Family Support Network

FSNs have the following aims:

- families improve parenting skills to safely care for their children at home;
- families receive an integrated and coordinated service and are diverted from the child protection system; and
- families improve and develop culturally safe support networks.

The FSNs also aim to work with families to identify and support their cultural needs.

In order to deliver on these aims and objectives, the FSN has an established *Operating Framework* that includes a Lead Agency role who deliver the FSN in partnership with an Aboriginal Community Controlled Organisations (ACCO) Partner Agency. Other Partner Agencies are also involved as part of an alliance approach and include Secondary Family Support Services (SFSS).

There are two streams of services available within the FSNs, each with different functions:

<sup>17</sup> Adapted from the Department of Communities, Earlier Intervention and Family Support Referral Pathways Guide – State-wide.

- **Assessment and Coordination (A&C)** - Provides assessment, brief intervention, referrals, linkages, coordination and case management for vulnerable children, young people aged up to 25 years and families (clients) who are known to multiple agencies, including Communities. Priority is given to Aboriginal families.
- **Intensive Case Management (ICM)** – Added as an enhancement of the model in 2018, provides up to 12 months of support for families referred by Communities to prevent further contact with child protection services and to keep their children safely at home. The service prioritises Aboriginal families.

## Implementation of the Family Support Networks

The FSN model is now fully operational in four sites across the Perth metropolitan area, with the following Lead and ACCO Partner Agencies in place (note that it wasn't a commissioning requirement that Lead Agencies must partner with an ACCO, but all did choose to use this approach).

Table 3 – Lead and ACCO Partner Agencies across each of the four FSN corridors

Role	Cannington/ Armadale FSN	Fremantle/ Rockingham FSN	Mirrabooka/ Joondalup FSN	Perth/Midland FSN
<b>Lead Agency</b>	Centrecare	Communicare	Mercy Community Services	Centrecare
<b>ACCO Partner</b>	Wungening Aboriginal Corporation (Wungening)	Langford Aboriginal Association <sup>18</sup>	Yorgum Healing Services Aboriginal Corporation (Yorgum)	Wungening

Communities has a Service Agreement with the Lead Agencies, which are then able to choose whether to develop individual working and funding arrangements with ACCO Partners. In the 2021-22 financial year Communities awarded \$1,102,042.66 for each corridor<sup>19</sup>.

Current Service Agreements with the Lead Agencies were due to expire 31 May 2023 and have been extended until June 2024 where a new commissioning process will take place.

## Family Support Network Operating Framework

The *FSN Operating Framework* was developed in 2018 to convey the intended FSN model. An overview is provided below.

### Guiding principles

FSN supports operate under the following ten guiding principles (the last two were added as an enhancement in 2018):

<sup>18</sup> Was Yorgum Family Services until 2022/2023.

<sup>19</sup> Department of Communities. Current Funding Allocated to FSN Services as of 13 March 2023.

- Place-based Collaboration - Agencies are to provide a localised and integrated service response for at risk families, and work in partnership to achieve effective case management and improved outcomes for families.
- Early and Intensive Intervention – Early identification of risk and provision of intensive support to divert families away from the child protection system and prevent the most vulnerable children from entering out-of-home care.
- Strengths-based – Respect for the knowledge, resources and networks of individuals and families and an acknowledgement that these can form part of the solution to their current.
- Child-centred – Children’s unique vulnerabilities are placed at the centre of assessments and actions (even when a parent is the direct recipient of the service), together with acceptance that a child’s best interests can be met within their family.
- Family-focused, Person-centred and Community-based - Families are persistently and actively engaged to participate in service planning and are supported to strengthen their natural support networks and links to community.
- Evidence-based – Agencies commit to designing high quality services based on research and good practice and will evaluate the effectiveness of their services.
- Inclusive and Holistic – Services respond to the needs of all community members in a respectful and non-stigmatising way, including people from diverse cultural and linguistic backgrounds, and those experiencing a range of disabilities and hardships.
- Accountable and Transparent – Agencies operate in a way that is accountable to clients and other agencies. Processes and systems are clear and easy to understand.
- Culturally Competent – A system that is safe and responsive to the needs of Aboriginal families, and that recognises that Aboriginal workers, carers and organisations should play a significant role in the provision of support services to Aboriginal families. FSN agencies are designed to deliver a more culturally responsive way of working, by applying the concepts of 'family' and 'kinship' as they exist for Aboriginal people and recognising the therapeutic value of connection to culture, family and community
- Trauma-Informed – A system that recognises the impact of multiple traumas on children and families and the critical importance of building safe and trusting relationships.

## **Common entry point**

FSNs have a ‘common entry point’ which includes a telephone number, initial screening and assessment and facilitated referral pathways.

There is also a no ‘wrong door’ approach where clients who contact an FSN Partner Agency can have an initial assessment there or be referred to the common entry point. The emphasis is on supporting clients to access the right service, as soon as possible.

## Assessment and Coordination (A&C) Service

This service includes the following features:

- Referrals – Accepted from Communities, Partner Agencies, non-partner agencies, community and other organisations and families themselves.
- Priority – Given to Aboriginal families.
- Service – Initial screening, assessment, allocation to a partner agency for case management if required, case plan development, cultural plan development, case review, case closure. Where services are not immediately available, families are placed on active hold.
- Allocations meetings – Each Network will develop a process for case allocations to ensure referrals are allocated to Partner Agencies.

### Description of who A&C is for:

- Vulnerable children and families, and young persons aged up to 25 years (care leavers) known to multiple government agencies.
- Priority to Aboriginal families.
- There are considerable gains and successes in the family.
- Family members and professionals are confident Communities involvement is no longer required.
- Fewer services required.
- Parents and family show they have strategies for children to thrive.
- Ongoing complicating factors.
- Evidence of some parenting skills.

## Intensive Case Management (ICM)

This service includes the following features:

- Referrals – Communities only.
- Priority – Given to Aboriginal families.
- Service – Active and persistent case management or coordination for approximately 12 months. Support within the family's home. Cultural planning to strengthen culturally safe support networks.
- Exit – If families don't engage, they may be exited from the service.

Communities have suggested that 240 families a year are targeted to receive ICM support in the metropolitan area<sup>20</sup>, which equates to 60 families per corridor.

### Eligibility changes to ICM

From June 2023, there will be a one-year testing period of changes to the ICM target group. These changes are being made to address that ICM services are often at capacity.

Communities consulted the Centre for Child Protection at the University of South Australia in order to more clearly define the criteria to ensure that the most appropriate families receive the service, given the limited spaces available.

The new criteria include families with high challenges and complexities and one or more of the following:

### Description of who ICM is for:

- Families with higher risk and more complex needs who require intensive support/coordination.
- Families with a recent case closure.
- Those on the cusp of child protection intervention.
- Difficult to engage and hard to reach.
- History of Communities involvement.
- Significant complicating factors (e.g., intergenerational trauma, risk of homelessness, FDV, AOD).
- Family has the ability to acknowledge children are at risk.

<sup>20</sup> Department of Communities. *Evaluation of Family Support Network Request (2022)*

- Post-birth of first child;
- closed to Child Safety Teams (CSTs) in a pre-birth phase;
- parent/s with multiple children under five;
- parent/s with child aged two or under;
- parent/s who have had a care experience; and
- parent/s who have experienced domestic violence where safety is addressed.

Further priority given to families who meet the above and have other co-morbidities such as AOD and/or mental health issues, Aboriginal families and parent/s aged 20 years or under<sup>21</sup>.

## Child Protection Leaders (CPLs)

CPLs are co-located at the FSN but employed by Communities under the State-wide Referral and Response Service (SRRS). Their role was established to enable timely and integrated involvement of child protection services. Further detail on their role, as per the Operating Framework, is below:<sup>22</sup>

- Assist with assessment regarding the safety of children, particularly for families that don't fall neatly at the threshold for child protection.
- Works with Lead Agency to prioritise ICM referrals from Communities to enable informed decisions.
- Make a referral to child protection teams when a child protection response is required.
- Take part in A&C case allocations process/meetings.
- Providing specialist advice, guidance, education, and support regarding child protection matters.
- Conducts internal Signs of Safety mapping and assessment when necessary.
- Facilitating and supporting effective collaboration between Communities and the FSN.
- Works with Lead Agency staff to develop family engagement strategies.
- Participates in FSN governance activities.
- Supports monitoring and evaluation frameworks.
- Chairs case discussions, panels and reviews in respect of complex family matters.
- Liaises with Communities' districts to build relationships between Communities and the FSN.

In addition to the above, the FSN Service Standards state that families are to be clearly made aware of the role of the CPL and if the role is consulted.

## Service standards

The Standards provide Lead and Partner Agency staff with minimum requirements for how to work to support the effective functioning of FSN agencies. The Service Standards are:

- |                                     |                              |
|-------------------------------------|------------------------------|
| • safety and wellbeing;             | • service integration;       |
| • assessment planning and referral; | • accountability/governance; |
| • access and equity;                | • staff recruitment;         |

<sup>21</sup> Department of Communities (undated). *Earlier Intervention and Family Support – Extension and Enhancement Discussion with FSN Providers*.

<sup>22</sup> Department of Communities. *FSN Operating Framework (2018)*

- cultural appropriateness;
- responding to need;
- training and development; and
- complaints and disputes.

## Governance

The FSNs have a prescribed Governance Framework to support the management of FSNs:

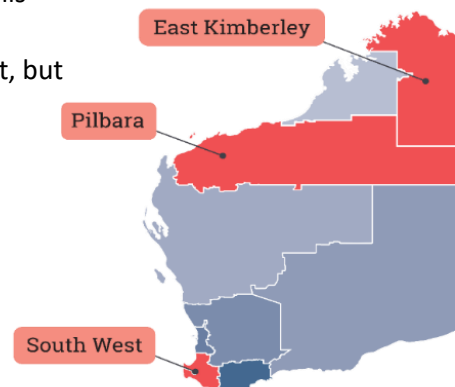
- Local Steering Group – FSNs are to link into a Local Steering Group (such as the District Leadership Group [DLG]) to review the strategic direction of the FSN, enable local planning.
- Memorandum of Understanding (MoU) – Each FSN will operate under an MoU, which will outline an agreed approach to service provision. An MoU will exist between the FSN Lead Agency and each Partner Agency and includes the use of FuSioN.
- Terms of Reference – the Lead Agency will be required to work with the Local Steering Group to develop terms of reference for each element of the local governance framework.

## Information Management

The FSN has a dedicated client management system, FuSioN. This system was funded and is maintained by Communities and was established to not only manage client information management, but also to inform service planning and decision-making about resource allocation, given its intended use by Lead and Partner Agencies.

## Future expansion

A Regional Service Model is being expanded across the State in 2023 including in the Southwest, East Kimberley and Pilbara Region. A culturally secure regional EIFS model has been developed through community consultations.<sup>23</sup> The regional model has three streams of service, including the Early Diversionary Service Network stream which has similarities to the FSN.



<sup>23</sup> Department of Communities (undated). *Earlier Intervention and Family Support – Extension and Enhancement Discussion with FSN Providers*.



### 3.Evaluation methodology

This section of the report provides an overview of the evaluation and its approach.

#### Evaluation aims and objectives

Keogh Bay was engaged by Communities in January 2023 to deliver the: *Evaluation of the FSNs*. The aim of this evaluation was to:

- provide information to support future FSN commissioning activities;
- support continuous improvement, with a particular focus on the role of CPLs; and
- provide a contemporary evaluation of the program's impact, post the *2013-14 Evaluation of the FSNs*.

#### Evaluation approach and design

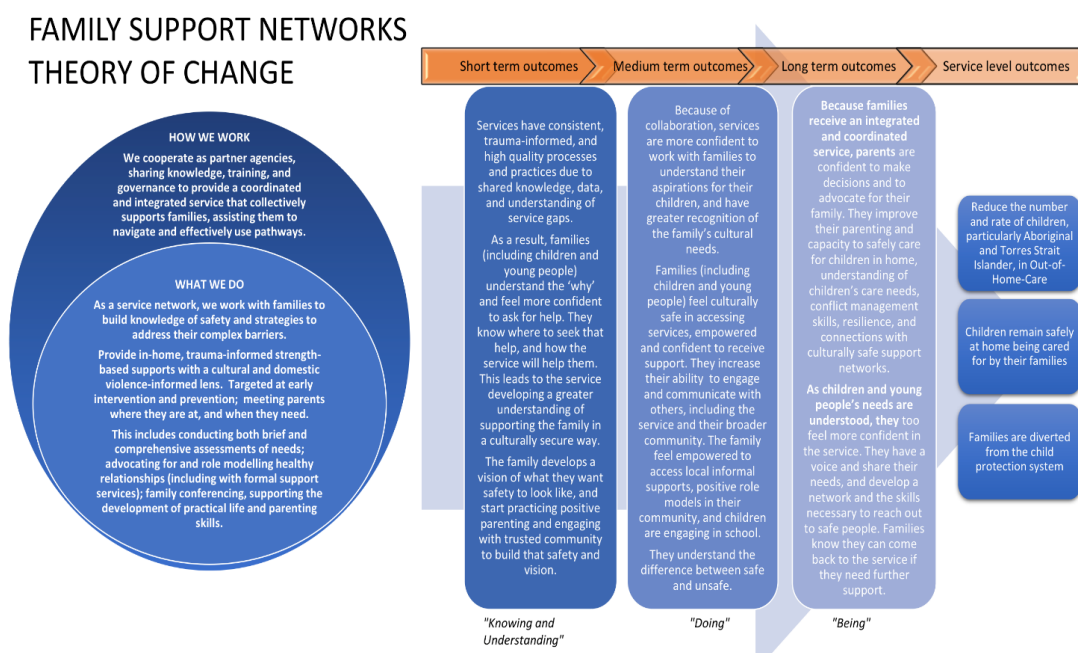
The evaluation used a Program Theory Approach as detailed below.

#### Program Theory Approach

##### Theory of Change

A 'Theory of Change' explains how activities are understood to produce a series of results that contribute to achieving the final intended impacts. The development of a Theory of Change for the FSN was a recommendation from the 2020 evaluation and was drafted in the Communities' *FSN Evaluation Plan*<sup>24</sup> as per below.

Figure 3 – FSNs Theory of Change



<sup>24</sup> Department of Communities (undated). *FSN Evaluation Plan*.



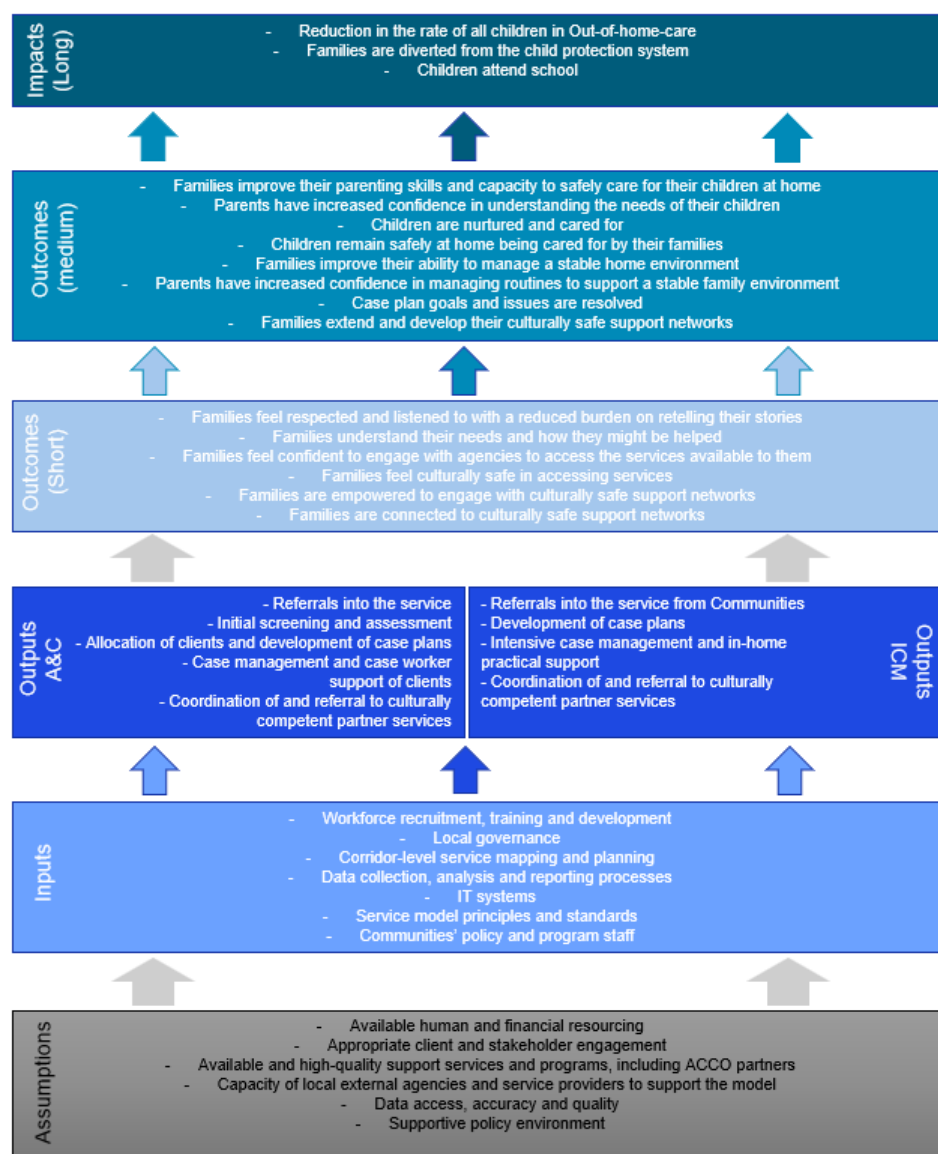
## Program Logic

A Program Logic supports program planning, delivery, monitoring and evaluation by defining the activities that comprise a program and the changes that are expected to result.

A Program Logic relating to FSNs is currently being developed (already endorsed) and will be further refined by an external consultant undertaking an evaluation of EIFS into the future.

For the purpose of this evaluation, Keogh Bay has developed a Program Logic. The outcomes in the logic were adapted from multiple sources, including the EIFS Strategy, the *EIFS Evaluation Plan* and the FSN Evaluation Plan 2021<sup>25</sup>.

Figure 4 – Program Logic for the FSNs



<sup>25</sup> Department of Communities (2021). *Earlier Intervention Service Model – Monitoring and Evaluation Plan*.

## Evaluation questions

Given the Theory of Change, Program Logic and Communities' particular areas of interest, the following six evaluation questions were developed.

- |                         |   |
|-------------------------|---|
| <u>Appropriateness:</u> | 1. To what extent has the FSN been implemented as intended?<br>2. To what extent is the FSN model appropriate to the needs of clients in accordance with existing government strategy and policy? |
| <u>Effectiveness:</u>   | 3. To what extent is the FSN effective in meeting program objectives and in delivering outcomes for families?   |
| <u>Efficiency:</u>      | 4. To what extent is the FSN efficient and value for money?<br>5. To what extent is the FSN sustainable in the current environment?   |
| <u>Additionally:</u>    | 6. What changes are required to improve the FSN?  |

## Evaluation methods

The evaluation used a mixed methods approach, incorporating several different data types and collection methods to address the evaluation questions. Methods incorporated statistical (quantitative) and narrative/contextual (qualitative) data:

- Desktop review and analysis - of available background documents, progress reports etc.
- Quantitative data - from FuSioN and Communities' child protection database Assist.
- Semi-structured interviews/group interviews - with FSN Lead Agencies, Partner Agencies, ACCO Partners, and Communities staff in head office and child protection districts.
- Semi-structured interviews/yarning sessions - with current/recent FSN families.
- Online survey - of Partner Agencies using the online tool Survey Monkey.

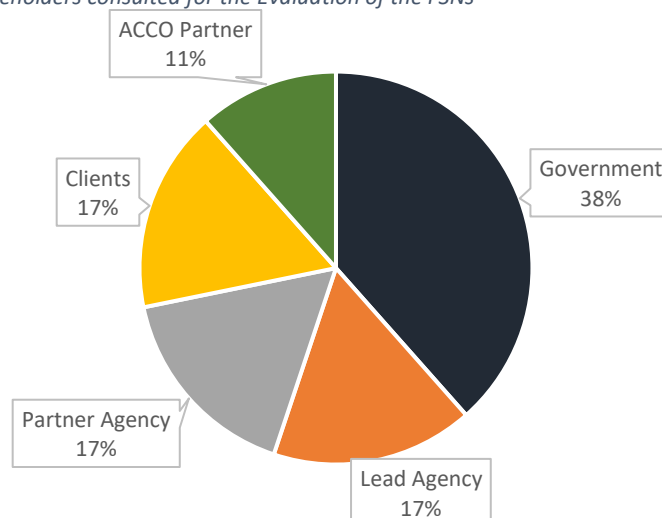
Copies of the research tools used are provided in Appendices A-D.

In terms of the analysis of Assist data, Keogh Bay utilised a comparator site to assess whether there are differences in the number/rate of children in care within FSN sites and a district where FSN is not currently available. Keogh Bay selected the Peel and Southwest Districts, noting they don't match in exact geography or population demographics, but are the best option available.

## Evaluation implementation

Overall, Keogh Bay consulted with 78 stakeholders, including 13 clients/families (17 per cent) and nine stakeholders from ACCOs (11 per cent).

Figure 5 – Summary of stakeholders consulted for the Evaluation of the FSNs



Whilst there are a large number of government stakeholders, this included staff from Communities head office and seven different districts. Appendix E details the names of organisations consulted.

In terms of the families consulted, an almost equal number had received A&C and ICM services and 39 per cent were either from a CaLD or Aboriginal background.

## Evaluation limitations

There are a number of limitations relating to the evaluation:

- Although the evaluation's aim included a focus on outcomes, significant implementation feedback was raised by stakeholders and therefore forms a large part of this report.
- COVID-19 may have influenced service delivery and data trends in 2020<sup>26</sup> and early 2021.
- The Cost Benefits Analysis (CBA)<sup>27</sup> made assumptions that families who showed gains in parenting are less likely to have contact with child protection. This was because there was no direct data linkage between FSNs and avoided child protection/out-of-home care contact.
- There were challenges with exit and entry outcome data tab items in FuSioN:
  - Lead Agencies report that FuSioN exit/entry outcomes data is not meaningful, particularly for A&C services. Many entries were not completed as a result and were removed from the analysis as it was skewing the data.
  - The entry and exit questions in the outcomes tab don't necessarily reflect the smaller outcomes families achieve.
  - In Keogh Bay's experience, entry scores often under value the complexity of issues families experience, due to services still getting to know the families.
  - Keogh Bay received outcome information at an aggregated level and therefore could not track families individually and whether they had an increase or decrease in scores from entry to exit.

<sup>26</sup> WA Government. *COVID-19: a Chronology of State and Territory Government Announcements (up until 30 June 2020)*. Accessed April 2020 at [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#\\_Toc52275801](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275801)

<sup>27</sup> The CBA method may also be called an Avoided Cost Analysis.

## 4. Findings: Implementation of the Family Support Networks

This section of the report details the extent to which the FSNs were implemented as intended.

### Overall findings

Stakeholders, including FSNs, CSOs, government and families, strongly communicated that the concept and intention of the FSNs is significantly needed and valued in the community.

*"Diversion is good."*

Agency stakeholder

FSNs were seen as particularly valued as:

- they allowed families to have the opportunity for support outside of the child protection system - which families expressed can be stressful and less approachable;
- the eligibility criteria are more flexible than other services (particularly A&C services) - clients included grandparent carers, single mothers and fathers, people from a range of cultural backgrounds and adults and children who are neurodiverse/have a disability needing family support;
- the services are individualised and holistic - because they enable clients to access a variety of supports and are not limited to one sector (homelessness, parenting etc.);
- the ICM services provide in-home parenting support along with case management and coordination - which is reported to be a large gap in the community and is important to achieving outcomes; and
- they support families earlier - through providing an accessible, community-based support service that leverages off a network of Partner Agencies to identify the right services quicker and in a coordinated fashion.

**Appropriateness Finding:** The FSN's aim and objectives, as well as model design, does align with Communities' role in the EIFS Strategy, particularly in the following three focus areas: delivering shared outcomes through collective effort; diverting families from the child protection system; and preventing children entering out-of-home care.

The FSNs align with Communities' *Strategic Plan* and the included direction 'Earlier Intervention and Prevention'<sup>28</sup>.

The FSNs' early intervention focus, outside of child protection system, is also a favoured pathway for Aboriginal families given historical practices, as identified by agencies such as SNAICC in the *Family Matters Roadmap*<sup>29</sup>.

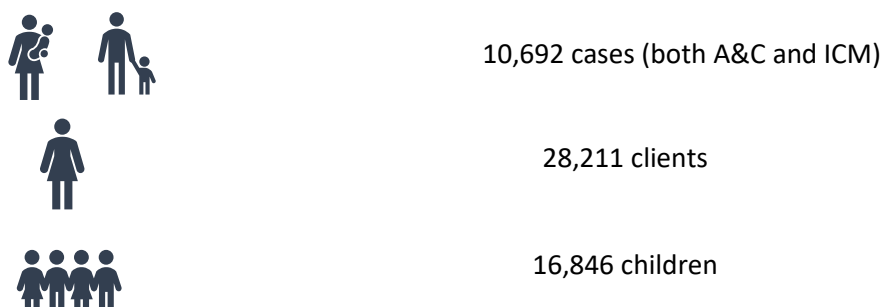
<sup>28</sup> Department of Communities. *Strategic Direction Statement 2022-2025*. Accessed 1 June 2023 at [https://www.wa.gov.au/system/files/2022-11/DOC\\_Strategic\\_Direction\\_Statement\\_0.pdf](https://www.wa.gov.au/system/files/2022-11/DOC_Strategic_Direction_Statement_0.pdf)

<sup>29</sup> SNAICC (2017). *Family Matters Roadmap*. Accessed 1 June 2023 at <http://www.familymatters.org.au/wp-content/uploads/2016/11/TheFamilyMattersRoadmap.pdf>

## Implementation of the Family Support Network

The FSNs have supported a significant number of families and individuals in the community. Figure 6 provides a summary of the number of cases<sup>30</sup>, clients and children supported by the FSNs over a four-year period (1 January 2019 to 31 December 2022).

Figure 6 – Count of distinct FSN cases, clients and children, 1 January 2019 to 31 December 2022 <sup>31 32</sup>



Whilst the number of reported FSN cases are high, the proportion of Aboriginal families<sup>33</sup> is low at 17 per cent (n=1,793), particularly compared to the proportion of Aboriginal children in out-of-home care (58 per cent)<sup>34</sup>. Findings relating to the cultural security of the FSN model will be discussed later in the report.

In terms of there being adequate demand in the community for FSNs, stakeholders strongly communicated that demand had increased in recent times given the impact of the financial and housing crisis on families in Western Australia. In addition, this demand has decreased the capacity of community services, who were reported at times, to refer to the FSN for services they should have been providing. Data supports an ongoing need for FSNs in the Perth area as well. Between 30 June 2021 and 30 June 2022, Greater Perth's Estimated Resident Population (ERP) increased by 32,000 people or 1.5 per cent. This was the second highest growth rate in Australia's capital cities<sup>35</sup>.

**Appropriateness Finding:** Stakeholder feedback and population data indicates ongoing demand for FSNs in the Perth area.

### Family Support Network corridors

Each FSN corridor has been implemented with slightly different ways of working.

Most FSN corridors appear to have two, full time equivalent (FTE) A&C workers, or similar, as well as case coordinators/case managers and family support workers. Alliance managers, team

<sup>30</sup> Note: A referral becomes a case when either the case plan development or intensive case management stage has been recorded.

<sup>31</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

<sup>32</sup> Repeat cases maybe where former clients, likely A&C clients, who contact the service for a new service, or are potentially duplicates in the system. If repeat cases are added to the above figure, the number of cases increases to 22,076.

<sup>33</sup> Aboriginal Cases are counted where at least one client involved in a person who identifies as Aboriginal.

<sup>34</sup> Department of Communities. *Annual Report 2021-22*. Ibid.

<sup>35</sup> ABS. *Regional Population*. Accessed 25 April 2023. <https://www.abs.gov.au/statistics/people/population/regional-population/latest-release#western-australia>

leaders/coordinators are also in place as well as administrative support. Some of the Managers oversaw similar programs like IFSS.

Table 4 – Features of the FSN corridors, as of May 2023<sup>36</sup>

Features	Armadale/ Cannington	Fremantle/ Rockingham	Mirrabeeka/ Joondalup	Perth/Midland <sup>37</sup>
<b>Workforce</b>	Alliance Manager	Alliance Manager	Manager	Alliance Manager
	Team Leader	Admin Support	Coordinator	Team Leader
	Admin Support			Admin Support
	A&C workers (ACCO and Lead)	A&C workers	A&C workers	Case Workers and Case Coordinators (Lead, ACCO)
	ICM Case Workers and Coordinators (Lead and ACCO)	ICM Case Workers  Aboriginal Cultural Navigator (ACCO Partner)	ICM case managers	
	Support Worker (ACCO Partner)	Support Worker		Support Worker (ACCO Partner)
<b>ACCO Partner Model</b>	ACCO workers are based in FSN team	ACCO worker is based in FSN team	Are in the process of negotiations to potentially re-start partnership	ACCO workers are based in FSN team

## Implementation of the key Family Support Network components

The FSN has a number of key components that have a particular function within the model. A summary relating to the extent to which these elements have been implemented as intended in the Operating Framework is detailed in Table 5 below.

Table 5 – Summary relating to whether the key components of the FSN have been implemented as intended

Model component	Implemented intended	Partly implemented as intended	Not implemented as intended
Principles		✓	
Assessment and Coordination	✓		
Intensive Case Management	✓		
Partner Agencies		✓	
No wrong door		✓	
ACCO Partner		✓	
CPL		✓	
Governance		✓	
FuSioN		✓	

<sup>36</sup> Source was from FSN Lead Agencies

<sup>37</sup> Note: Didn't report workforce information by FTE, only staff numbers.

Each of the components have been implemented as intended or partly as intended. The section below provides more detailed findings on each of the above areas.

## Principles

There was stakeholder feedback on two key principles underpinning the FSN model, namely early intervention and cultural security.

### *Early intervention*

The evaluation strongly highlighted that Lead Agencies, child protection districts, and CSO stakeholders are confused by, or have different understandings of, what early intervention is, and that this may need greater clarification.

Confusion was described to be generated from a number of factors:

- The Operating Framework states that the FSN is for 'families vulnerable for involvement within the child protection system' but families referred may include those with multiple, closed Child Safety Investigations (CSIs).
- Stakeholders, including those involved in the delivery of FSNs and CSOs, weren't sure if FSNs 'are just a parenting training service'.
- There is great diversity in families, for example families receiving A&C supports can have no child and safety issues, whilst ICM families can have multiple closed/historical CSIs and are experiencing multiple complex issues including family and domestic violence (FDV), homelessness etc.
- Communities uses the term 'earlier' intervention within the EIFS Strategy which may refer to services being provided 'outside of the child protection system'. However, 'early intervention' is used in the Operating Framework and this term is used in other sectors to describe 'prevention' or providing a service prior to six years of age.

The impact of the above issues are as follows:

- Some FSN corridors are not accepting families with only teenagers (both A&C and ICM).
- There is a difference in the interpretation of the eligibility criteria between FSN Lead Agencies and child protection districts. This results in FSN Lead Agencies rejecting Communities' referrals where a family has child safety risks and/or complexities but is below the threshold of an open child protection case i.e., is in the process of being closed to child protection.

Based on the above findings:

- The FSN aim, objectives, target cohorts and activities could have greater definition and clarity. This should be separate for A&C and ICM given their differences.
- The Operating Framework could define 'early' or 'earlier' intervention in detail.
- The Operating Framework could provide additional clarity around whether ICM referred families, who are experiencing complexities that result in child safety and wellbeing risks, are to be accepted.

To clarify the rationale for the last dot point, Communities' child protection districts would like to see ICM services support families with child protection issues that would not meet the threshold of

an open case i.e., what would be seen within Child Safety Teams (CSTs) or within Intensive Family Support (IFS) services. Two child protection districts communicated that their threshold of risk to open a case has increased, leaving families not able to access either child protection or the FSN ICM services.

As this cohort is similar to the prevention stream of the Aboriginal In-home Support Service (AISS), if working in a culturally secure manner, it could provide an option for AISS families if they prefer a non-ACCO or want to avoid staff they personally know in a funded AISS ACCO.

With the definition re-defined, discussion may need to occur with the FSN Lead Agencies and ACCO Partners to plan the baseline qualifications/skills/experience required of ICM staff to ensure the FSN managers, case managers and coordinators have the required abilities (noting this baseline would be different for family support workers as they are usually a less qualified role and provide a career pathway for many Aboriginal people). This could include child protection related training, FDV training, parenting training, motivational change skills and cultural competency (some of which is already in place). There was some feedback that it was difficult for FSN workers to have such a breadth of knowledge and that Communities could consider a mental health and AOD consultant to support workers across the corridors.

### *Cultural security and safety of services*

Culturally secure and safe services, including those which focus on healing and are trauma-informed, are critical to enabling equitable access, engagement, quality assessment, outcomes and partnerships with Aboriginal clients. However, a strong theme conveyed by stakeholder groups, and observed through consultations, was that whilst stakeholders recognised the good work of the ACCO partners in delivering FSN supports, culturally secure and safe practices could be more embedded in each of the four corridors.

Whilst all four corridors gave examples of culturally secure/safe practices (particularly the Aboriginal workers/organisations consulted), there was not enough evidence for the evaluation findings to conclude that each of the four corridors, and all staff/management, are working in a full culturally secure and safe FSN model, i.e., service environment, approach, tools, parenting training and other practices.

This is reflected in FuSioN data where only 17 per cent of FSN cases (A&C and ICM) were individuals/families from an Aboriginal background<sup>38</sup> for a four-year period of 1 January 2019 to 31 December 2022.

Armadale/Cannington and Perth/Midland, who have had ACCO Partners embedded within the team for the longest time had the highest proportion of Aboriginal clients, although only slightly.

- Armadale/Cannington corridor – 17 per cent.
- Fremantle Rockingham corridor – 16 per cent.
- Mirrabooka/Joondalup corridor – 13 per cent.
- Perth/Midland corridor – 22 per cent.

Feedback and observations on the cultural security and safety of FSN services is detailed below:

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<sup>38</sup> Department of Communities. *FuSioN Data*. Ibid.



- Locations of the FSN are not always culturally secure e.g., no welcoming outdoor spaces, are clinical etc.
- The CPL is seen as ‘an arm of child protection’ by Aboriginal community and will prevent families accessing the service.
- The FSN Operating Framework has minimal information about expectation of FSNs in terms of requirements for culturally secure practices and approaches.
- The website is not welcoming or inviting for Aboriginal people.
- Whilst Aboriginal workers undertook assessments, which is positive, there was no discussion of Aboriginal assessment or outcome measurement tools being used.
- Telephone A&C services offered by some FSN corridors due to funding limitations were not suitable for Aboriginal families (or CaLD families who need interpreters).
- There was limited discussion about use of local Aboriginal parenting programs e.g., Too Solid Aboriginal Parenting Program.
- Aboriginal parenting approaches, coupled with healing and trauma informed practice, are critical.
- Staff use of culturally safe and secure casework practices were infrequently mentioned such as family mapping, referrals to healing services, promoting dignity, empowerment, connecting to Country and cultural activities, events etc.

It should be noted that there were good elements of practice, particularly from Aboriginal support workers from the ACCO Partner agencies. This included engaging families to build trust and engagement and undertaking assessment work, case workers/coordinators supporting a client to apply for Native Title, cultural awareness training, thinking about how clients can be connected to family/Country, enabling parents to attend more diverse play groups, as well as other outcomes described later in the report in Sections 5 and 6. In addition, elements of culturally secure and safe practices may have been missed as some interviews were held with staff at a managers level.

*“Aboriginal families will go to places they know, where they don’t feel judged, where it’s not a quasi-child protection service. That is the reality for our families.”*

Agency stakeholder

CaLD families interviewed also noted that the FSNs asked whether they would like to be engaged into a CaLD specific service, how they could continue to be connected to family overseas and that they generally felt respected.

**Appropriateness finding:** Going forward, it is understood that SNAICC has been engaged to co-design a 10-year Roadmap in 2023 with Aboriginal communities to reduce the overrepresentation of families engaged by child protection services. The 10-year Roadmap may support the further embedding of FSN practices for Aboriginal children.

A case study is detailed below illustrating how a young client’s cultural needs were considered.

### Case Study

A young person from an Aboriginal background was referred to a FSN following the incarceration of their mother and a disagreement within the sourced residential family accommodation. The young person presented as experiencing significant mental health issues, which resulted in hospitalisation on and off for short periods of time. Upon discharge, the young person chose to reside with a family friend and began engaging with the FSN.

The young person was already engaged in ongoing informal counselling and general support to access the community as required. The young person was enrolled at a local high school where support to attend regularly was provided. The FSN conducted a needs assessment of the young person by their Aboriginal staff member from the ACCO Partner Agency. Careful consideration was made relating to how to maintain cultural identity given the young person was off Country.

The main goal of support identified was to source long term supported accommodation. Referrals were completed to at least five youth accommodation services. Eventually, an invitation was extended by an agency to commence the lengthy assessment process to determine suitability. Visits were completed with the support of the ICM worker, which led to the young person being offered a place.

Outcome: The 17-year-old is in stable and supported accommodation for at least 12 months with access to youth worker support staff 24/7, who will support engagement in education, teach independent living skills and provide therapeutic support. The young person is supported to visit their parent in prison. The ICM worker checked in with the young person who stated, “I’ve been doing great.”

## Partner Agencies and the alliance model

A strong finding from the evaluation was that the intended Partner Agency ‘alliance approach’ is not running as described in the Operating Framework. However, the majority of stakeholders described that the FSNs have evolved into an approach that is still “powerful”.

A&C cases are not usually allocated to Partner Agencies as only the Lead Agency (or ACCO Partner where workers are co-located) take responsibility for a family. Instead, Lead Agencies:

- refer/warmly<sup>39</sup> refer to Partner Agencies based on families’ needs;
- coordinate multiple services around the family/individual to monitor case progression, parenting, child safety; case changes and ensuring clients don’t fall through systemic gaps;
- jointly deliver parenting training or other initiatives; and
- hold regular and valued networking meetings (or similar) where information about services is shared, trends and gaps are raised, and families (usually de-identified) that are experiencing complexity or are on waitlists are case conferenced. As a result of case discussions, families can be picked up for services by a Partner Agency.

100 per cent of surveyed Partner Agencies knew of the above meetings (n=12) and 75 per cent regularly attended (n=9).

The reason for this evolution was described as follows:

- The allocation of cases to Partner Agencies is tied in with the use of FuSioN – and this deters Partner Agencies as they have their own systems based on their primary funding source.

<sup>39</sup> A warm referral is where a worker accompanies a client to introduce them to a new service and/or to attend their first appointment (rather than the client just being referred by phone/email/paper-based method).

- Partner Agencies don't get additional funding to case manage participants and case management across services/sectors is not often part of their funded service.
- Partner Agencies are already at capacity.
- The intention between the Partner Agency model was to reduce families not re-telling their stories, which is achieved through other means and services have their own assessments.
- Partner Agencies don't deliver the 'no wrong door approach.'

Stakeholders described that the alliance of Partner Agencies had the following benefit (even without Partner Agencies holding case management):

- If working well, it can be dynamic, innovative and identify solutions for families.
- If there is a lack of resources or capacity, services can come together and work out solutions.
- Earlier referrals and less work identifying services for families and individuals.
- Families 'bounce' less between services.
- Lead Agencies know services that are particularly critical to families and are good quality.
- Clients don't fall through system gaps.

A de-identified case study is presented below relating to the above benefits of Partner Agencies.

#### Case Study<sup>40</sup>

A family was referred to the A&C stream to receive support. The family was initially difficult to contact, and once the main contact person (client) was reached, they failed to attend two separate assessment appointments. The client eventually participated in a 90-minute phone assessment to explain the family situation, summarizing the client's interactions with services as 'screaming for help but no one is listening'.

The client had recently taken in a teenage grandchild. The grandchild was struggling with the adjustment of living with the family and was not attending school, was using drugs, and displaying challenging behaviours.

The client also had physical and mental health issues and was struggling financially on a one-person Disability Support Pension, to the extent that they were having to make the decision whether to purchase food or prescribed medications.

**Outcome:** An action plan of support was created including brief interventions, coordination of referrals, psycho-education and service information. A home visit to deliver a food hamper was completed which enabled an in-person chat and the client's details were registered with an emergency relief organisation (a FSN Partner Agency), enabling the family to access food hampers at any time. Concurrently, referrals were completed to a youth mental health service for the grandchild (with consent), and to a counselling service for the client, both of which are FSN Partners. A third referral was sent to a youth service as an option for potential mentoring and community engagement for the grandchild. The FSN also offered support in enrolling the grandchild in TAFE and guidance on overcoming potential barriers to future school attendance, such as transport and payment plans.

#### *Opportunities for improvement*

A small number of stakeholders felt that as there are no allocations of cases to Partner Agencies, the FSN has lost the power of balancing its workloads across providers, meaning A&Cs services are backlogged.

<sup>40</sup> FSN Lead Agency Progress Report.

Without the network approach it could be considered that the FSN is now an accessible point into case management and coordination services who are well linked into local services, rather than an alliance approach.

Going forward, a mix of both approaches could be used to maximise the benefit of the old and new way of working. This includes that the FSN Lead Agency delivers the majority of A&C supports but pushes cases out to Partner Agencies (transfers in full i.e., don't use FuSioN) to those who are funded to deliver case management and it best suits the family (perhaps like a youth service or a CaLD service etc.) to ensure workloads are managed well.

A small number of stakeholders indicated that referrals to Partner Agencies could be better managed by the Lead Agency at times by using a warm/supported referral rather than just telephone referrals, to increase the rate of engagement (noting resources may restrict this process).

### *Summary of Alliance findings*

In summary, a strong finding from the evaluation was that the intended 'alliance approach,' and use of Partner Agencies, are not being delivered as defined in the Operating Framework. However, the majority of stakeholders described that the FSNs have evolved into a model that is still "powerful."

For example, A&C cases are not usually allocated to Partner Agencies, as the Lead Agency (or ACCO Partner where workers are co-located) takes responsibility for a case. Instead, each Lead Agency utilises the Partner Agency through other means including via partner network meetings, linkages and referrals (given their knowledge of local services). This is because Partner Agencies rarely have case management/coordination available (or case management broader than their specific service) nor the capacity to use FuSioN. There was also opportunity to have a greater focus on coordinating Partner Agencies around a client, removing requirements for Partner Agency use of FuSioN, greater use of warm<sup>41</sup> referrals, and transferring clients over to Partner Agencies if case management is available and is effective for the client (e.g., a youth service).

Going forward, Communities could consider updates to the Operating Framework that capture both the opportunities for improvement identified above and the way in which the alliance is working now i.e., more a network approach where the Lead Agency does the majority of case management but holds ongoing networking activities. These networking activities are critical to ensure they have strong local knowledge to ensure families get the fastest and most appropriate, holistic services they need when referred to the FSN.

## **Aboriginal Community Controlled Organisation (ACCO) Partner Agency**

The way in which the FSN model has landed, i.e., the Lead Agency is a mainstream service, with an ACCO as a partner, has created a power imbalance which may be impacting the cultural security and safety of services.

One ACCO said "it's been a bit of a struggle to get the Aboriginal voice front and centre in this partnership." Another said it "was not designed in a way to encourage true partnership, it was not prescriptive enough".

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<sup>41</sup> A warm referral is where a worker accompanies a client to introduce them to a new service and/or to attend their first appointment (rather than the client just being referred by phone/email/paper-based method).

Where there are ACCO staff embedded within the FSN, this is beneficial. However, these roles are not within a leadership position, and this means that there is little opportunity to build Aboriginal ways of working throughout the FSN consistently (and more broadly across the mainstream organisation).

### *Impact of power imbalance*

The power imbalance conflicts with the collective right of self-determination for Aboriginal people, largely excluding them from decisions about the safety, wellbeing and protection needs of their children. The skills and cultural knowledge Aboriginal people could bring to these more senior leadership positions should not be undervalued, particularly as western approaches to address child protection and family concerns are not always effective or appropriate with this client group.

Further, Aboriginal-led initiatives are foundational for support and healing for Aboriginal people impacted by family violence<sup>42</sup>.

### *Opportunities for improvement*

To address this issue, the following suggestions could be considered:

- Short-term activities:
  - Equal share of power between agencies – Lead and ACCO organisations to consider reviewing how they can work in line with the principles of the *ACCO Strategy 2022 - 2032* in a meaningful way (and potentially develop agreements about): respect, shared responsibility, shared accountability, shared decision making, transparency, commitment and integrity<sup>43</sup>. This is to ensure ACCOs have influence on the design, delivery and evaluation of services as well as charters, values, mission statements and other key overarching documents.
    - Some ACCOs have attempted to drive this but it hasn't felt respectful in the way it was delivered.
    - Keogh Bay also understands Communities has already started to scope some standard principles in partnership activities for the FSNs.

### **Historical contextual information – From Keogh Bay's Aboriginal consultants**

*When reading this section, it is important to identify that there are historical and contextual factors relating to the CSS' role in child protection.*

*The legacy of mainstream services in the child protection space may not have been given due consideration in terms of their partnerships with ACCOs. Some mainstream institutions have supported harmful historical government policy which has resulted in intergenerational trauma still impacting Aboriginal people's interactions with these institutions (noting one mainstream organisation did recognise this to Keogh Bay in the consultations).*

*Although it may be agreed that ACCOs have a rightful place delivering services to Aboriginal people, it is not always recognised that some CSOs have been operating in the child protection sector for decades, and this has enabled strong organisation capacity and funding which then facilitates procurement and strategy teams (which some ACCOs are not large enough/well-funded enough to have). This places them within a space of power within the child protection CSS space.*

*The reality of the situation must be addressed rather than believing goodwill partnership work will overcome the imbalance.*

<sup>42</sup> Department of Communities (2022). *Aboriginal Family Safety Strategy 2022-2032*. Accessed 1 June 2023 at <https://www.wa.gov.au/system/files/2022-12/Aboriginal-Family-Safety-Strategy.pdf>

<sup>43</sup> ACCO Strategy 2022-2032, page 8.

- Employing Aboriginal people in FSN leadership roles - A review of job description forms (JDFs) would need to be considered as part of this as a stipulation of tertiary qualifications could be challenging to attract Aboriginal people to the positions.
- Recognition of the expertise of ACCOs – Whilst capacity building is something all organisations should be working on continually; feedback ACCOs have shared was that they feel that they are seen as the only service needing this, which does not feel respectful to some ACCOs actual level of knowledge. In addition, their cultural expertise is not always recognised.
- Long-term activities:
  - Having ACCOs as a Lead Agency – A range of stakeholders suggested this option and felt, where Aboriginal children and families are the target group, a service should be led by an ACCO (and this may or may not be in partnership with mainstream organisations).
  - For ACCOs who choose to be in a partnership (mainstream and ACCO) – Having the opportunity to develop meaningful partnerships.

In addition to the above, stakeholders acknowledged that the involvement of non-Aboriginal people in service delivery was important and necessary. Although the goal is to have a predominantly Aboriginal workforce, Aboriginal ACCO staff spoke highly of their non-Indigenous colleagues and acknowledged that some Aboriginal people prefer to work with non-Aboriginal staff.

**Appropriateness Finding:** The findings above indicate that there is more work to be done to reflect the vision of many key documents as listed below:

-Communities' *ACCO Strategy 2022 to 2032*<sup>44</sup> - states the principles of effective formal partnerships relating to: shared responsibility; and shared decision-making.

-Western Australian State Governments *Aboriginal Procurement Policy*<sup>45</sup> - has a vision of: "Aboriginal children, families and communities are empowered to choose their own futures from secure and sustained foundations provided by ACCOs."

-The *National Agreement on Closing the Gap* and the *National Framework for Protecting Australia's Children 2021–2031* – recognises that Aboriginal communities are best placed to make informed decisions about the safety, wellbeing and protection needs of their children<sup>46</sup>.

## Local Steering Groups

According to the Operating Framework, each FSN is accountable to a Local Steering Group. In practice, however, the Local Steering Groups are not operating, or the Lead Agency attends on their own to uphold the contractual requirements. Some Lead Agencies were not even aware of this FSN component. It was felt, by those Agencies who knew of it, that it was useful whilst it was being rolled out, but not needed now they are well established.

<sup>44</sup> Department of Communities. *ACCO Strategy 2022 to 2032*. Accessed 1 June 2023 at <https://www.wa.gov.au/system/files/2022-08/ACCO-Strategy-document-2022.pdf>.

<sup>45</sup> Government of Western Australia. *Aboriginal Procurement Policy 2021*. Accessed 1 June 2023 at <https://www.wa.gov.au/system/files/2021-11/Aboriginal-Procurement-Policy-Participation.pdf>

<sup>46</sup> SNAICC. Ibid.



In addition, the EIFS Strategy suggests Local Steering Groups are to report to District Leadership Groups<sup>47</sup>. This is not happening in practice and each DLG has a different focus in each location. Going forward, the Operating Framework could define that FSNs can choose whether to engage with their local DLG where appropriate and beneficial.

## Child Protection Leaders (CPL)

Overall, the majority of stakeholders significantly valued the CPL role, and stated it was invaluable. There was, however, some important opportunities for improvement.

A detailed list of advantages and disadvantages of the role are documented in the table below. Many of the advantages are more weighted to use of the role with ICM families.

*"...they are valuable roles, they need purpose, it has evolved now the FSN is now standalone."*

Agency stakeholder

Table 6 – Strengths, benefits, issues and disadvantages of the CPL role

Strengths and benefits	Opportunities for improvement
Supports a smooth and well-informed ICM referral between Communities and FSNs. Adequate information is critical for family and worker safety (in FDV situations), as well as service commencement (a small number of stakeholders did not like the CPLs approving ICM referrals).	Whilst there is informed consent about CPLs being part of the FSN, and Lead Agencies stated there are infrequent family concerns, some stakeholders felt that consent wasn't truly informed.
Gives advice on child protection issues and working them through with families.	Aboriginal families, and organisations, will not want to engage with the FSNs if CPLs are in place as they are seen as "an extended arm of Communities."
Assists in navigating child protection districts and who to speak to.	As the role is employed by Communities, who is the funding agency, they have perceived power over the FSN workers, and they must adhere to their advice.
If a notification is made for an open FSN family, the role can liaise with the Communities' child protection team to prevent the case progressing where the family is doing well within the FSN.	Stakeholders would like the CPL in the districts more frequently or even be managed by districts again instead of at SRRS. This would allow the CPL to keep connected to workers and district happenings that are useful for the FSN. It would also allow the districts to have more information about the FSNs and the broader CSS.
Supports the FSN to understand why child protection workers operate in a certain way. This improved the sometimes 'us and them' perception between child protection and CSOs.	It needs to be clearer that the Lead Agency has the final ICM referral approval.
The CPL will liaise with child protection when families need to be referred for a notification etc.	The CPL role indicates that Communities can't release control of community services. Other CSOs don't have a CPL and they are no longer needed as much now the FSNs are well established.

<sup>47</sup> Department for Child Protection and Family Support (2016). *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy*. Ibid.

Strengths and benefits	Opportunities for improvement
The role assists the Lead Agency feeling more secure working with families with child protection issues.	Sometimes the role can overstep boundaries into what is the responsibility of the Lead Agency.
If an ICM referred family does not engage, the CPL can inform the referring area of Communities.	There are information sharing and privacy concerns as the CPL has access to A&C families and ICM closed cases (more information below).
The role supports district workload via FSN referrals, advice on referral suitability and identifying other community services.	

### *FuSioN and information sharing*

As mentioned in Table 6 above, it was conveyed by a number of stakeholders (strong theme) that the CPLs, as employees of Communities child protection, have broader access to FSN client information in FuSioN than is required.

Stakeholders reported that CPLs don't just have 'access' to FuSioN but:

- Look up A&C cases in the Assist database to check whether they are open with Communities/background information.
- Look up client information to 'keep across what's happening' or do reviews.
- Take screenshots of FuSioN to assist with child protection interactions or CSIs.

Keogh Bay acknowledges that it cannot validate what has, or has not occurred, in relation to this matter. However, there may still be a need to investigate this issue further (potentially through legal means) given its seriousness and complexity as it has both ethical (as child protection employees have certain mandates) and legal underpinnings, for examples:

- The matter involves both the *Privacy Act 1998* (Privacy Act) and *Children and Communities Services Act (the Act)*.<sup>48</sup>
- Communities owns and manages the FuSioN database, but its purpose is for a CSO service.
- Some of the FSN information could be classified as 'Sensitive Information' under the Privacy Act which has a higher level of privacy protection.
- CSO Lead Agencies could have legislative responsibility as an Australian Privacy Principle (APP) entity under the Privacy Act relating to handling the individual's sensitive information.<sup>49</sup>
- Ethically, families should be adequately made aware in a language they can understand in how their information is, or could be shared or searched, by CPLs and that their information could be searched on Assist whilst accessing a community-based service.

<sup>48</sup> Government of Western Australia. *Children and Community Services Act (2004)*. Accessed 18 May 2023 at [https://www.legislation.wa.gov.au/legislation/statutes.nsf/main\\_mrtitle\\_132\\_homepage.html](https://www.legislation.wa.gov.au/legislation/statutes.nsf/main_mrtitle_132_homepage.html)

<sup>49</sup> Office of the Australian Information Commissioner. *Use and Disclosure of Personal Information*. Accessed 18 May 2023 at <https://www.oaic.gov.au/privacy/your-privacy-rights/your-personal-information/use-and-disclosure-of-personal-information>.



### *Defining the role going forward*

Given the significant amount of positive feedback on the CPL role, and the increasing child protection risk threshold levels of ICM families, CPLs could continue to play a role in the future of FSNs. However, given the opportunities for improvement this role should be better defined in a document such as the Operating Framework or agreement between FSNs and districts/SRRS. This would also benefit both agencies when turnover at Communities and FSNs takes place.

Ideas for clarifying the role going forward are as follows (noting that this could be further workshopped and co-designed with CPLs and FSN stakeholders):

- CPL roles to focus on the following activities:
  - operate as the lynchpin between Communities and FSNs including (but not limited to) facilitating family referrals, screening ICM referrals for appropriateness, advice to districts/SRRS on referral suitability and FSN happenings, being contacted by FSNs to support diversion of families from child protection, linking FSNs with child protection workers, advice and support to FSNs with child protection matters generally;
  - providing districts with information on the FSNs, role and function, availability of services etc.;
  - capacity building of FSN staff, sharing of training across agencies; and
  - acting as a link between districts and earlier intervention services and other community services.
- CPLs are not to approve ICM referrals, only screen for suitability.
- CPLs access to FuSioN needs to be well defined as per the prior section.
- Line management to be returned to the districts given that the role is in place for the benefit of the district and the local FSN.  
FSN co-location time to be reduced, with more time spent at districts. This would also address Aboriginal community concerns about child protection within the FSNs.
- Consideration of whether CPLs could also, in addition to their current role, undertake some place-based, community-development work, only where a district felt that this would be an advantage to the sector and families (i.e., this is an optional a place-based response).
  - How this new component would look hasn't been explored in detail given it would need a separate planning process, be place-based (not for all districts) and ties into the potential repositioning of CPLs at the districts. However, two districts consulted felt that CPLs could liaise with CSOs in the area to understand services available to the districts, understand gaps, discover key trends in the community (e.g., increase in female teen conflict, or rising number of FDV incidents in certain cohorts) and discuss solutions in collaboration with districts, management groups and/or head office for policy, commissioning and practice considerations. Information CPLs gather from their role in the FSN networks would feed into this process.

### **Other implementation matters**

Other matters were raised or identified as part of the evaluation.

#### *FuSioN and broader outcomes measurement*

Other themes raised by stakeholders include that:

- FuSioN should close off Partner Agencies access to clients/cases.
- FSN Lead Agencies would like the ability to monitor trends from FuSioN reports but there needs to be improvements to the export reporting system.
- FuSioN entry and exit outcomes are not suitable for A&C and are not entered correctly.

### *Outcomes measurement, monitoring and evaluation*

Reflecting on the implementation of this evaluation, and stakeholder feedback on FuSioN, there is an opportunity for improvement in the monitoring and evaluation of FSNs.

A Theory of Change could be developed for A&C and ICM separately, to understand the distinct activities and associated outcomes. This was also a finding from the *2020 FSN Process Evaluation Report*<sup>50</sup>. The outcomes from the Theory of Change could then feed into an outcome measurement tool recorded into the FuSioN system (including a culturally secure tool). Activities and outputs from the Theory of Change could form part of a Monitoring Framework which will be important if new commissioning activities take place or model changes occur as a result of the evaluation.

### *Mirraboopa Joondalup corridor*

It was suggested by a few stakeholders that there are service gaps for families in the Joondalup District. This is due to its geographical size, lack of CSOs/ACCOs and the main FSN premise being in Mirraboopa.

This finding is supported by data<sup>51</sup> that documents that in the Perth metropolitan area, between 1 July 2021 and 30 June 2022, there will be the largest growth in the Alkimos-Eglinton area which falls within the Mirraboopa/Joondalup FSN corridor.

### *Additional costs of service delivery*

Stakeholders requested that FSN should have separate or additional budget for the purchase of interpreters as they are expensive and sometimes needed for the life of a case. For example, in the Local Government Areas (LGAs) of Gosnells and Canning, over 30 per cent of the population are from a CaLD background.<sup>52</sup>

In addition, training workers in parenting methods is reported to be costly and out of reach of some agencies.

### *Implementation of prior evaluation recommendations*

Some stakeholders reported that many of the issues in this report have been raised in prior evaluations but not yet addressed. A review of the 2020 FSN Process Evaluation Report confirms some overlap in recommendations.

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<sup>50</sup> SVA Consulting (2020). *FSN Process Evaluation Report*.

<sup>51</sup> ERP is the official estimate of the Australian population which links people to a place of usual residence.

<sup>52</sup> Department of Communities. *Multicultural Plan 2021 – 2031*. Accessed 1 June 2023 at <https://www.wa.gov.au/system/files/2022-01/Multicultural-Plan2021-2023-Communities.pdf>

## Summary and opportunities for improvement

Overall, the FSNs are a highly valued initiative for individuals, families and community members. They also operate in line with Communities Strategic Plan and EIFS Strategy. Going forward, there are opportunities for improvement, particularly for Aboriginal families and community.

*Table 7 – FSN opportunities for improvement and findings*

No.	Opportunities for improvement & findings
1	<p>The FSN Operating Framework to clarify:</p> <ul style="list-style-type: none"> <li>• The FSN aim, objectives and target cohorts, separate for A&amp;C and ICM.</li> <li>• What is meant by FSNs being an ‘early’ or ‘earlier’ intervention service.</li> <li>• The level of child protection issues and complexity families can be experiencing to be eligible for ICM (see below).</li> </ul> <p>To clarify the rationale for the last dot point, Communities’ districts would like to see ICM services support families with child protection issues that are less than the threshold of what would constitute an open case.</p> <p>If the latter point is considered, a base-level of skills/experience expected would need to be mapped for case workers, coordinators and management (noting family support workers would have a different level of skills and qualifications specified) including child protection, motivational change skills and FDV in addition to parenting and cultural competency. Consideration of a mental health and AOD consultancy role to be shared across FSNs.</p>
2	<p>The FSNs’ alliances are operating more as a local network, however, stakeholders still feel this model is beneficial and preferred. Going forward, Communities could consider updates to the Operating Framework that capture both the opportunities for improvement identified and the way in which the alliance is working now i.e. more a network approach where the Lead Agency does the majority of case management but holds ongoing networking activities (these networking activities are critical to ensure they have strong local knowledge to ensure families get the fastest and most appropriate, holistic services they need when referred to the FSN). Updates could include that:</p> <ul style="list-style-type: none"> <li>• Cases are usually coordinated and case managed by the FSN, and are not allocated to Partner Agencies, unless in the best interest of families and that provider offers case management / coordination as part of their service range (referrals are still made to network and other providers as per usual).</li> <li>• Partner Agencies don’t use FuSioN.</li> <li>• Where suitable, the FSN coordinates services around families by the A&amp;C stream (and ICM) to maximise Partner Agency benefits.</li> <li>• Warm referrals to Partner Agencies are to be highlighted as the preferred option, if wanted by the family.</li> <li>• FSN Lead Agencies hold network meetings tailored to local need.</li> </ul> <p>MoUs between Lead and Partner Agencies to be updated in line with any Operating Model updates, particularly removal of the mandated use of FuSioN.</p>
3	<p>Communities to consider strategies to enable equal power between Lead and ACCO Agencies to enable culturally secure and safe supports for families outside the child protection.</p> <p>In the longer term, this may include opportunities for ACCOs to operate in the Lead Agency role (noting potential structural inequities in ACCOs’ capacity to apply for tenders against large mainstream organisations). If ACCOs choose to operate in partnerships with a mainstream provider, the timeframe in which this partnership will be meaningfully formed could be proposed as part of their tender submission.</p>

No.	Opportunities for improvement & findings
	In the short-term, improvements in the arrangements could be achieved by requiring Lead Agencies to develop and implement plans to better meet the principles set out in the <i>ACCO Strategy 2022 to 2032</i> .
4	The Operating Framework to include more information on expectations about FSNs providing culturally secure and safe supports, including learnings from the Ten-Year Roadmap SNAICC is developing in 2023.
5	The Operating Framework to be updated to state that FSNs can choose whether to engage with their local DLG where appropriate and beneficial.
6	The CPLs role is to be better defined in line with the report findings. This includes investigation to be considered relating to the level of access CPLs should have in FuSioN and family information more generally.
7	FuSioN changes to occur to capture better outcomes for FSNs as well as improvements to exported report formats.
8	Communities to consider whether there is additional budget for FSNs to fund better access to interpreters as well as parenting training for workers.
9	Communities to consider the development of a Theory of Change for A&C and ICM, and a broader monitoring and evaluation framework for FSNs.

## 5. Findings: Assessment and Coordination implementation and outcomes

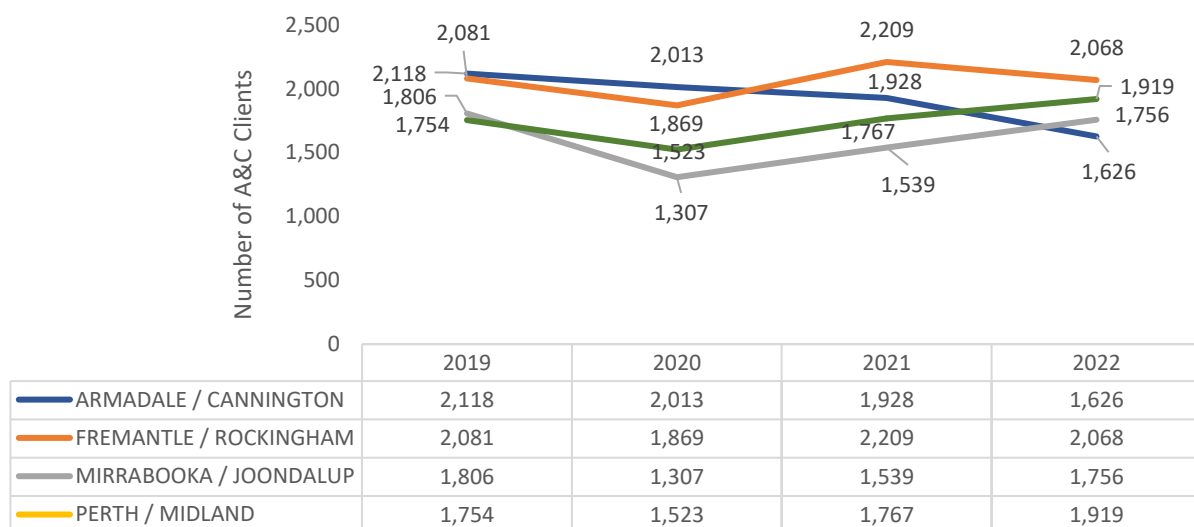
This section presents evaluation findings relating to the implementation of A&C services as well as measured outcomes.

### Referrals

Over a four-year period between 1 July 2019 to 31 December 2022, 29,283 clients were referred for A&C supports. This likely includes both adults (n=13,723) and children counted separately, rather than one referral or case.<sup>53</sup>

A breakdown of this data by FSN corridor is provided below, with the Fremantle/Rockingham corridor recording the largest number of referrals. Whilst two sites experienced a slight decrease in referrals in the last calendar year (Armadale/Cannington and Fremantle/Rockingham), they have still received a significant number of referrals indicating strong, current demand.

Figure 7 – Number of A&C clients referred, 1 January 2019 – 31 December 2022<sup>54</sup>



### Referral sources

A&C referrals are from a wide variety of sources, including families, schools, child health nurses, Child and Adolescent Mental Health Services (CAMHS) and CSOs.

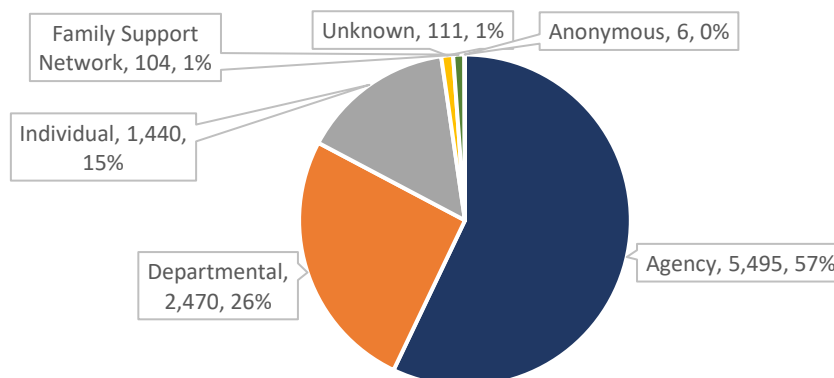
FuSioN data indicates that more than half of referrals were from agencies in the community (57 per cent) and a quarter of referrals were from Communities. In addition, 15 per cent were family self-referrals indicating that the FSNs may be providing an earlier and accessible access to support as

<sup>53</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.

<sup>54</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.

intended. Two families interviewed, however, would like to see FSNs more well known in the community.

Figure 8 – Number and proportion of referrer type, 1 January 2019 to 31 December 2022<sup>55 56</sup>



Given the large number of referrals received, FSN Lead Agencies conveyed that having an administration officer role is critical.

## Referral reasons

Referrals to A&C services were for a number of reasons. Examples included requests for food vouchers, parenting support, grandparent carers struggling, 'school can't/school refusal' issues, child behaviours, parental mental health, AOD use, child safety and neglect, homelessness, and/or FDV. Other trends with referrals included that as other systems experienced backlogs/high demand/systemic issues, pressures are being felt in the FSNs e.g., housing and the National Disability Insurance Scheme (NDIS).

The FSN Lead Agencies report that the complexity of family's situations is increasing and that more support and supervision is required of workers as a result.

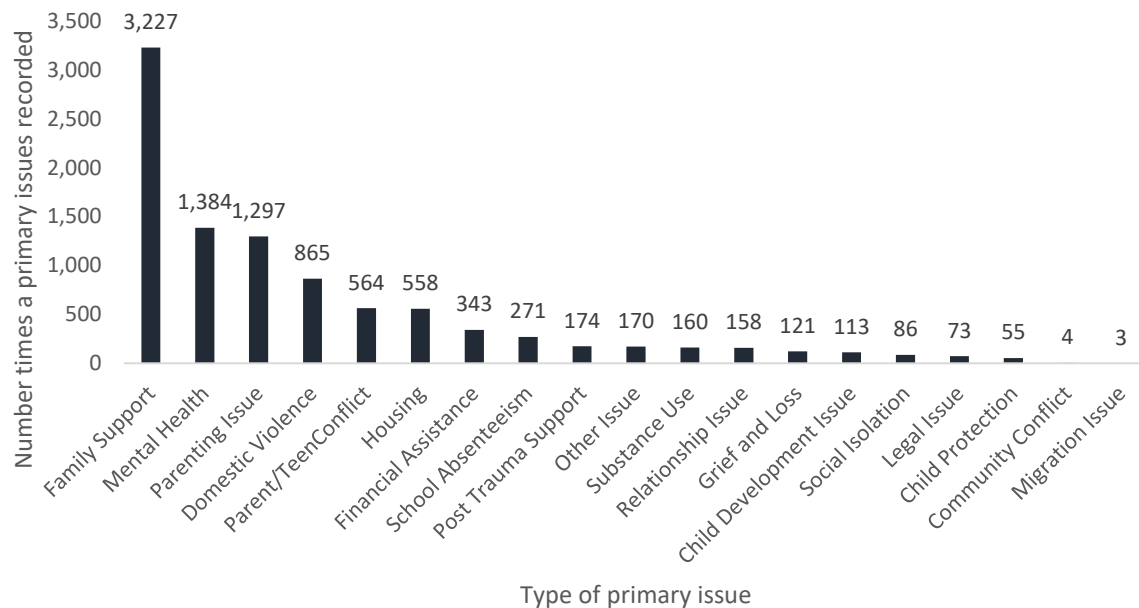
The figure below presents information relating to the types of issues that families are referred for.



<sup>55</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.

<sup>56</sup> Note: This data was only for referrals that were then opened by the FSNs.

Figure 9 – Number of times a primary issue was reported for A&C referrals, 1 January 2019 to 31 December 2022<sup>57</sup>

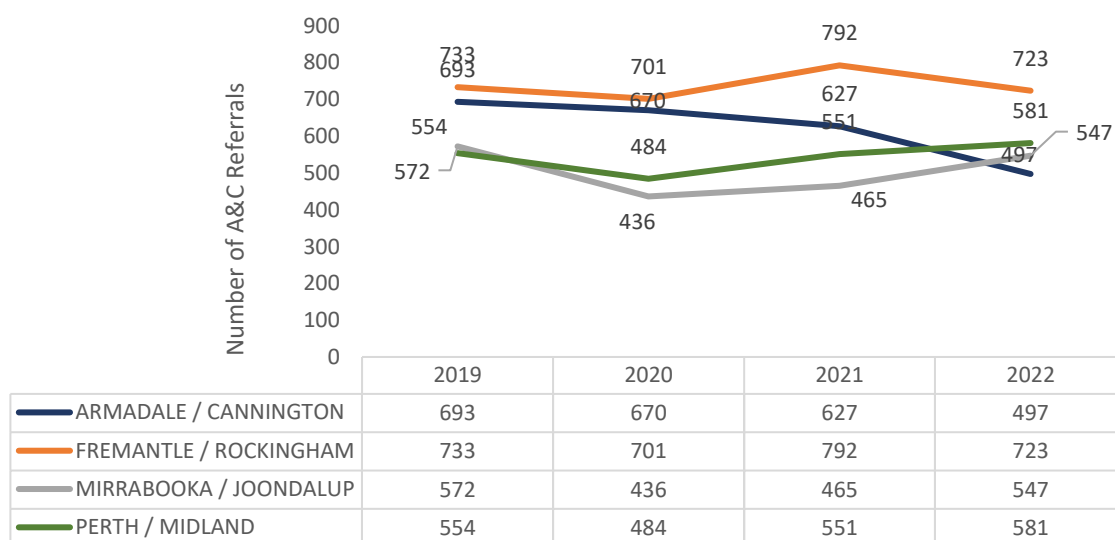


As can be seen above, family support, parenting and parent/teen conflict were the top three referral issues. Some stakeholders mentioned that parent/teen conflict services are a gap in the community.

## Delivery of services

Over a four-year period, 9,626 cases were opened for A&C supports. The number of cases opened by corridor is detailed below, with the Fremantle/Rockingham corridor having the most opened in the period (in line with the highest referral numbers).

Figure 10 – Number of cases opened for A&C supports, by corridor, 1 January 2019 to 31 December 2022



<sup>57</sup> Department of Communities. *FuSioN* data. 1 January 2019 to 31 December 2019.

A breakdown of the number of Aboriginal cases for A&C services are below.

Table 8 – Demographics of A&C cases/children, 1 January 2019 to 31 December 2022<sup>58</sup>

Demographics	Armadale/ Cannington	Fremantle Rockingham	Mirrabeeka/ Joondalup	Perth/Midland	Total
<b>Cultural background</b>					
Aboriginal	394 (16%)	456 (15%)	256 (13%)	432 (20%)	1,538 (16%)
Non-Indigenous	2,093 (84%)	2,493 (85%)	1,764 (87%)	1,738 (80%)	8,088 (84%)
<b>Total</b>	<b>2,487</b>	<b>2,949</b>	<b>2,020</b>	<b>2,170</b>	<b>9,626</b>

As discussed in Section 4 of the report, the proportion of Aboriginal clients is low at 16 per cent over the four-year period examined, compared to the proportion of Aboriginal children in care (58 per cent<sup>59</sup>).

## Type of services delivered

Between 1 January 2019 and 31 December 2022, the following number of activities were recorded in FuSioN for A&C services: 14,103 initial screens, 4,129 assessments and 2,320 brief interventions<sup>60</sup>.

Note: it was unclear if the figures include initial screening and assessment for ICM referrals.

A&C supports also deliver advice, advocacy, information, referrals, linkages, and case coordination services to clients. Three of the four sites also offered case management if needed (one provided more brief support due to reported funding barriers).

The FSNs were different in terms of how they provide the A&C service i.e., whether it is provided by phone, email and/or face to face. Those who provided more telephone-based support did identify that they would like to do more face-to-face, especially for Aboriginal families and CaLD families (as it's difficult to use an interpreter via phone), but the budget didn't allow for such an approach.

Table 9 – Overview of the A&C model across the four corridors<sup>61</sup>

Armadale/Cannington	Fremantle / Rockingham	Mirrabeeka/ Joondalup	Perth/Midland
Telephone based	Face to face based, including drop in or telephone if preferred by family	Face to face based, including drop in or telephone if preferred by family	Telephone based

All FSN corridors specified that A&C services were busy, with a high workload, with sometimes 20 to 50/60 cases per worker. One Lead Agency described that from receiving a referral to starting the case it can usually take a minimum of two to three weeks, another said four weeks.

<sup>58</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.

<sup>59</sup> Department of Communities. Annual Report 2021-22. Ibid.

<sup>60</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.

<sup>61</sup> Source: Consultation with Lead Agencies.



### *Referrals to Partner Agencies and other services*

Other features of the A&C service include that referrals and associated paperwork are often completed on behalf of the family to reduce burden. This is particularly important when the referral relates to:

- a service that involves extensive paperwork like housing or Centrelink;
- when there is a need to approach multiple services; and
- where families experience FDV and/or mental health issues and need greater support in practically accessing a new service.

Clients interviewed report that the persistent coordination of referrals, as well as support navigating service systems, is extremely valued and reduces their burden. For one client it also reduced the risk that their FDV perpetrator would see that they were receiving support to leave the abusive relationship.

### *Active hold*

Active hold is where families have had referrals accepted but not yet fully commenced and the FSN checks on clients and provides brief intervention until a full service is available. Overall, between 1 January 2019 and 2022, 257 cases have been on active hold<sup>62</sup>.

However, this type of support doesn't appear to be utilised well by FSN Lead Agencies in more recent years with only five cases being on active hold in 2022. The evaluation, however, didn't explore whether this means that Lead Agencies find active hold no longer useful.

## **Outcomes**

The reported short, medium and long-term outcome findings for A&C services are below.

It should be noted that the quantitative data from FuSioN may not be reliable for A&C as: workers felt outcome areas weren't always relevant and selected not applicable or similar (these answers were removed as were skewing the findings).

### **Short-term outcomes**

#### *Families feel respected and listened to*

This outcome was strongly achieved. Families reported to Keogh Bay that they felt respected, listened to and acknowledged by workers. Respect and acknowledgement from workers were important to clients as they were isolated, had minimal informal supports and had negative experiences with other agencies prior. Clients described A&C workers as empathetic, compassionate, non-judgemental, resilient and driven.

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<sup>62</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.

### *Families understand their needs and how they might be helped*

This outcome was partly achieved, only due to the fact that many clients interviewed understood what their needs were prior to contact with A&C. Some clients did describe how they gained a better understanding of how they were caught in a cycle of FDV and how their partners behaviour was not 'normal'. Clients also described how workers broke family's needs into manageable steps to work through and this lowered their stress levels.

In addition, 68 per cent of families recorded on FuSioN that the case worker coordinated supports for all their needs.

### *Families feel confident to engage with agencies to access the services available*

One of the largest benefits of the A&C service depicted by clients and other stakeholders was that the FSN coordinated to access services, for different family members, including multiple services with different waitlists, eligibility criteria and paperwork. Families often described a situation at service entry where they had little resilience, ability and/or capacity to access services on their own. Clients stated often that A&C service would go above and beyond for the family to ensure they had the services they need.

Non-client stakeholders also conveyed that families were supported to understand how they can independently access services into the future themselves and identify supports in the community. This included being connected to health professionals, play group, Child and Parent Centres, understanding NDIS plans or accessing a better NDIS Support Coordinator.

FuSioN data relating to the family's ability to access community services shows a slight improvement as per Table 10 below.

Table 10 – FuSioN outcome questions, A&C cases, 1 January 2019 to 31 December 2022<sup>63</sup>

Outcome Question	When collected	Not capable	Limited capability	Has required level of capability
What is the family's ability to access community support services?	Entry	1%	38%	61%
	Exit	0%	29%	71%

### *Families feel culturally safe in accessing services, are empowered to engage with culturally safe support networks and are connected to culturally safe support networks*

This outcome was achieved to some extent, but there were opportunities for improvement. It is recognised, however, that families often had a number of urgent issues that need attention when presenting at A&C services and addressing these issues would have taken preference to cultural network development within the service timeframe.

*"The worker was talking to me calmly and sitting down with me and showing me what she could do for me, and she wasn't taking control and she was breaking things down for me and why I was feeling like that. For example, the parenting and feeling I was sneaking around behind my partner's back..."*

A&C FSN client

<sup>63</sup> Department of Communities. FuSioN Data. 1 January 2019 to 31 December 2022.

A small number of clients discussed that the FSN asked whether they would like to be connected into services related to their cultural background. Some clients did not feel they needed it at the time and others did. CaLD clients interviewed also expressed that workers respected their culture.

Positively at exit:

- 25 per cent of clients felt safe and secure in their culture and 52 per cent felt a little confident; and
- 9 per cent of clients had an increased network of friends, family or community they were comfortable calling and 62 per cent felt that their network had increased a little.

## Medium-term outcomes

*Families improve their parenting<sup>64</sup> skills and capacity to safely care for their children at home, parents have increased confidence in understanding the needs of their children, children are nurtured and cared for, families improve their ability to manage a stable home environment, and parents have increased confidence in managing routines to support a stable family environment*

This outcome was achieved for some families where parenting and/or child safety and wellbeing was a key issue at referral. It should be noted, however, that in-home parenting support is not the sole focus of A&C services.

FuSioN data reported that there was only a slight improvement of cases/families parenting ability at entry and exit in terms of managing safe and stable family environments, routines and in their general parenting role.

Table 11 – FuSioN outcome questions, A&C cases, 1 January 2019 to 31 December 2022<sup>65</sup>

Outcome Question	When collected	Not capable	Limited capability	Has required level of capability
What is the family's ability to establish and maintain a safe and stable family environment and household routines?	Entry	0%	38%	62%
	Exit	0%	31%	68%
What is the family's ability to provide a parenting role to children in the family group?	Entry	0%	34%	65%
	Exit	0%	29%	71%

Examples of outcomes that were achieved in this area included:

- parents had increased skills in the regulation of their emotions;
- parents having increased confidence;
- parents and children having more respectful relationships;

<sup>64</sup> The term parent is used but can also include other caregivers including grandparent carers etc.

<sup>65</sup> Department of Communities. FuSioN Data. 1 January 2019 to 31 December 2022.

- reduced parental distress which then improved interactions with children;
- less isolation of the family;
- improved parental mental health and access to services like counselling;
- children's behaviour improved;
- children re-engaged in day-care and school which promoted family stability; and
- better sleep and daily routines for the household.

Barriers to parenting outcomes included:

- families in crisis not having the time or capacity to attend an external parenting service;
- affordable and suitable housing;
- clients with complex mental health issues were sometimes difficult to engage via A&C; and
- availability of services to refer families to as many are at capacity.

#### *Children remain safely at home being cared for by their families*

There was evidence that for some families, children's safety within the home increased. Examples described by stakeholders included:

- a reduction in children being exposed to FDV;
- a victim/survivor being able to escape FDV;
- parents feeling that they can manage at home instead of wanting to place their child in out-of-home care;
- having food within the house;
- access to stable housing; and
- children accessing required health, disability and other appointments.

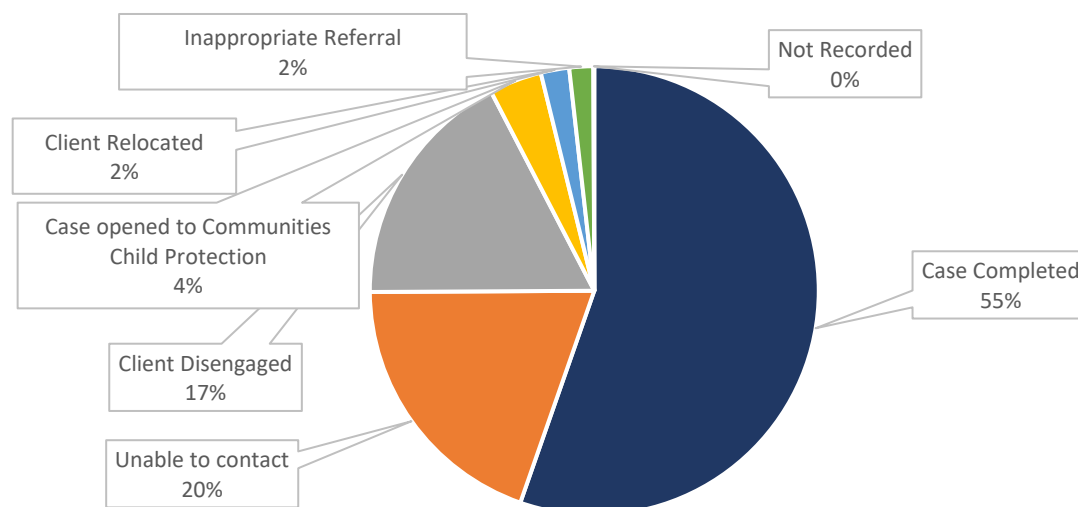
*"If the service was not there, I wouldn't be in the situation I am now, my kids would be in care and I would most likely be in with psychiatric services."*

A&C FSN client

#### *Case plan goals and issues are resolved*

Overall, FuSioN data indicated that over half of cases were closed as their goals were completed. This indicates that this outcome was achieved for many families. Further, only 4 per cent of cases were closed due to being opened to child protection.

Figure 11 – Reasons for closure for A&C cases, 1 January 2019 to 31 December 2022<sup>66 67</sup>



### *Families extend and develop their culturally safe networks*

Please refer to the section on short-term outcomes relating to culturally safe network development.

## **Long-term outcomes**

Information relating to long-term outcomes is found in Section 6, so the report is not repetitive, and because they are more applicable to ICM services.

## **Opportunities for improvement relating to Assessment and Coordination**

Stakeholders reported that although A&C supports are a valued and critical community support, there are opportunities for improvement to drive even better outcomes for families.

### **Expansion of Assessment and Coordination**

A&C supports are currently short term in nature compared to ICM. On average, the number of days a case is opened from referral to closure is 88 days, and this was fairly consistent across corridors<sup>68</sup>.

However, one of the strongest themes of the evaluation was a request for A&C services to be expanded in terms of the service range available to families. This includes the option of longer case management, coordination and in-home supports for certain A&C clients who require this additional level of support (via any referrer, as with current A&C services). This expanded service range, if considered, would likely require additional government funding in order that the wider range of services available to some families, doesn't have the impact of reducing the overall number of

<sup>66</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

<sup>67</sup> Note: This data should be treated with caution as Armadale/Cannington corridor was missing a large amount of data for the 2022 calendar year.

<sup>68</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.

families/individuals who can access A&C. Quantification of the amount of additional funding required to achieve this outcome was outside the scope of this evaluation.

Some Lead Agencies are already keeping A&C cases open for six months because ethically they couldn't leave the family without any services.

This option was requested from all stakeholder groups, including clients, because:

- there is a need in the community;
- families shouldn't have to wait until they have had contact with the child protection system to be able to access the support they need (which is distressing for clients); and
- there is a lack of in-home parenting and case management/coordination services together in the community.

Potential benefits of extending/expanding A&C supports included:

- greater capacity to do diversionary work with more families before they come to the attention of child protection;
- the ability to 'step families up' from standard A&C into more supports based on their need;
- greater ability to coordinate agencies around the family;
- provide more a face-to-face contact for more families;
- deliver services with greater flexibility to meet families need;
- more time to support families with more complex needs;
- more time to support people escaping FDV or when there are difficulties accessing services;
- greater ability to see families at home which allows for a better understanding of their situation; and
- better model for Aboriginal families as there is time for trust and relationships.

*"...FSN only has a certain amount of reach with funding and supports and it's only intervention. I know about the Intensive Family Support (IFS) with this level and there's the next level up with DCP you will get the supports. There needs to be a middle ground and not have to have an open case with DCP, this is frustrating, and you don't have access to the resources."*

ICM FSN client

A case example to support this finding is below.

#### Case study

A teenager had contact with a FSN through their family as a child/young person. This young woman then became pregnant and was struggling with their mental health, parenting and complex issues arising from past family issues.

The FSN Lead Agency was only able to provide basic support through A&C as ICM is Communities referrals only. The FSN wanted greater time to facilitate housing access for the young mother, day-care, case management, in-home support and parenting/Circle of Security work. However, they were unable to do this, and the young mum was left without adequate support.

**Appropriateness Finding:** Whilst it is recognised that any A&C expansion that includes additional service options for certain families, would potentially require additional government funding (so that the overall number of individuals and families accessing support doesn't need to be reduced), it is useful to consider Western Australia's current investment into family support services relative to other jurisdictions.

Western Australia had the lowest proportion of total expenditure on generic family support services than other state and territory jurisdictions in 2021-22. Western Australia spent 2.8 per cent of its expenditure on family support services compared to the top three being the Northern territory at 28.4 per cent, Tasmania at 18.6 per cent and Victoria at 16.7 per cent<sup>69 70</sup>

## Summary

In summary, clients expressed that A&C services were positively received as the workers respected them, listened and support them in a period of isolation, stress, distress and overwhelm. They supported clients to access a number of supports either face-to-face or by telephone.

There were only two key opportunities for improvement/findings as detailed in the table below.

*Table 12 – Findings and opportunities for improvement table*

No.	Opportunities for improvement & findings
10	Communities to consider expanding the type of service options available in A&C services, for certain families. This includes the option of longer case work, coordination and in-home supports of A&C clients who require this additional level of support (via any referrer as with current A&C services). This expanded service, if considered, would likely require additional investment so the higher level of service for some families, doesn't reduce the overall number of families/individuals who can be serviced within the same funding amount.

<sup>69</sup> Productivity Commission. *Report on Government Services 2023*. Accessed 30 May 2023 at <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>

<sup>69</sup> Referrals are classified as to what corridor the referral was made to, not which Districts/SRRS it was made from.

<sup>70</sup> Note: There are differences between the way that jurisdictions provide information for ROGS that can limit accurate comparability.

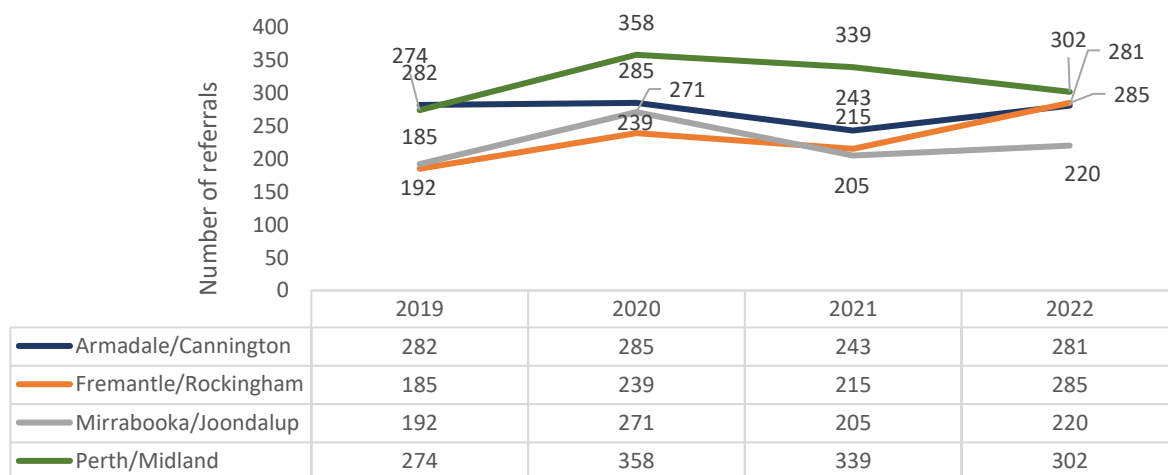
## 6. Findings: Intensive Case Management implementation and outcomes

This section of the report presents findings relating to ICM implementation and outcomes.

### Referrals

Between 1 January 2019 to 31 December 2022, there were 4,176 referrals made to ICM services within the four FSN corridors.<sup>71</sup> The Perth/Midland corridor received the largest number of referrals (n=1,273) over this period.

Figure 12 – Number of FSN ICM referrals, by corridor, 1 January 2019 to 31 December 2022<sup>72 73</sup>



### Referral reasons

Families referred to ICM supports include those who:

- have been notified to child protection (sometimes multiple times), but the risks are too low in threshold for intervention;
- are being closed, or are already closed, by SRRS or child protection district teams;
- are experiencing a number of stressors including trauma, grief, isolation/minimal informal supports, AOD use, FDV, mental health issues of children and/or adults, prior child sexual abuse, financial stress, challenging behaviour and/or school refusal/school can't issues;
- may benefit from in-home parenting support;
- are parents with an intellectual disability; and
- who need, or are in contact with, multiple services for both children and adults in the family.

In terms of primary issues recorded at referral, family support, followed by parenting and FDV are the leading concerns.

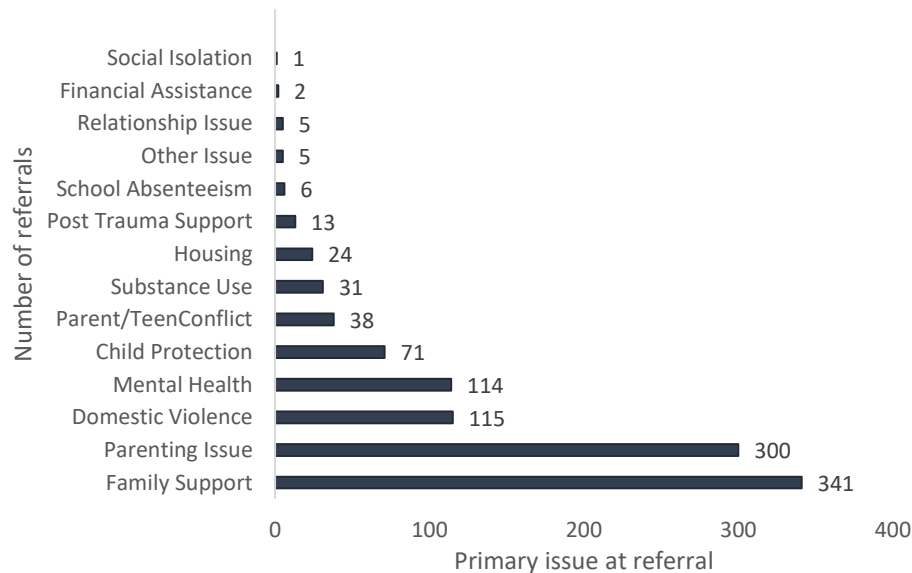
<sup>71</sup> Referrals are classified as to what corridor the referral was made to, not which Districts/SRRS it was made from.

<sup>72</sup> Department of Communities. Assist Data Summary for FSN Evaluation (2023).

<sup>73</sup> Note: Data is not available by District to compare District & SRRS referral levels.



Figure 13 – Number of primary issues at referral, 1 January 2019 to 31 December 2022<sup>74</sup>



Lead Agencies also reported there are a large number of families needing support with children experiencing dysregulation and behavioural issues, which may be from trauma, attachment difficulties and/or disability/neurodiversity. Finding in-home supports for disability/neurodiversity was difficult, even with families who had NDIS funds.

## Delivery of services

FuSioN data reports that 1,066 families were opened to ICM services between 1 January 2019 to 31 December 2022 (the Assist database reported a slightly higher number, n=1,304). This equates to about a third of referrals moving from referral into an open case.

The number of open cases equates to 267 families per year, just over the intended 240 target case numbers<sup>75</sup> indicating strong demand for the service.

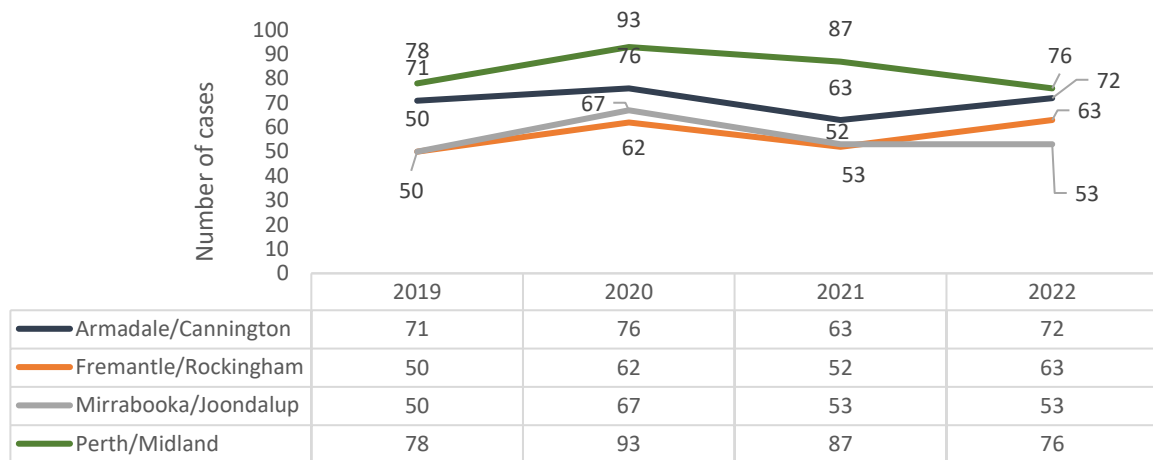
Figure 14 below breaks down the number of cases, per corridor, for this four-year period. Whilst the Perth/Midland corridor report the largest number of cases over this period of time (n=334), the other three corridors were fairly similar (between 223 and 282 cases total).

Figure 14 – Number of families/cases receiving FSN ICM supports, by corridor, 1 January 2019 to 31 December 2022<sup>76</sup>

<sup>74</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

<sup>75</sup> Department of Communities (2022). *Evaluation of Family Support Network Request*.

<sup>76</sup> Department of Communities. *FuSioN data*. 1 January 2019 to 31 December 2019.



The Mirrabooka/Joondalup corridor had a slightly lower level of families/cases than the other sites over time, but this is likely due to staffing issues that are now reported to be resolved.

Just under a quarter (24 per cent) of ICM families/cases that were opened are from an Aboriginal background, which is higher than A&C services (16 per cent)<sup>77</sup>.

Table 13 – Aboriginal background of ICM cases, 1 January 2019 to 31 December 2022<sup>78</sup>

Demographics	Armadale/ Cannington	Fremantle / Rockingham	Mirrabooka/ Joondalup	Perth/Midland	Total
<b>Cultural background</b>					
Aboriginal	77 (27%)	54 (24%)	29 (13%)	95 (28%)	<b>255 (24%)</b>
Non-Indigenous	205 (73%)	173 (76%)	194 (87%)	239 (72%)	<b>811 (76%)</b>
<b>Total</b>	<b>282</b>	<b>227</b>	<b>223</b>	<b>334</b>	<b>1,066</b>

## Types of support delivered

ICM was reported to deliver a diverse range of outreach, face-to-face and telephone support services that are flexible to the family they are working with. Examples of supports included:

- Casework – including case management, coordination (families reported they often had multiple services in their lives), referrals (counselling, child mental health, NDIS) and advocacy with schools.
- Parenting skill building – including routine development, practical in-home work, household budgeting, parental emotional regulation, role modelling, training relating to Circle of Security/Bringing Up Great Kids programs, use of public transport, gaming addiction, financial management skill building, and practical support in driving to appointments.

<sup>77</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

<sup>78</sup> Note: Age of children who were within open cases/families was not available.

- Safety work – including safety planning, identifying safe support networks, helping a victim/survivor leave a FDV situation, and working with Partner Agencies to resolve neglect resulting from parental mental health issues.
- Informal support – such as listening, problem solving and working out a plan to navigate multiple issues.

The latter type of support was significantly valued by the clients as they were unable to do this themselves and had no informal supports. Aboriginal support workers were seen as a pivotal role in building relationships with families.

### *Intensity and length of services*

Most FSN Lead Agencies reported that families were supported one to three days a week depending on the family's readiness, level of need/issues and whether they were a new client or not.

In terms of caseloads, corridors discussed that there would be between 10 and 15 cases per worker. As a comparison, intensive family support services (i.e., services where there are more risks to child safety and wellbeing) often have a caseload of between 5 to 8 cases per worker. Child protection worker caseloads are up to 15 cases<sup>79</sup>.

The average number of days between referral received and closure was 156 days (close to five months), over the four-year period. This may reflect that not all families need a 12-month service. It should be noted, however, that two families requested longer services than 12 months. In addition, there are only a small proportion of Aboriginal families currently in the service. A maximum of 12-months of service could be positive as it would allow for these families to have more time to engage, trust and connect before working within the family.

Some districts also reported FSNs opened and closed cases quickly as they were not always effectively engaging families/provided minimal supports and this could influence the average length of time recorded in FuSioN.

## **Outcomes**

The section below presents the short, medium, and longer-term goals that ICM services may support clients to achieve.

### **Short-term outcomes**

#### *Families feel respected and listened to*

This outcome was achieved as clients frequently described that the FSN worker listened and acted upon their needs, were kind and empathetic, respected them and were genuine in their desire to support the family. Clients interviewed mentioned that other services had 'let them down', were

*"...I have been supported in the right ways and found someone who can case manage our family that is complex. Everyone is really lovely, helpful, and supportive. I have massive anxiety and I don't feel judgment at all from these people."*

ICM FSN client

<sup>79</sup> Department of Communities. *CPM – Workload Management*. Accessed 1 June 2023 at <https://manuals.communities.wa.gov.au/CPM/SitePages/Procedure.aspx?ProcedureId=251>

distrustful of services and that the FSN was the only program who they had a positive experience with.

Further, clients reported that the actions, skills, and traits of the FSN worker was the most positive part of the service and enabled trust, including:

- Their quick response to calls and issues.
- Their tenacity, advocacy and motivation in solving issues, rejected referrals and supporting the client to remain positive as issues came about.
- Their compassionate, non-judgemental, calm and respectful nature.

*"...(name of worker) is a wonderful human and I enjoy her company and she has gone above and beyond and connected me with services that I did not know existed."*

ICM FSN client

### *Families understand their needs and how they might be helped*

This outcome wasn't strongly communicated by stakeholders, sometimes due to families already being aware that they were struggling. However, one client did describe that through the work of the FSN, they were able to gently be supported to accept they were not coping with a combination of their children's behaviour, as well as grief, and that they needed to access services for their concerns in order for the family to function well.

### *Families feel confident to engage with agencies to access the services available*

Families strongly reported that they were supported to access services they needed via the FSN and learnt how to navigate multiple services.

This was important as families communicated that on entry to ICM services, they were overloaded, in crisis, had memory and executive functioning problems, experienced anxiety and as a result were not able to confidently engage with services themselves. In FuSioN, data supported this finding, with 78 per cent of families self-reporting on exit that their case manager coordinated supports for all their needs<sup>80</sup>.

The benefit of this was that the FSN reduced the burden of clients having to ring around multiple services, fill paperwork in, and navigate multiple systems and this decreased their stress and distress. This in turn allowed them to interact in a better way with their child/ren.

The FSN also built the capacity of clients to access services themselves. FSN workers indicated that they support families to understand and know what services are in the community and make sure they are connected to these e.g., general practitioner, child health nurses, counselling etc. This finding is reflected in the FuSioN entry and exit scores below.

<sup>80</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

Table 14 – Entry and exit scores for ICM FSN clients, 1 January 2019 to 31 December 2022<sup>81</sup>

Outcome Question	When collected	Not capable	Limited capability	Has required level of capability
What is the family's ability to access community support services?	Entry	1%	67%	33%
	Exit	1%	42%	57%

*Families feel culturally safe in accessing services, are empowered to engage with culturally safe support networks and are connected to culturally safe support networks*

This outcome was achieved at times, but it was described to a lesser extent than some of the other outcomes and activities (i.e., could be more embedded as standard practice). This may be due to one of the sites not having interviewed the Aboriginal FSN worker and not all Aboriginal clients wanting to access cultural networks. In addition, many families seemed to be experiencing multiple, complex issues which are a high priority e.g., challenging behaviour of children, school refusal/school can't, parental emotional regulation and distress, homelessness and FDV etc.

Aboriginal workers demonstrated good practice examples like asking families 'what can we do for you culturally' and engaged with local ACCOs to build networks. Other examples included supporting families to attend playgroups that are inclusive of other families from a similar background, locating family overseas, assisting with Native Title, and referring to CaLD/ACCO organisations.

CaLD clients interviewed indicated that they did feel culturally safe, and that the worker did respect their culture. One Aboriginal client interviewed who identified that culture was a significant part of their identity felt the worker respected and assisted them in furthering this sense of identity.

## Medium-term outcomes

*Families improve their parenting skills, ability to manage a stable home environment, nurturing and caring for children, confidence in understanding the needs of children and in managing routines*

This outcome was reported to be achieved with many stakeholders, including clients, reporting an improvement in parenting skills. Examples included:

- Increased confidence in parenting.
- Understanding why it's important to improve parenting to drive children's behaviour change.
- Improved knowledge about positive parenting styles (FuSioN data reported that 55 per cent families at exit felt that they were a little confident at setting routines and 35 per cent very confident<sup>82</sup>).
- Supporting healthy meal options.
- Learning skills relating to cleaning and organising the house.
- Learning how to set boundaries with children.

*"Case management, 100 per cent, so many families need it, and no home visit services around anymore."*

Agency stakeholder

<sup>81</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

<sup>82</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

- Parental emotional regulation which reduces shouting within the home.
- Improved mental health of family members stabilising family functioning.
- Reduced use of physical discipline.
- Improved connection and relationship between parent/caregiver and child.
- Increased parental stress tolerance within the home.
- Parents able to give children more freedom to play outside, in line with their developmental age but with appropriate supervision (compared to not being able to leave the house).

Data also supports the above findings as presented in Table 15 below.

Table 15 - Entry and exit scores for ICM FSN clients, 1 January 2019 to 31 December 2022<sup>83</sup>

Outcome Question	When collected	Not capable	Limited capability	Has required level of capability
What is the family's ability to establish and maintain a safe and stable family environment and household routines?	Entry	2%	71%	27%
	Exit	2%	51%	46%
What is the family's ability to provide a parenting role to children in the family group?	Entry	1%	61%	38%
	Exit	2%	45%	53%

As can be seen in the table above, there is a one per cent increase in families being scored as 'not capable' at exit, in terms of their parenting ability. Keogh Bay is uncertain why this decline in ability would have occurred, but notes that these scores could not track individual families moving between entry and exit i.e., the table above can only map the proportion of families who had an entry score and those who had an exit score (i.e., could be a different group of families with scores at entry and exit).

A case study is also provided below to demonstrate how ICM supports can improve parenting capacity including where a parenting style is impacting child safety and wellbeing.

#### Case Study

An ICM worker delivered a Circle of Security workshop – a parenting attachment-based program – to a mother, father and toddler, in the family home. The father, whilst working from home, would try to participate in the weekly meetings and shared his own struggles. The worker recognised through observations that the parents were sending mixed signals to the child when correcting behaviour and were using shouting and physical means to address issues. The worker commenced addressing these issues with teaching new parenting strategies.

<sup>83</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

Outcome: After many family home visits, the worker supported the parents to create opportunities to build a stronger and healthier relationship between themselves and the child. Improved connections were made, the parents were communicating more positively and were more consistent in their parenting styles.

*Children remain safely at home being cared for by their families*

This outcome was reported to be achieved for some families. Some stakeholders conveyed that it's a '50/50 chance' as to whether families will be referred back (often because of complexity of family issues) but that ICM services gave families the best chance to avoid child protection involvement.

Data denotes that 35 per cent of open cases disengage but only 17 per cent of cases were closed in a four-year period due to child protection intervention<sup>84</sup>.

Examples where families were able to have children remain safely at home included (from Progress Reports and stakeholder interviews):

- Clients were close to 'giving up' children to child protection because of the level of distress they were in and through FSN support they had the confidence to continue and reduced stress/issues.
- Reduction in spending on alcohol and increase on spending on things like fuel.
- Improvement in mental health issues.
- Children were supported to move in with a different primary carer parent who provided more safety and stability.
- One Aboriginal client was able to avoid prison time due to being able to present their engagement with the FSN to the justice system.

The joint work of Partner Agencies and ACCO Partners, also supported these outcomes as described in the case study below.

**Case Study**

A single parent with five children was referred to the FSN but started to disengage a few months later. As such, the worker continually communicated with key stakeholders including CSOs, the school (multiple teachers), housing and an AOD worker to inform future case planning. Stakeholder feedback provided invaluable input to monitor child protection issues, assess risk and endeavour to continue to divert the family from the child protection system even though the family wasn't well engaging in ICM.

The parent then chose to formally withdraw from the ICM program potentially due to a rupture in the relationship following the submission of a child protection concern referral. Positively, however, the parent continued to engage with the other services and progressed towards their case plan goals.

Outcome: The three eldest children are regularly attending their respective schools and the parent became more child focussed on her parenting, facilitating play experiences for the children. Toys were observed in the home and the children were observed playing with one another. The mother shared an email from one of her children's teachers praising the child's progress and school attendance and encouraging the mother to maintain communication with the teachers. The mother also reported a reduction in alcohol consumption, choosing to spend money on fuel. The mother reported feeling very happy and thankful for the program support and stated that she would continue to engage with the other services.

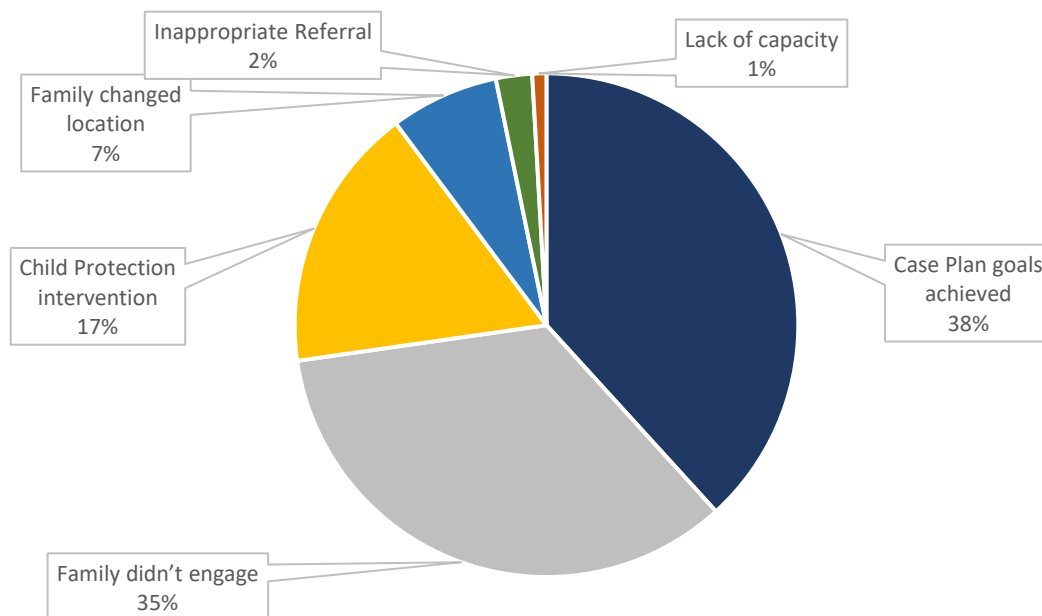
<sup>84</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

More data relating to children entering out of home care is detailed in the Long-term Outcomes section further below.

### *Case plan goals and issues are resolved*

FuSioN data relating to the reason for case closure is detailed below.

Figure 15 – Reasons for closure for ICM cases, 1 January 2019 to 31 December 2022<sup>85 86</sup>



As can be seen above, just over a third of cases were closed due to case plan goals being achieved. Noticeably, just over a third also disengaged from ICM services (even with ICM services using a persistent and outreach approach, including unannounced visits, to engage families).

### *Families extend and develop their culturally safe networks*

Information has already been described in the outcomes: *Families feel culturally safe in accessing services, are empowered to engage with culturally safe support networks and are connected to culturally safe support networks.*

## **Long-term outcomes**

Long-term outcomes are detailed below.

### *Children attend school*

Workers from FSNs and clients communicated that ICM services do assist children to attend school and solve problems relating to school attendance, including where children were experiencing school refusal/school can't issues. Family support workers teach parents strategies relating to attendance, drive children to school, advocate with the school and attend school meetings with the

<sup>85</sup> Department of Communities. *FuSioN Data*. 1 January 2019 to 31 December 2022.

<sup>86</sup> Note: This data should be treated with caution as Armadale/Cannington corridor was missing a large amount of data for the 2022 calendar year.



family to discuss how they could all work together (which models to parents how to advocate with schools).

### *Families are diverted from the child protection system*

When a family comes into contact with the child protection system, Communities may have a role to conduct a CSI to investigate and determine whether the child has experienced physical, emotional or psychological harm that has a detrimental effect and is significant, as a result of abuse and/or neglect (as per Section 28 of the Act).

If families are diverted from the child protection system, as a result of FSN activities, we would anticipate a reduction in CSIs, and/or a reduction in CSIs that are substantiated. We would expect this particularly after ICM services were made available in June 2018.

The table below demonstrates that CSIs have decreased in all districts when comparing the 2019 and 2022 calendar years side by side, apart from Cannington and the comparator site of the Southwest District (in blue) where FSNs were not available. The Peel District comparator site did have a decrease. It should be noted that many variables, policy changes and services, in addition to the FSN, could be contributing to CSI trends.

Table 16 - Number of CSIs, by district, 1 January 2019 to 31 December 2022<sup>87 88</sup>

District	2019	2020	2021	2022	Trend 2019-2022
Armadale	1,609	1,456	1,304	1,159	↓
Cannington	939	991	987	1,004	↑
Fremantle	917	845	697	663	↓
Joondalup	1,076	1,143	1,066	940	↓
Midland	1,290	1,330	1,345	1,235	↓
Mirrabooka	779	859	754	724	↓
Perth	706	625	575	650	↓
Rockingham	1,427	1,400	1,360	1,357	↓
<b>Total</b>	<b>8,743</b>	<b>8,649</b>	<b>8,088</b>	<b>7,732</b>	↓
<b>Comparators</b>					
Peel	694	629	592	630	↓
Southwest	695	534	813	725	↑

The table below also summarises whether CSIs are substantiated or not substantiated.

Table 17 – Number of CSI substantiated and not substantiated CSIs, 1 January 2019 to 31 December 2022, by corridor<sup>89 90</sup>

<sup>87</sup> Department of Communities. Assist Data Summary for FSN Evaluation (2023).

<sup>88</sup> Note: CSIs are included in scope if they were opened within the year examined. Therefore, CSIs that were open in the years prior to 2019 but remained open in 2019 and beyond were not included in scope.

<sup>89</sup> Department of Communities. Assist Data Summary for FSN Evaluation (2023).

<sup>90</sup> Note: CSIs included the analysis were only in scope if opened in the years examined.

Corridor	Substantiated	Not Substantiated	Total
<b>2019</b>			
Armadale/Cannington	1,110 (46%)	1,287 (54%)	2,397
Fremantle/Rockingham	712 (33%)	1,422 (67%)	2,134
Mirrabooka/Joondalup	854 (51%)	828 (49%)	1,682
Perth/Midland	944 (55%)	787 (45%)	1,731
<b>Total</b>	<b>3,620 (46%)</b>	<b>4,324 (54%)</b>	<b>7,944</b>
<b>2020</b>			
Armadale/Cannington	1,163 (50%)	1,146 (50%)	2,309
Fremantle/Rockingham	703 (34%)	1,339 (66%)	2,042
Mirrabooka/Joondalup	869 (47%)	994 (53%)	1,863
Perth/Midland	782 (47%)	877 (53%)	1,659
<b>Total</b>	<b>3,517 (45%)</b>	<b>4,356 (55%)</b>	<b>7,873</b>
<b>2021</b>			
Armadale/Cannington	1,206 (56%)	953 (44%)	2,159
Fremantle/Rockingham	626 (34%)	1,200 (66%)	1,826
Mirrabooka/Joondalup	588 (36%)	1,061 (64%)	1,649
Perth/Midland	716 (46%)	833 (54%)	1,549
<b>Total</b>	<b>3,136 (44%)</b>	<b>4,047 (56%)</b>	<b>7,183</b>
<b>2022</b>			
Armadale/Cannington	898 (56%)	713 (44%)	1,611
Fremantle/Rockingham	563 (41%)	824 (59%)	1,387
Mirrabooka/Joondalup	620 (44%)	775 (56%)	1,395
Perth/Midland	644 (53%)	581 (47%)	1,225
<b>Total</b>	<b>2,725 (49%)</b>	<b>2,893 (51%)</b>	<b>5,618</b>

As can be seen above, whilst the number of CSIs overall have been decreasing in most districts, the proportion of those substantiated and not substantiated have remained fairly consistent.

### Reduction in the rate of children in out of home care

The table below outlines the number of children in care as of 30 of June over a four-year period and the rate of change. It should be noted that many variables, policy changes and services, in addition to the FSNs, could be contributing to trends.

Table 18 – Number of children in care and rate of change as of 30 June 2019, 2022, 2021 and 2022, by corridor and comparator sites (note blue cells relate to comparator sites)<sup>91 92</sup>

Corridor	2019	Rate of change	2020	Rate of change	2021	Rate of change	2022
<b>Aboriginal children</b>							
Armadale/Cannington	565	-5%	538	2%	551	-4%	531
Fremantle/Rockingham	288	-5%	274	-6%	258	-10%	231
Mirraboooka/Joondalup	292	10%	321	-3%	310	7%	333
Perth/Midland	370	15%	427	3%	441	2%	448
Peel	94	26%	118	4%	123	0%	123
Southwest	152	28%	194	4%	201	-9%	182
<b>Western Australia</b>	<b>2,942</b>	<b>5%</b>	<b>3,082</b>	<b>-1%</b>	<b>3,056</b>	<b>-3%</b>	<b>2,955</b>
<b>Non-Indigenous children</b>							
Armadale/Cannington	461	-2%	453	-8%	416	0%	417
Fremantle/Rockingham	413	-4%	396	-11%	352	-10%	317
Mirraboooka/Joondalup	412	0%	414	-8%	381	-6%	360
Perth/Midland	399	6%	424	7%	455	-7%	425
Peel	230	0%	229	-5%	218	-10%	197
Southwest	228	17%	266	-4%	255	-7%	237
<b>Western Australia</b>	<b>2,437</b>	<b>-1%</b>	<b>2,416</b>	<b>-5%</b>	<b>2,288</b>	<b>-7%</b>	<b>2,138</b>
<b>All children</b>							
Armadale/Cannington	1,026	-3%	991	-2%	967	-2%	948
Fremantle/Rockingham	701	-4%	670	-9%	610	-10%	548
Mirraboooka/Joondalup	704	4%	735	-6%	691	0%	693
Perth/Midland	769	11%	851	5%	896	-3%	873
Peel	324	7%	347	-2%	341	-6%	320
Southwest	380	21%	460	-1%	456	-8%	419
<b>Western Australia</b>	<b>5,379</b>	<b>2%</b>	<b>5,498</b>	<b>-3%</b>	<b>5,344</b>	<b>-5%</b>	<b>5,093</b>

The table above shows that in all FSN corridors, apart from the Perth/Midland corridor, there has been a decrease in the number of children entering care when comparing 2019 and 2022 side by side. Whilst Communities has already noted this reduction from 2018, when ICM was implemented<sup>93</sup>, it is interesting to note that the decrease seems to ramp up between 2020 and 2022.

<sup>91</sup> Department of Communities. Assist Data Summary for FSN Evaluation (2023).

<sup>92</sup> Note: Children may enter care for multiple and varied reasons.

<sup>93</sup> Department of Communities. *EIFS Minister Briefing November 2021*.

The Southwest District comparator did not experience a decrease in the number of children in out of home care when comparing 2019 and 2022 side by side, however, the Peel District did (slightly).

### *Aboriginal children in out of home care*

In terms of the number of Aboriginal children in out of home care, the Perth/Midland corridor, Mirrabooka/Joondalup corridor, Southwest District comparator and Peel District comparator, experienced an increase when comparing 2019 and 2022 side by side. This indicates that outcomes for Aboriginal children are less consistent compared to non-Indigenous children in FSN and non-FSN sites.

### *Rate of children in out-of-home care*

The above numbers need to be treated with caution as the number of children in the general population have likely increased. As such, Keogh Bay has provided data on the rate of children in out of home care per 1,000 children in the general population.

The Report on Government Services (ROGS) presents such data and reports a decline in the number of children in care and protection orders per 1,000 children aged 0 to 17 years from 2020-21 (which is similar to Table 18 where the rate of children in out of home care decreases between 2020 and 2021). Positively this is for both Aboriginal and non-Indigenous children.

Table 19 – Report on Government Services,<sup>94 95 96</sup>

Children in care and protection orders as of 30 June, per 1,000 children	2017-18	2018-19	2019-20	2020-21	2021-22
Aboriginal children	74.3	78.5	82.0	79.6	79.1
Non-Indigenous children	4.6	4.8	4.8	4.4	4.3
All children <sup>97</sup>	9.3	9.7	9.9	9.4	9.3

## **Period of care**

The table below illustrates that the number of new periods of care have decreased for all FSN corridors and the Peel District comparator site, between 2019 and 2022.

<sup>94</sup> Productivity Commission. *Report on Government Services 2023 Part F, Section 16*. Accessed 7 May 2023 at <https://www.pc.gov.au/ongoing/report-on-government-services/2023/community-services/child-protection>

<sup>95</sup> Note: Count of data may change over time

<sup>96</sup> Note: The population of non-Indigenous children aged 0-17 years is calculated by subtracting the population of Aboriginal and Torres Strait Islander children aged 0-17 years from the total population 0-17 years. Rates are not able to be calculated for children of unknown Indigenous status as corresponding population data are not available.

<sup>97</sup> Note: Includes Indigenous Status Unknown.

Table 20 – Number of new periods of care 1 January 2019 to 31 December 2022, by corridor and comparator sites (blue cells relate to comparator sites)<sup>98 99</sup>

Corridor	2019	Rate of change	2020	Rate of change	2021	Rate of change	2022
Armadale/Cannington	194	-11%	172	-16%	145	-11%	129
Fremantle/Rockingham	133	-30%	93	4%	97	-2%	95
Mirrabeeka/Joondalup	140	-8%	129	-12%	114	-10%	103
Perth/Midland	154	-22%	120	-8%	110	-4%	106
Southwest	89	-27%	65	-14%	56	61%	90
Peel	65	-14%	56	0%	56	-5%	53
<b>Whole of WA</b>	<b>1,094</b>	<b>-21%</b>	<b>862</b>	<b>-12%</b>	<b>756</b>	<b>5%</b>	<b>791</b>

As can be seen above, the Southwest District comparator experienced a large increase in the number of new periods of care between 2021 and 2022. This comparator site does not have an AISS or FSN (whilst Peel has an AISS).

The reason for this increase is not clear, however, as when considering this finding it should be noted that:

- There maybe be a range of factors that could have influenced this trend, including changes in Assist data recording, policy and practice.
- The Southwest is a regional area and may have less access to services than those in the Perth metropolitan.
- This Region absorbed a new geographical area (Manjimup) around 2021 and 2022 which could have contributed to the increased noted in this report.
- The number and rate of children entering care did not increase during 2021 and 2022 (it decreased).
- The Southwest District had a spike in the number of CSIs in the proceeding years of 2020 and 2021.

## Opportunities for improvement

### Capacity of Intensive Case Management

The most significant opportunity for improvement was that districts wanted ICM to take families experiencing higher child protection risks and complex issues in order to adapt to the increasing needs of families and higher thresholds of the districts. As explained earlier in the report, there are families with a risk threshold too low for child protection intervention, but too high for ICM services. In addition, as most Communities' district staff valued ICM supports, and the opportunity for families to be supported outside the child protection system, they wanted more places to be available.

<sup>98</sup> Department of Communities. Assist Data Summary for FSN Evaluation (2023).

<sup>99</sup> Note: Periods of Care allocated to Crisis Care were not included in this analysis.

This evaluation can't quantify this finding as no waitlist data is recorded. However, one FSN Lead Agency indicated it could easily double workers and ICM cases.

As mentioned in Section 1 of the report, changes are being made to the ICM eligibility criteria from July 2023 to better manage ICM services being at full capacity. FSNs were in the main supportive or saw no issues to the changes to the eligibility criteria. However, as this eligibility change potentially minimises support for some community members, such as those with older children (and parent/teen conflict was discussed as an issue in community), it is suggested that the impacts are monitored to identify any disadvantages to particular cohorts. If this monitoring does occur, Communities could also consider asking SRRS and districts to record the number of families they would have liked to refer to ICM supports who they couldn't as they were full, to gather an idea of the unmet demand (or similar).

## **Communities and Family Support Networks working together**

There were some minor opportunities for improvement in terms of the way Communities and FSNs work together as per below (noting most feedback reported a positive relationship):

- Referrals from Communities can exclude critical detail, particularly relating to FDV which impacts family and worker safety.
- One Lead Agency felt that active handover or joint visit between Communities' district offices<sup>100</sup> and the FSN is the best way to support a referral when the worker knows the family.
- Sometimes child protection worker, family and/or FSN goals are different making it difficult for FSNs to meet child protection goals.
- Some Districts and FSNs have incorrectly thought that FSN cases can't remain open if there is a new notification/CSI (so the family does not miss out on important services and the relationship between FSN and family is not impacted), when they can as per the Operational Guidelines.
- Districts would like FSNs to call, not email, to advise if they are closing referred ICM families that did not engage.
- Some stakeholders felt that whilst 'on paper' ICM is voluntary, families may not feel it is as their case being closed is contingent on them accessing the service. Some families interviewed, however, were happy FSNs were referred to as they wanted in-home support and did not want to be open to child protection.

## **Summary**

Stakeholders were mainly supportive of the ICM program, with opportunities for improvement identified.

Anecdotal evidence was supportive of outcomes for families as a result of ICM, but quantitative data, was not robust enough to confirm whether ICM directly contributes to children's safety and ability to remain at home. However, the Southwest District Comparison site, which does not have an AISS or FSN, generally saw less favourable results across CSI and period of care datasets above. The reason for this is unclear, however, and therefore cannot be neatly attributed to FSNs. For

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<sup>100</sup> Does not apply to SRRS as they don't always have a relationship with the family.

example, the District did absorb a new area (Manjimup) within the time that the number of new periods of care spiked.

*Table 21 – FSN opportunities for improvement & findings*

No.	Opportunities for improvement & findings
11	Communities to monitor any cohorts who are disadvantaged from the ICM eligibility criteria change.
12	Communities to consider asking SRRS and districts to record data on potential unmet demand for ICM supports (i.e., the number of eligible families they were unable to refer to ICM supports in any year due to the service being at full capacity).
13	<p>The Operating Framework could be updated for ICM to include best practice ways of working between Communities and FSNs, including:</p> <ul style="list-style-type: none"> <li>• Active handover or joint visits between Communities' district offices and the FSN when the family is known to a child protection worker.</li> <li>• Good levels of information in ICM referrals forms, particularly those relevant to case progression as well as family, child and worker safety.</li> <li>• Districts/SRRS to be advised by phone if a referral is rejected by an FSN so they can clarify and discuss why the family was not accepted.</li> </ul> <p>Districts and FSNs to be re-informed that FSN cases can be kept open whilst a new notification/CSI is being conducted.</p>
14	Communities to consider how to capture data that links ICM activity to outcomes, particularly whether a child has had further contact with the child protection system, to ensure robust outcome measurement.
15	<p>Behaviour support for children with a disability is a specialised support service. Use of parenting approaches that are not designed for children with a disability can be harmful and create further issues within a family. In addition, access to NDIS (or any other) in-home behaviour support is a gap within the community.</p> <p>However, children accessing FSNs are reported to have behavioural challenges relating to both their disability (undiagnosed/diagnosed) and trauma/parenting approaches used within the family.</p> <p>Communities to investigate with the National Disability Insurance Agency (NDIA) whether there is a solution available where the FSNs can access a behaviour support provider who can deliver in-home services and advice for FSN families to compliment the work of FSNs.</p>

## 7. Findings: Value for Money Analysis

This section provides a summary of the VfM analysis Keogh Bay conducted to determine the underlying economic value of the FSN.

### Overview of methodology

The following VfM analysis aims to assess whether the funding invested in the FSNs is exceeded by the value of the benefits accrued.

While it can be challenging to attribute causality regarding the specific contribution of the FSNs to long term outcomes for children, families and the Western Australian community as a whole, Keogh Bay has undertaken a CBA<sup>101</sup>. This VfM approach uses available FSN outcome data and conservative assumptions to quantify the costs to government that have likely been avoided as a result of the program.

Given the goal of the FSN is to support families to safely care for their children at home, the approach seeks to estimate the potential savings that are likely to be generated as a result of:

- a reduction in child protection activity; and
- a reduction in out-of-home care placements.

These savings are estimated for the four-year period of evaluation from 2019 to 2022 and compared to the direct cost of delivering the FSN over the same timeframe i.e., to provide an overall 'cost to benefits' for the program.

As there are different vulnerabilities and risk factors associated with clients of the A&C and ICM service streams, the analysis incorporates differing assumptions for each.

### Value for Money findings

Overall, the VfM analysis demonstrated economic value of the FSNs. This was because the savings derived from implementation of the FSN exceed the cost of delivering the service over the evaluation period (1 January 2019 to 31 December 2022).

Even though program delivery costs, including funding for providers and other direct costs incurred by Communities, totalled \$18,359,233 over the four-year period, cumulative savings from the avoidance of out-of-home care and child protection activity totalled \$52,819,316.

Therefore, the cost to benefit ratio of the FSN is 1:2.88, or a return of \$2.88 for every \$1 of investment by Communities.

A sensitivity analysis was undertaken (changing the rate at which child protection and out-of-home care services are avoided) which demonstrates the robustness of this finding; with a 10-basis point reduction in the rate applied maintaining a positive cost-benefit ratio of approximately 1:2.<sup>102</sup>

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<sup>101</sup> May also be defined as an Avoided Cost Analysis.

<sup>102</sup> Based on savings of \$37,753,712.



Further detail on the VfM analysis is detailed in the sections below including how the following was calculated to inform the VfM:

- program costs; and
- program benefits.

## Program Costs

Program costs were derived from the funding allocated by Communities to each FSN corridor, plus additional costs incurred by Communities to administer the program centrally. These expenditure items, incurred directly by Communities, are summarised in Table 22 below.

Table 22 – Total FSN expenditure by Communities, 1 January 2019 to 31 December 2022<sup>103 104</sup>

Expenditure	2019	2020	2021	2022
FSN Funding	\$4,249,119	\$4,315,861	\$4,379,885	\$4,278,530
Communities' Administration Costs <sup>105,106</sup>	\$271,184	\$279,571	\$288,218	\$296,865
<b>Annual Total</b>	<b>\$4,520,303</b>	<b>\$4,595,432</b>	<b>\$4,668,103</b>	<b>\$4,575,395</b>
<b>Cumulative Total</b>	<b>\$4,520,303</b>	<b>\$9,115,735</b>	<b>\$13,783,838</b>	<b>\$18,359,233</b>

As detailed in the table above, the cost to government of delivering the FSN service is approximately \$4.5 million each year (or \$1.125 million per corridor), with a cumulative cost over the evaluation period of over \$18 million.

Communities' administrative costs above are based on two FTE salaries for staff within the EIFS project team, adjusted for on-costs directly related to administration of the program. Implementation of the FSNs may also have led to additional indirect costs for Lead and Partner agencies, as well as for Communities' teams operating both centrally and in each FSN corridor (such as time spent attending ancillary meetings, or on-costs for corporate services not directly required for implementation of the program) but which are not additionally costed here.

### Cost of service per case and child

The FSNs managed a combined total of 10,692 cases, or 16,846 children, during the evaluation period (1 January 2019 to 31 December 2022). This means that the cost of program delivery, per child, equates to \$1,090<sup>107</sup>. Although substantive differences in cost per case can be expected between the A&C and ICM streams, the absence of a funding breakdown across the two service categories prevents Keogh Bay from undertaking further analysis.

<sup>103</sup> Financial data (reported by financial year) has been adjusted to incorporate part years in order to align with service data (calendar year).

<sup>104</sup> Source: Department of Communities (2023); Department of Treasury (2020); WA Public Sector CSA Agreement (2022)

<sup>105</sup> Costs are based on General Division salaries for Level 6 staff, sourced from Schedule 2 of the WA Public Sector CSA Agreement (2022).

<sup>106</sup> As outlined in the WA Department of Treasury Costing and Pricing Government Services (May 2020) a factor of 30 per cent is applied to salaries for on-costs directly related to program delivery (such as superannuation, leave loading and sick pay) plus an allocation for other costs applied to individually (such as assets and equipment, communication services, consumable supplies, and consultants).

<sup>107</sup> ROGS Western Australian 2021-22 cost per child receiving family support services at \$1,589.

## Program Benefits

The evaluation identified that for some A&C and ICM families, the FSN has supported improvement in relation to the two medium-term outcomes: *Families improve their parenting skills* and *Capacity to safely care for their children at home*<sup>108</sup>.

For the families who achieved improvement, it can be reasonably assumed that a level of child protection services has been avoided, that would otherwise have been provided. This incremental flow of improvements is consistent with the FSN Program Logic developed for this report.

Keogh Bay has therefore used the following formulae to calculate program benefits:

*(Proportion of families (cases) that have achieved their goals, multiplied by the rate of uplift in parenting skills and capacity) multiplied by (the cost of services they would have otherwise received, multiplied by the rate at which they would have otherwise received them).*

While data exists for some elements of this formulae, there are also parts that cannot be calculated. Where reliable data is not available, a series of conservative assumptions are made to complete the calculation and construct a defensible argument.

It should be acknowledged that FuSioN data does not enable Keogh Bay to directly link the program level outcomes reported to any observed reduction in child protection activity or out-of-home care specifically for the population of FSN clients. Nor is there a favourable non-intervention or control group with which to compare outcomes. This is therefore a limitation of the VFM.

In preparing this analysis the following core assumptions are applied.

Table 23 – CBA benefits (avoided costs) assumptions<sup>109</sup>

Element	Assumption	Output A&C	Output ICM
Proportion of families (cases) that have achieved their goals (FuSioN data)	Number of FSN cases (10,692) equates to the number of families serviced.	9,626 cases, with 55 per cent (5,294) having achieved their goals.	1,066 cases, with 38 per cent (405) having achieved their goals
Proportion of improvement in parenting skills and capacity (FuSioN data)	Families assessed as having improved their parenting skills and capacity produce cost savings for government, driven by the avoidance of child protection and out-of-home care services to children. The FSN's had 28,211 clients over the evaluation period, including 16,846 children, equating to 1.58 children for every case.	The average rate of uplift is 6 per cent, equating to 318 cases, or 501 children.	The average rate of uplift is 17 per cent, equating to 69 cases, or 108 children.

<sup>108</sup> And moreover that 'parents have increased confidence in understanding the needs of their children, children are nurtured and cared for, families improve their ability to manage a stable home environment, and parents have increased confidence in managing routines to support a stable family environment'.

<sup>109</sup> Source: Department of Communities, FuSioN (2019-2022); Productivity Commission Report on Government Services 2023; Keogh Bay assumptions.

Element	Assumption	Output A&C	Output ICM
Cost of services they would have otherwise received	Service costs are derived in 2022 prices from <i>Child Protection Services Data published in the Report on Government Services 2023</i> . The following cost items are included:	N/A	
	AG 1: Receipt and assessment of initial information about a potential protection and support issues	Cost per report to child protection and notification	
	AG 3 <sup>110</sup> : Provision of intensive family support services	Cost per child receiving intensive family support services	
	AG 4: Secondary information gathering and assessment	Cost per notification (safety) investigation	
	AG 5: Provision of short-term protective intervention and coordination services for children not on an order	Cost per child receiving protective intervention and coordination, not on an order	
	AG 6: Seeking an order	Cost per order issued	
	AG 7: Provision of protective intervention, support and coordination services for children on an order	Cost per child receiving protective intervention and coordination, on an order	
	AG 8: Provision of out-of-home care and other supported placement services	Cost per placement night	
Rate at which they would have otherwise received them	Since no program level data or control group exists which demonstrates the rate at which FSN clients receive child protection and out-of-home care services, assumed rates are applied that reduce as clients progress through the child protection system. The ‘progression factor’ applied therefore varies by service, as detailed in all corresponding tables.		

### *Reduction in child protection activity*

Table 24 below shows the estimated value of savings derived from a reduction in child protection activity across a range of in-scope areas.

This is where the number of children, for whom child protection services are avoided, is multiplied by the cost-of-service delivery (from ROGS) and the assumed rate of receipt for those services. It shows that savings across all service types are accrued at rates exceeding \$4 million per year, amounting to over \$16 million in savings over the evaluation period.

<sup>110</sup> AG2 is not included in the table as it relates to Family Support, of which FSNs form part of.

Table 24 – Outline of CBA benefits (avoided cost) assumptions, child protection activity<sup>111</sup>

Item	2019	2020	2021	2022
Cohort of Children (A&C)	133	119	127	122
Cohort of Children (ICM)	25	30	26	27
<b>Total</b>	<b>158</b>	<b>149</b>	<b>153</b>	<b>149</b>
AG 1: Unit Cost	\$1,505	\$1,784	\$1,993	\$2,117
Case Progression Rate	1			
Sub-total	<b>\$237,790</b>	<b>\$265,816</b>	<b>\$304,929</b>	<b>\$315,433</b>
AG 3: Unit Cost	\$8,115	\$6,829	\$6,595	\$6,699
Case Progression Rate	0.8			
Sub-total	<b>\$1,025,736</b>	<b>\$814,017</b>	<b>\$807,228</b>	<b>\$798,521</b>
AG 4: Unit Cost	\$3,189	\$3,523	\$3,783	\$3,935
Case Progression Rate	0.7			
Sub-total	<b>\$352,703.40</b>	<b>\$367,448.90</b>	<b>\$405,159.30</b>	<b>\$410,420.50</b>
AG 5: Unit Cost	\$6,732	\$7,353	\$8,139	\$8,558
Case Progression Rate	0.6			
Sub-total	<b>\$638,193.60</b>	<b>\$657,358.20</b>	<b>\$747,160.20</b>	<b>\$765,085.20</b>
AG 6: Unit Cost	\$9,806	\$12,133	\$13,461	\$13,485
Case Progression Rate	0.5			
Sub-total	<b>\$774,674</b>	<b>\$903,909</b>	<b>\$1,029,767</b>	<b>\$1,004,633</b>
AG 7: Unit Cost	\$13,475	\$14,925	\$16,069	\$15,737
Case Progression Rate	0.4			
Sub-total	<b>\$851,620</b>	<b>\$889,530</b>	<b>\$983,423</b>	<b>\$937,925</b>
Total Savings	\$3,880,717	\$3,898,078	\$4,277,666	\$4,232,017
<b>Cumulative Total</b>	<b>\$3,880,717</b>	<b>\$7,778,795</b>	<b>\$12,056,461</b>	<b>\$16,288,478</b>

#### Reduction in Out-of-Home-Care Placements

The table below shows the estimated value of savings derived from a reduction in the number of children entering out-of-home care over the evaluation period (where the assumed reduction in out-of-home care cases is multiplied by the number of days in care, the cost per day of care, and the rate at which the service is received for this client cohort). Since savings are progressively accrued (with children entering out-of-home care in year one assumed to remain in year two, etc.) savings of just \$3.3 million in the first-year, balloon cumulatively to \$36.5 million over the evaluation period.

<sup>111</sup> Unit cost data is reported in 2022 prices, an adjusted by Keogh Bay to align to the calendar year.

Table 25 – Outline of CBA benefits (avoided cost) assumptions, out-of-home care<sup>112</sup>

Item	2019	2020	2021	2022
Cohort of Children (A&C)	133	119	127	122
Cohort of Children (ICM)	25	30	26	27
Total	158	149	153	149
Cumulative No.	158	307	460	609
Days in Care	365			
AG 8: Unit Cost	\$191	\$201	\$221	\$230
Case Progression Rate	0.3			
Total Savings	\$3,304,491	\$6,756,912	\$11,131,770	\$15,337,665
<b>Cumulative Total</b>	<b>\$3,304,491</b>	<b>\$10,061,403</b>	<b>\$21,193,173</b>	<b>\$36,530,838</b>

## Sensitivity Analysis

A sensitivity analysis tests the extent to which the results of the CBA can be varied by making changes to key inputs. While most inputs used in the preceding tables are fixed (i.e., unit prices and the number of affected children) the results of the analysis can be varied by – and are most sensitive to – adjustments in the rate at which child protection services would otherwise have been received by the target cohort.

The table below shows the sensitivity of the results to these adjustments, whereby a 10-basis point reduction in the rate of case progression leads to a 33.33 per cent reduction in out-of-home care savings and a 17.73 percentage reduction for all other child protection services combined. This demonstrates the robustness of the CBA results, since even when the assumed rate of avoided service delivery is reduced, the value of benefits exceeds the cost of the program.

Table 26 – Sensitivity analysis

Item	Out-of-home Care		
Variance in Case Progression Rate	-10 basis points	0	+10 basis points
Cumulative Savings	\$24,353,895	\$36,530,838	\$48,707,790
Variance in per cent	-33.33	0	+33.33
	Child Protection Activity		
Variance in Case Progression Rate	-10 basis points	0	+10 basis points
Cumulative Savings	\$13,399,817	\$16,288,478	\$18,738,360
Variance in per cent	-17.73	0	+15.04
<b>Total Savings</b>	<b>\$37,753,712</b>	<b>\$52,819,316</b>	<b>\$67,446,150</b>

<sup>112</sup> Unit cost data is reported in 2022 prices, an adjusted by Keogh Bay to align to the calendar year.

## Summary

The VfM analysis demonstrates that financial investment in the FSN is exceeded by the value of the benefits accrued. This is a positive outcome with a return of \$2.88 for every \$1 of investment by Communities.

In addition, the analysis indicated that:

- child protection savings - are accrued at rates exceeding \$4 million per year, amounting to over \$16 million in savings over the four-year evaluation period.
- out-of-home care - savings equate to \$3.3 million in the first year, amounting to \$36.5 million over the four-year evaluation period.

To do more robust VfM methodologies into the future, as mentioned in Section 4 of the report, there needs to be better linking of FSN activities (particularly ICM) to outcomes such as a reduction in child protection activity.

## 8. Conclusions and opportunities for improvement

Overall, the FSNs are a valued community resource for families and individuals who are struggling with complex issues that are affecting parenting, child safety and wellbeing. FSNs also provide families with a way to improve their functioning outside of the child protection system, and this is critical to Aboriginal families given past government policies and practices.

Population data and anecdotal evidence demonstrate strong historical and current demand for both A&C and ICM service streams, indicating a need for the model into the future. However, as the FSN Operating Framework was developed some time ago, some elements need clarification and refining.

Two of the strongest suggestions were to extend the threshold 'up' for both the A&C stream (i.e., increase the range of services for those with higher needs) and ICM stream (i.e., support families who don't meet the threshold for child protection intervention but carry some risk) to ensure families are not missing out on the opportunity to access parenting and case management support outside the child protection system. Another major finding was that the cultural security of services needs attention. Furthermore, there is a need for ACCO Partners to have more control and empowerment within the model.

Positively, the VfM analysis demonstrated that financial investment in the FSN is exceeded by the value of the benefits accrued (noting some limitations and assumptions within the method). In addition, whilst outcomes were evidence for the FSN, more work is needed to tighten the link between activities and outcomes, particularly the diversion of children from the child protection system.

### Opportunities for Improvement

The table below summarises all of the opportunities for improvement identified within the report.

*Table 27 – Opportunities for improvement identified for the Evaluation of the FSNs*

No.	Opportunities for improvement & findings
1	<p>The FSN Operating Framework to clarify:</p> <ul style="list-style-type: none"> <li>• The FSN aim, objectives and target cohorts, separate for A&amp;C and ICM.</li> <li>• What is meant by FSNs being an 'early' or 'earlier' intervention service.</li> <li>• The level of child protection issues and complexity families can be experiencing to be eligible for ICM (see below).</li> </ul> <p>To clarify the rationale for the last dot point, Communities' districts would like to see ICM services support families with child protection issues that are less than the threshold of what would result in an open case.</p> <p>If the latter point is considered, a base-level of skills/experience expected would need to be mapped for case workers, coordinators and management (noting family support workers would have a different level of skills and qualifications specified) including child protection, motivational change skills and FDV in addition to parenting and cultural competency. Consideration of a mental health and AOD consultancy role to be shared across FSNs.</p>

No.	Opportunities for improvement & findings
2	<p>The FSNs' alliances are operating more as a local network, however, stakeholders still feel this model is beneficial and preferred. Going forward, Communities could consider updates to the Operating Framework that capture both the opportunities for improvement identified and the way in which the alliance is working now i.e. more a network approach where the Lead Agency does the majority of case management but holds ongoing networking activities (these networking activities are critical to ensure they have strong local knowledge to ensure families get the fastest and most appropriate, holistic services they need when referred to the FSN). Updates could include that:</p> <ul style="list-style-type: none"> <li>• Cases are usually coordinated and case managed by the FSN, and are not allocated to Partner Agencies, unless in the best interest of families and that provider offers case management / coordination as part of their service range (referrals are still made to network and other providers as per usual).</li> <li>• Partner Agencies don't use FuSioN.</li> <li>• Where suitable, the FSN coordinates services around families by the A&amp;C stream (and ICM) to maximise Partner Agency benefits.</li> <li>• Warm referrals to Partner Agencies are to be highlighted as the preferred option, if wanted by the family.</li> <li>• FSN Lead Agencies hold network meetings tailored to local need.</li> </ul> <p>MoUs between Lead and Partner Agencies to be updated in line with any Operating Model updates, particularly removal of the mandated use of FuSioN.</p>
3	<p>Communities to consider strategies to enable equal power between Lead and ACCO Agencies to enable culturally secure and safe supports for families outside the child protection.</p> <p>In the longer term, this may include opportunities for ACCOs to operate in the Lead Agency role (noting potential structural inequities in ACCOs' capacity to apply for tenders against large mainstream organisations). If ACCOs choose to operate in partnerships with a mainstream provider, the timeframe in which this partnership will be meaningfully formed could be proposed as part of their tender submission.</p> <p>In the short-term, improvements in the arrangements could be achieved by requiring Lead Agencies to develop and implement plans to better meet the principles set out in the <i>ACCO Strategy 2022 to 2032</i>.</p>
4	<p>The Operating Framework to include more information on expectations about FSNs providing culturally secure and safe supports, including learnings from the Ten-Year Roadmap SNAICC is developing in 2023.</p>
5	<p>The Operating Framework to be updated to state that FSNs can choose whether to engage with their local DLG where appropriate and beneficial.</p>
6	<p>The CPLs role is to be better defined in line with the report findings. This includes investigation to be considered relating to the level of access CPLs should have in FuSioN and family information more generally.</p>
7	<p>FuSioN changes to occur to capture better outcomes for FSNs as well as improvements to exported report formats.</p>
8	<p>Communities to consider whether there is additional budget for FSNs to fund better access to interpreters as well as parenting training for workers.</p>
9	<p>Communities to consider the development of a Theory of Change for A&amp;C and ICM, and a broader monitoring and evaluation framework for FSNs.</p>



No.	Opportunities for improvement & findings
10	Communities to consider expanding the type of service options available in A&C services, for certain families. This includes the option of longer case work, coordination and in-home supports of A&C clients who require this additional level of support (via any referrer as with current A&C services). This expanded service, if considered, would likely require additional investment so the higher level of service for some families, doesn't reduce the overall number of families/individuals who can be serviced within the same funding amount.
11	Communities to monitor any cohorts who are disadvantaged from the ICM eligibility criteria change.
12	Communities to consider asking SRRS and districts to record data on potential unmet demand for ICM supports (i.e., the number of eligible families they were unable to refer to ICM supports in any year due to the service being at full capacity).
13	<p>The Operating Framework could be updated for ICM to include best practice ways of working between Communities and FSNs, including:</p> <ul style="list-style-type: none"> <li>• Active handover or joint visits between Communities' district offices and the FSN when the family is known to a child protection worker.</li> <li>• Good levels of information in ICM referrals forms, particularly those relevant to case progression as well as family, child and worker safety.</li> <li>• Districts/SRRS to be advised by phone if a referral is rejected by an FSN so they can clarify and discuss why the family was not accepted.</li> </ul> <p>Districts and FSNs to be re-informed that FSN cases can be kept open whilst a new notification/CSI is being conducted.</p>
14	Communities to consider how to capture data that links ICM activity to outcomes, particularly whether a child has had further contact with the child protection system, to ensure robust outcome measurement.
15	<p>Behaviour support for children with a disability is a specialised support service. Use of parenting approaches that are not designed for children with a disability can be harmful and create further issues within a family. In addition, access to NDIS (or any other) in-home behaviour support is a gap within the community.</p> <p>However, children accessing FSNs are reported to have behavioural challenges relating to both their disability (undiagnosed/diagnosed) and trauma/parenting approaches used within the family.</p> <p>Communities to investigate with the National Disability Insurance Agency (NDIA) whether there is a solution available where the FSNs can access a behaviour support provider who can deliver in-home services and advice for FSN families to compliment the work of FSNs.</p>

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## Appendix A – Evaluation Information Sheets and Consent Forms



### Family Support Networks (FSN) Evaluation

#### Why we're here...

Keogh Bay has been asked by the Department of Communities to evaluate its Family Support Network (FSN), which aims to provide a common entry point to services that deliver early, targeted support to families experiencing complex issues, who are vulnerable to involvement with the child protection system.

The Department has engaged Keogh Bay to provide an independent evaluation of the four-metropolitan corridor FSNs, with an aim to assess their appropriateness (fitness for purpose), effectiveness (achievement of results) and efficiency (government value for money). The Evaluation will identify key lessons learned to improve the FSN model, including the extent to which services are:

- implementing their service models as designed
- are effective and efficient in their implementation; and
- are achieving their intended outcomes for families.

#### What we're doing....

Over March and April, the Keogh Bay team will be collecting information from FSN Lead Agencies, Aboriginal Community Controlled Partner Organisations (ACCOs) and other partners in government and the community sector. This will involve:

- face-to-face interviews with Departmental representatives (including District office and other program management staff) as well as managers and staff from Lead Agencies and ACCOs in each FSN corridor.
- face-to-face yarning circles and discussions with FSN service clients with lived experience of the program to understand whether it is meeting their needs and helping them achieve their goals.

Keogh Bay will write a report to tell Government about what works well, and what doesn't work well.

#### Your privacy...

No names will be used in the report, so no-one can tell who said what. Everything you say to Keogh Bay will be kept safe and private, which means they can't talk about your information to others or mention your name.

#### Your help....

You don't have to take part in this project if you don't want to. It's your choice. You can say 'no' to any question that makes you feel bad or shame. There are no right or wrong answers. A good thing might be that services get better or are better suited to community needs.



FSN are local networks of high quality, integrated services that support families and young people at risk.  
Keogh Bay acknowledges the Aboriginal people of Western Australia and pays respect to leaders past, present and emerging.

To say thank you, FSN clients who are consulted will receive a \$50 voucher

## Have a question...?

If you're happy to talk with us, we'll ask you to say 'yes', or to sign a form if you're a client of an FSN service. If you need to talk to us about this please call, text or email Neil Fong on 0488 218 222 or [neil.fong@keoghbay.com.au]. If you'd prefer to speak to someone from the Department of Communities, you can call Dr. Anne Matthews, Manager Monitoring and Evaluation, on 0448 417 090 or email [anne.mathews@communities.wa.gov.au].

## Where we're going and who we're talking to...



**Contact:**  
0488 218 222  
[neil.fong@keoghbay.com.au](mailto:neil.fong@keoghbay.com.au)

## Our team



**Jon Taylor**

Jon is an Executive Director at Keogh Bay in Darwin. He is the Project Manager.



**Neil Fong**

Neil is a Yawuru man and Director/Owner of Keogh Bay in Perth. He is the Project Director



**Alice Finlay**

Alice is a Senior Manager at Keogh Bay, based in Perth. She is a researcher.



**Kingsley Bartlett**

Kingsley is a Noongar man from Perth. He is a yarning circle facilitator.

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## Consent

I have been told about the project.

I understand the information told to me about the project.

I understand the risks and benefits associated with taking part in the project.

I agree to take part in this project.

Name:.....

Organisation:.....

Signature: .....

Date:.....

OR

Keogh Bay staff name:

The form was explained, and the participant agreed verbally ☐

Keogh Bay – keep this page



## Appendix B – Semi-structured Interview Guide

Element	Guiding Questions
Design	Is the FSN model well understood, with a clear strategy and vision for services to be guided by?
	Are the core components, principles and objectives of the FSN model appropriate and aligned to achievement of broader government policy objectives?
	Are the core elements and guiding principles of the FSN model implemented as intended, including compliance with system and operational processes? Is service implementation guided by model design and contracts?
	Do staff involved receive specific training in elements of the FSN and standards? (prompts: policies and procedures, ancillary training)
	How are prospective clients identified for the program? Are the FSNs reaching the right target group at the right time?
Governance	How collaborative in practice is the FSN service model? What is the quality of the partnership between Local Steering Group members? (i.e., level of planning, joint decision-making, information sharing, meetings and forums, allocations and referrals).
	Please explain the extent to which governance arrangements for the program are Indigenous led (prompts: board composition, management and decision-making, Indigenous staffing).
	How effective in supporting implementation is the Child Protection Leader role? What are the benefits and challenges of the role?
	In your view to what extent has the FSN been effective in making families feel more respected and listened to, with a reduced burden on families retelling their stories?
	Are the external service providers meeting client needs? (prompts: complex and holistic needs, cultural safety). Do they have the resources and capacity to operate effectively?
	Are the external service providers meeting the needs of the program? (prompts: availability of services, duplication, collaboration). Is there evidence of service gaps, duplication or overlap?

Element	Guiding Questions
Data Systems	Describe the systems and processes in place to support data collection? (prompts: policies and procedures, training, file structure, templates, IT infrastructure)

Element	Guiding Questions
	To what extent do data collection and reporting processes support service planning, quality assurance, and processes of continuous improvement?
Implementation	Do you feel FSNs are culturally responsive and culturally safe for clients? Do they promote an environment of cultural safety and competency through policy, procedures and workforce development?
	Tell me about the resources and support available to caseworkers to intensively case manage and support clients effectively? (prompts: complex client needs; engage with and coordinate clients, engage with and coordinate external service providers).
	Describe how resources (financial, capital, human) are allocated across the program? (prompts: resource use, resource availability, allocative efficiency)
	Tell me about any variances between budgeted and actual expenditure? How efficient are your operations and are their opportunities for cost savings? How sustainable are operations?
	Overall, do you feel the systems, processes and people are in place to support case workers to meet client needs? (prompts: challenges, success factors, gaps)
Overall Impact on Clients	In your view to what extent has the FSN been effective in increasing the confidence of families to engage with services?
	In your view to what extent has the FSN been effective increasing confidence and skills in parenting and the capacity of parents to keep their children safe at home and to provide a stable home?
	Overall, do you feel the design and implementation of the FSN supports cultural strengthening and the development and expansion of culturally safe networks amongst clients?
	Overall, do you feel the design and implementation of the program is meeting client needs?

Element	Guiding Questions
Future State	Overall, describe what is working well with regards to delivery of the program, and what isn't working so well? Are there any examples of innovation or new ways of working to overcome barriers and challenges to service delivery?
	Are there opportunities for improvements in the efficiency and cost-effectiveness of FSN service delivery?



Element	Guiding Questions
	Have there been any unintended consequences of the program for clients or services (either positive or negative)?
	Are there opportunities for improvement previously identified that haven't been fully implemented? How might the program be improved?

## Appendix C – Partner Agency Survey

Element	Question
Service Details	For which of the following FSN services is your organisation a partner? You may select more than one option. Centrecare Inc./Wungening - Cannington/ Armadale   Centrecare Inc./Wungening - Perth/Midland   Communicare Inc./Langford Aboriginal Association - Fremantle/ Rockingham   Mercy Community Services Inc./Yorgum - Mirrabooka/ Joondalup
	For which of the following services is your organisation referred? You may select more than one option. Housing or Accommodation   Primary Health   AOD Rehabilitation   Cultural Strengthening   Education and Training   Employment   Transport   DFV Support   Legal services   Parenting Support   Family Support
	What type of organisation are you representing? Please select one from the following options.  Non-government Community Sector   Aboriginal Community Controlled
Principles	To what extent do you consider your FSN lead agency to be delivering a service that is: Strengths-based   Child-Centred   Family-Focused   Inclusive and Holistic   Culturally Safe   Trauma-Informed.  For each element please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
Collaboration	Is your service regularly contacted by the lead agency or ACCO partner seeking a referral to your organisation's programs or services? Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
	To what extent do you consider that clients are adequately supported by FSN case workers in their referrals, such that clients can effectively engage with your program or service? Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
	To what extent do you consider referrals to be well coordinated by case workers, such that referrals are efficient, linked-up, and support clients holistically? Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
	To what extent are the services provided by your local FSN lead agency duplicative of your or other programs and services available locally? Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
	After a referral to your program or service, is your organisation typically contacted by the lead agency case worker for feedback and review? Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.

	To what extent has your organisation been involved in ongoing client case management planning or review? Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
	Are you aware of any interagency meetings or networks facilitated by the lead agency manager? Y/N  Do you regularly attend these? Y/N
	Do you think the FSN lead agency has the resources and capacity (workforce, systems and processes) to fulfill their FSN role? Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
Outcomes	Do you think that the FSN service is targeting the right families at the right time (i.e., vulnerable populations likely to benefit from early intervention). Please select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
	To what extent do you consider the FSN program provided locally to be effective in supporting clients to achieve their goals? Select from: 'never', 'rarely', 'sometimes', 'usually' or 'always'.
	Do you consider there to be any areas for FSN program and service improvement? [open]

## Appendix D – Yarning Prompts

Story Theme and Topics	Guiding Questions
Pathway into the Program Client motivations   Circumstances at the time   Intake pathway (A&C or ICM)	When did people start working with their case worker? How did this happen?
	What did people want to achieve for themselves?
	How often did people need to tell their story before they felt listened to?
Assessment and Goal Setting Identification of service needs   Barriers to engagement   Trust in Case Worker	In what ways did people participate in making the plan for what would happen after you joined the program? What did this planning involve?
	What sort of goals did people set?
	Did people like working with their case worker? Were they helpful? How, in what ways? What sort of experience did people have?
	Do people think their case worker was respectful of your culture?
Program Implementation Referrals to service providers   Case management support   Culturally safe networks	How often do/did people meet with their case worker? Were meetings regular and frequent enough for you to feel listened to and supported?
	Were people visited by, or did they go to see, any other service providers for help? Who did people see? What did people feel about this? What sort of experience did they have?
	Do people think these services were respectful of your culture?
	Were people supported to access and engage with their family and kin?
	Can people think of any ways that the case worker could do his/her job better? What worked well for people and what didn't work so well?
Outcomes Confidence and skill in managing routines   Confidence and skill in parenting   Extension of culturally safe support networks   Ability to keep children safe at home   Ability to provide a stable home	What are the goals people have been able to achieve?
	In what ways do people think they and their families have changed having participated in the program?
	Was involvement in the program a positive or a negative experience for people? Please explain.
	Is there anything else people would've liked to have achieved but didn't or were unable to? Why?

## Appendix E – List of stakeholders consulted

The stakeholders consulted are listed below.

Clients of the FSNs (13)	Just Kids Health
Centrecare	Langford Aboriginal Association
City of Mundaring	Wungening Aboriginal Corporation
Communicare	Yorgum Healing Services Aboriginal Corporation
Department of Communities	MercyCare